

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	17/09/2021 18:12 (SGT)
Date of Accident	17/09/2021 12:30 (SGT)
Exact Location of Accident	Marsiling Ln, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR7398G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEE SEOW CHUAN
NRIC No	S7417316J
Email Address	JOSEPHKEE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98531603
Alternative Phone No	+65-98531603

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10226870R02
Cover Note Number	-

DRIVER

Name of Driver	KEE SEOW CHUAN
NRIC No	S7417316J

Date Of Birth	01/06/1974
Occupation	Outdoor
Date Of Driving Pass	06/01/1997
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98531603
Alt. Phone Number	+65-98531603
Email Address	JOSEPHKEE@HOTMAIL.COM
Address	BLK 214 MARSILING LANE #25-806
Address complement	-
Postcode	730216
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	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

REFER TO SKETCH PLAN

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	GBK4229A
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) -



Describe Circumstances of the Accident

I was driving in my lane and I felt an impact from behind.
I realised veh B hit my car in the rear.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

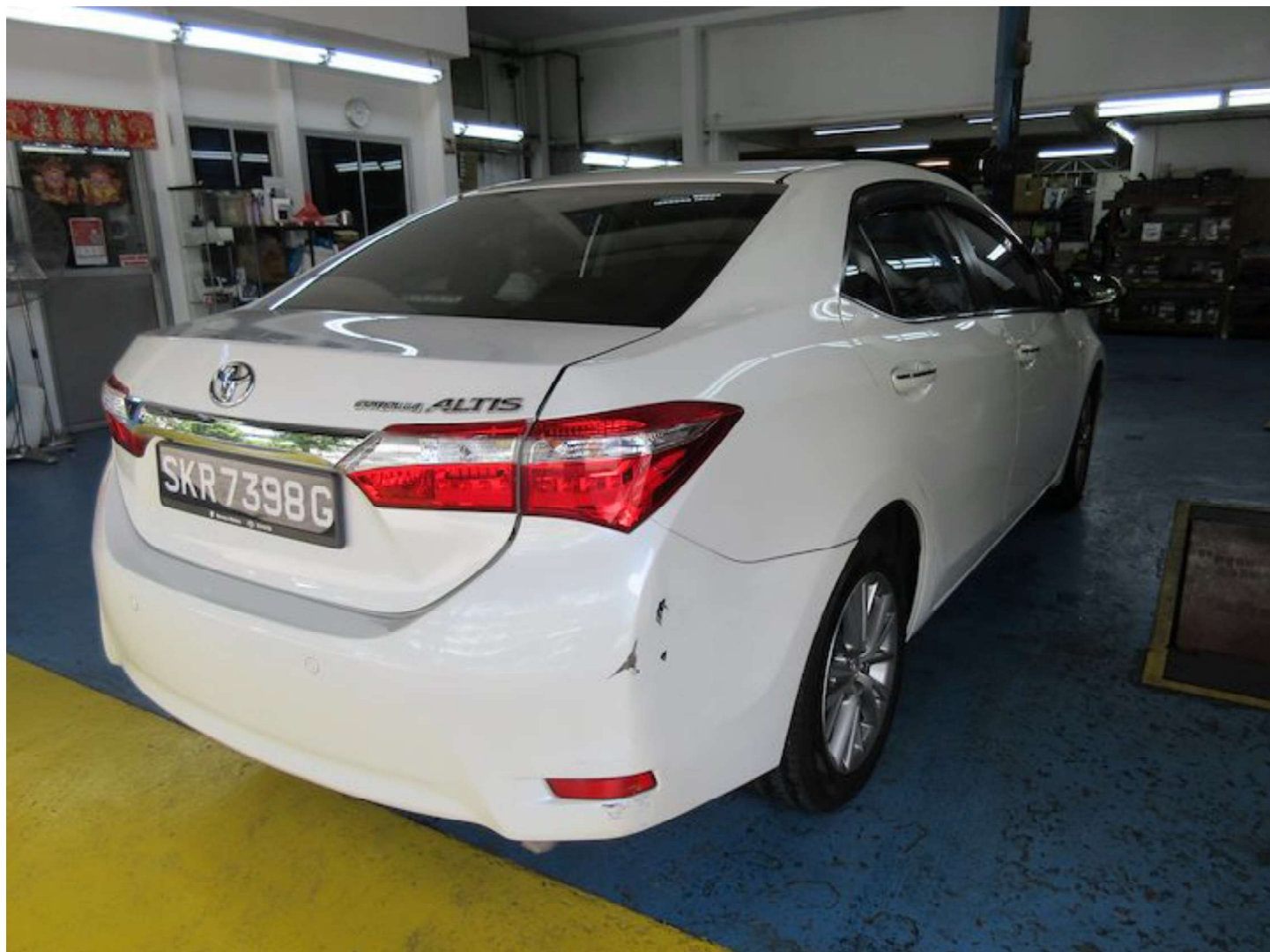
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

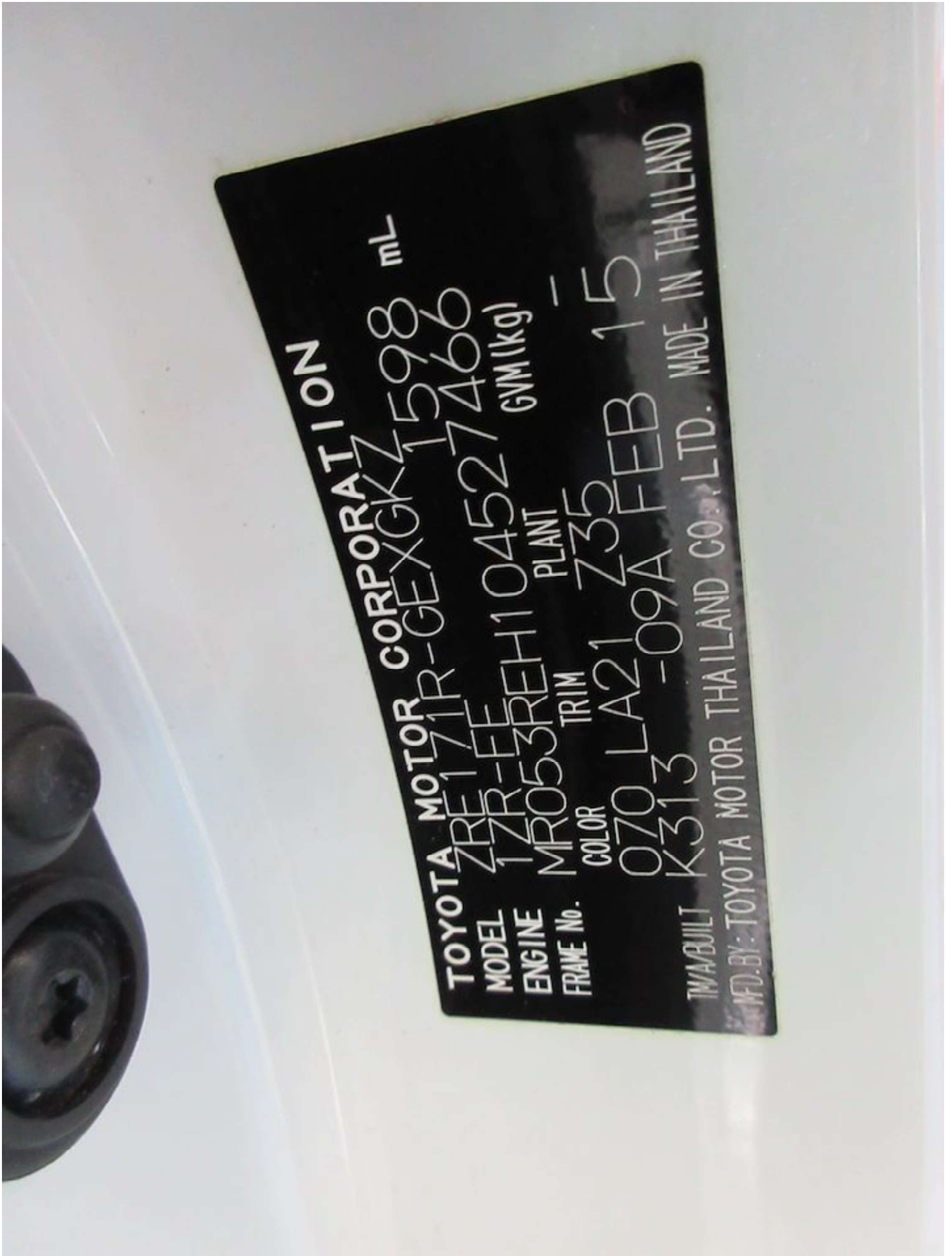












TOYOTA MOTOR CORPORATION

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MODEL
ENGINE
FRAME No.

ZRE171R-GEXGKZ1598
1ZR-EE
MRO53REH104527466

GVM(kg)

PLANT

TRIM

COLOR

070 LA21 Z35
K313 -09A FEB 15

MADE IN THAILAND

TM/BUILT

PROD. BY: TOYOTA MOTOR THAILAND CO., LTD.



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP0UN9H0029 Vehicle Registration No: SKR73986

Name (as shown in NRIC): Kee Siew Chuan NRIC/FIN/Passport No: S7417316J

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 98531603

Email Address: _____

Date of Accident: 17/9/2021 Time of Accident: 1230hrs

Place of Accident: Marginalia lane

Insurance Company: BA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Model should be Toyota A145.

th

Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD

Bik 3022A Ubi Road 1 # 01-45/46

Singapore 408716

Tel: 6741 5336 Fax: 6741 7208

Email: claims@procarcare.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: