



## 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	02/07/2021 11:30 (SGT)
Date of Accident	01/07/2021 12:50 (SGT)
Exact Location of Accident	New Upper Changi Rd, Singapore
Additional Location Information	TWDS CHAI CHEE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU3912X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	WANG YUE YANG
NRIC No	SXXXX218E
Email Address	jason.wang84@hotmail.com
Mobile Phone No	(Phone) +65-97838158
Alternative Phone No	+65-97838158

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	K3
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	1600

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPPHQ20-008164
Cover Note Number	-

#### DRIVER

Name of Driver	WANG YUE YANG
NRIC No	SXXXX218E



Date Of Birth	04/07/1984
Occupation	Outdoor
Date Of Driving Pass	09/07/2010
Driving experience	11 YEARS
Gender	Male
Mobile Number	(Phone) +65-97838158
Alt. Phone Number	+65-97838158
Email Address	jason.wang84@hotmail.com
Address	BLK 992B BUANGKOK LINK #14-193
Address complement	-
Postcode	532992
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### 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?	No
Was any injured conveyed to hospital by ambulance?	-
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

I WAS TRAVELLING ALONG NEW UPPER CHANGI ROAD TOWARDS CHAI CHEE ON LANE 2. ROAD WORK ON LANE 1. I INTEND TO MAKE AN U-TURN TO BEDOK MALL. DUE TO THE RED LIGHT, IN FRONT VEHICLE STOPPED (STATIONARY) THEN I STOPPED BESIDE VEHICLE B. SUDDENLY, VEHICLE B MOVE OFF FROM A STATIONARY POSITION AND HIT ONTO MY VEHICLE RIGHT HAND PORTION. I FELT MY NECK AND BACK PAIN MIGHT CONSULT DOCTOR LATER. I WISH TO STATE THAT ONLY LANE 1 CAN MAKE AN U-TURN.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

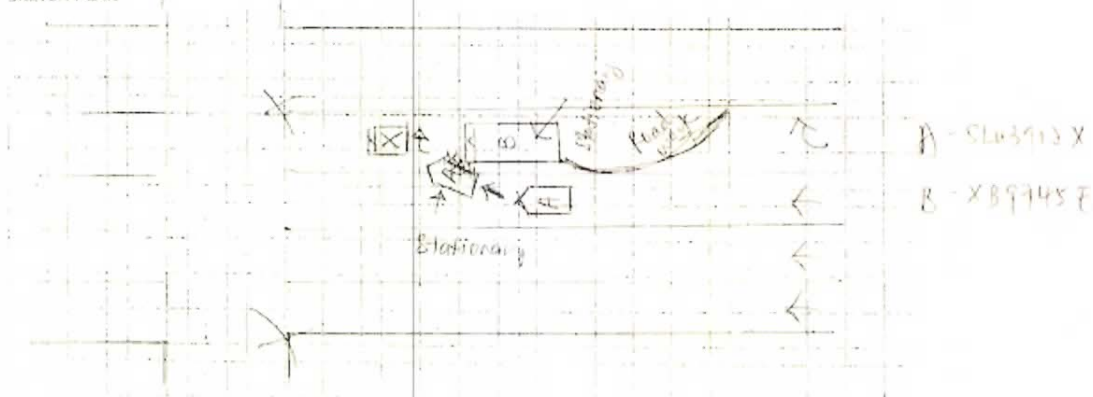
Vehicle Registration Number	XB9745E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

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

I hereby authorise SMI Motor P/L  
Send my accident report to me at maxim@smi.com.au

SKETCH PLAN #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along New Upper Changi Road towards Chai Chee on lane 2. Road work on lane 1. I intend made a U Turn to Bedok Mall. Due to the "RED" light, I in front vehicle stopped (stationary), then I stopped beside vehicle B. Suddenly, vehicle B move off from a stationary position and hit onto my vehicle right hand portion. I felt my neck and back pain, might consult doctor. later I wish to state that only lane 1 can made a U Turn.

DECLARATION

I/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

  
Reporting Centre Personnel's Signature  
Name  
NR/C/IN No.

