

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 01/11/2021 15:41 (SGT)
Date of Accident 30/10/2021 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE TWDS MANDAI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD4153R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOH SIEW CHENG
NRIC No S1830524J
Email Address goh_siew_cheng@hotmail.com
Mobile Phone No (Phone) +65-81820548
Alternative Phone No +65-81820548

VEHICLE PARTICULARS

Manufacturer Kia
Model Forte
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdParty
Fleet Policy No
Policy Number DMPCSNW00013552100
Cover Note Number -

DRIVER

Name of Driver ZHUO HUIDE
NRIC No S8634844F

Date Of Birth	26/11/1986
Occupation	Outdoor
Date Of Driving Pass	10/10/2011
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-81820548
Alt. Phone Number	-
Email Address	goh_siew_cheng@hotmail.com
Address	BLK 424 ANG MO KIO AVE 3
Address complement	#10-2408
Postcode	560424
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKZ3354S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG YEOW KEONG
NRIC No	S7405546Z
Contact Number	(Phone) +65-90492239
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

Driving along SE towards Alford on 30/10/21
@ 18:00 The car in front brake d also but not on
time and hit the front of.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time
11/11/21 @ 12:30pm


Driver's Signature, (if driver is not the policyholder) / Date & Time
11/11/21 @ 12:30pm

 01/11/21
Witnessed by Reporting Centre Personnel

















