

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 17/12/2021 17:26 (SGT)
Date of Accident 17/12/2021 13:57 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE BRADDELL EXIT SLIP WAY TOWARDS UPP SERANGOON
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN8576K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ONG KENG LEONG
NRIC No SXXXX016B
Email Address ONGKENGLEONG1963@GMAIL.COM
Mobile Phone No (Phone) +65-96734204
Alternative Phone No +65-96734204

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00227922100
Cover Note Number DMPCSNW00227922100

DRIVER

Name of Driver TAY KANGSONG MORRIS (ZHENG KANGSONG)
NRIC No SXXXX416D

Date Of Birth 05/11/1983
Occupation Indoor
Date Of Driving Pass 23/07/2019
Driving experience 2 YEARS AND 5 MONTHS
Gender Male
Mobile Number (Phone) +65-91890534
Alt. Phone Number -
Email Address MORRISTAY@GMAIL.COM
Address APT BLK 453C FERNVALE ROAD
Address complement #15-533
Postcode 793453
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 Chain Collision
Weather Conditions DRIZZLING
Road Surface Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Number of vehicles involved in the accident 3
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 EILEEN ONG YILING
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

REFER TO SKETCH PLAN

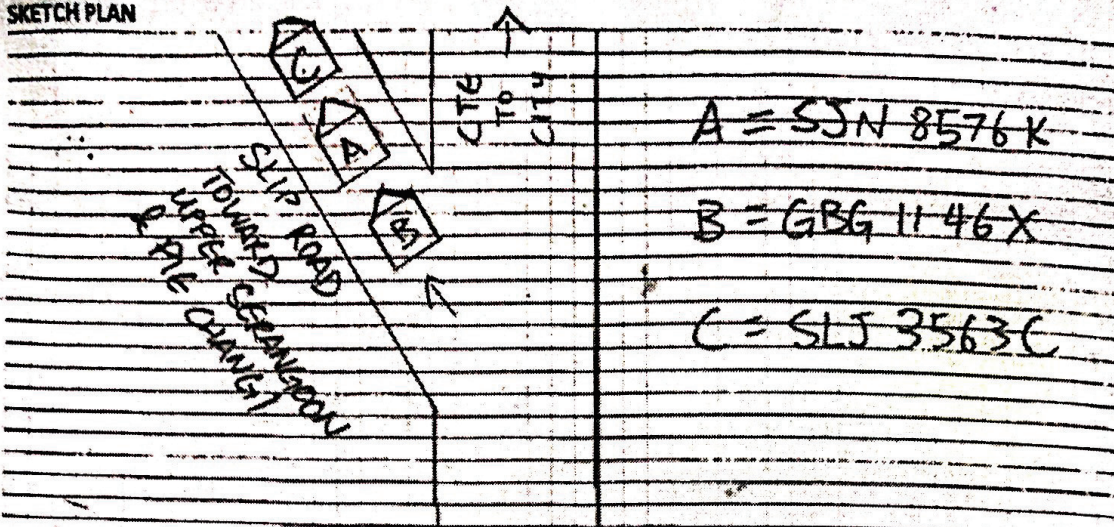
ATTACHMENT(S)

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 GBG1146X
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 17th DEC 2021, AT 1357 HOURS I WAS DRIVING ALONG AT THE SLIP ROAD TOWARD UPPER SERANGGON, WHILE WAITING FOR THE FRONT VEHICLE TO DRIVE OFF. SUDDENLY HEARD AND FELT A LOUD BANG AT THE BACK OF MY VEHICLE. THE IMPACT WAS SO HUGE THAT FORCIBLY MY VEHICLE TO HIT THE FRONT VEHICLE (SLJ 3563C).

I CAME OUT OF MY VEHICLE. I NOTICE THAT THE REAR VEHICLE (GBG 1146X) CAUSE THE ACCIDENT TO MY REAR VEHICLE.

DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (If applicable)

1/1/2021 10:10:10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO.:

