

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	05/07/2021 11:05 (SGT)
Date of Accident .....	05/07/2021 08:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF CLEMENTI AVENUE 6 AND CLEMENTI LOOP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKS8950A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RAYMOND KWANG MING CHUAN
NRIC No .....	SXXXX378Z
Email Address .....	RAYMONDKWANGMC@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97455618
Alternative Phone No .....	+65-97455618

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Jetta
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1400

### INSURANCE COMPANY

Name of Insurance Company .....	Great Eastern General Insurance Limited
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	V0112090
Cover Note Number .....	-

### DRIVER

Name of Driver .....	RAYMOND KWANG MING CHUAN
NRIC No .....	SXXXX378Z

Date Of Birth .....	27/06/1965
Occupation .....	Indoor
Date Of Driving Pass .....	14/09/1988
Driving experience .....	32 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97455618
Alt. Phone Number .....	+65-97455618
Email Address .....	RAYMONDKWANGMC@GMAIL.COM
Address .....	BLK 666 YISHUN AVENUE 4 #02-159
Address complement .....	-
Postcode .....	760666
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	XD3478E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-

Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... RAYMOND KWANG MING CHUAN  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SKS8950A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No



**Describe Circumstances of the Accident**

On 05.07.2021 at about 08:35am. I was travelling along Junction of Clementi Avenue 6 and Clementi Loop. I was stationary due to the traffic light. Suddenly, vehicle B hit my rear portion.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (If driver is not the policyholder) / Date & Time




Witnessed by Reporting Centre Personnel



























