

# 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 .....	11/02/2022 14:56 (SGT)
Date of Accident .....	10/02/2022 20:30 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGR1207L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GOH FU YONG AUGUSTIN
NRIC No .....	S8828181J
Email Address .....	ELIN.CQW@GMAIL.COM
Mobile Phone No .....	(Phone) +65-93388438
Alternative Phone No .....	+65-93388438

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Colt
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 .....	Manual
CC .....	1468

### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	MT/00904971
Cover Note Number .....	-

### DRIVER

Name of Driver .....	GOH FU YONG AUGUSTIN
NRIC No .....	S8828181J

Date Of Birth .....	03/08/1988
Occupation .....	Indoor
Date Of Driving Pass .....	13/11/2006
Driving experience .....	15 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93388438
Alt. Phone Number .....	+65-93388438
Email Address .....	ELIN.CQW@GMAIL.COM
Address .....	BLK 91 BEDOK NORTH ST 4 #11-1517
Address complement .....	-
Postcode .....	-
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 .....	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? .....	Yes

#### PASSENGER 1

Name .....	KIEU THI KIM OANH
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 SKETCH.

#### 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 .....	SJJ6192T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMP4721M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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

On the stated date & time, I, vehicle A, BGR1207L, was travelling along the stated route. Front vehicle stopped and I stopped as well. About 3-4 seconds later, I felt an impact on my vehicle's rear portion. When I aligned my vehicle, I then realised I was involved in a chain collision of 3 vehicles.

## Declaration

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



Witnessed by Reporting Centre Personnel

