

# 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 ..... 20/09/2021 17:38 (SGT)  
Date of Accident ..... 19/09/2021 19:10 (SGT)  
Exact Location of Accident ..... Braddell Rd, Singapore  
Additional Location Information ..... BEFORE ENTERING CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML438D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAU TAK KEE  
NRIC No ..... S2602301G  
Email Address ..... TAKKEELAU@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-88664441  
Alternative Phone No ..... +65-88664441

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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 ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00795944/01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAU TAK KEE  
NRIC No ..... S2602301G

Date Of Birth .....	27/09/1961
Occupation .....	Indoor
Date Of Driving Pass .....	18/10/1991
Driving experience .....	29 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88664441
Alt. Phone Number .....	+65-88664441
Email Address .....	TAKKEELAU@GMAIL.COM
Address .....	BLK 416C FERNVALE LINK #09-76
Address complement .....	-
Postcode .....	793416
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JOLENE LOO
Gender .....	Female

#### 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

MY CAR WAS STATIONARY ON BRADDELL ROAD WHEN I FELT AN IMPACT IN THE REAR. VEH B HIT THE REAR OF MY VEHICLE.

#### 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 .....	SDE13P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	JOYCELYN CHUA YI WEN
Contact Number .....	(Phone) +65-91000296
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

my vehicle as stationary on Braddell Road when I felt an impact in the rear. Veh B hit the rear of my vehicle.

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.

must be made within the stipulate

Policyholder's Signature / Date &  
Time

2/7/21 1255

*[Signature]*

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

26/4/21 1255

Witnessed by Reporting Centre  
Personnel



















