

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 16/02/2022 14:18 (SGT)
Date of Accident 15/02/2022 10:15 (SGT)
Exact Location of Accident Tampines Ave 2, Singapore
Additional Location Information AFTER TAMPINES ST 22
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1717H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MG PAINTING SERVICES (PTE. LTD.)
Company Reg No 2XXXXX600M
Email Address syl@sgstarhacker.com
Mobile Phone No (Phone) +65-91892862
Alternative Phone No +65-91892862

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00047252100
Cover Note Number -

DRIVER

Name of Driver CHAN WEI SIONG
NRIC No SXXXX719B

Date Of Birth	06/09/1973
Occupation	Outdoor
Date Of Driving Pass	27/09/2001
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91892862
Alt. Phone Number	-
Email Address	chiansiang25@hotmail.com
Address	BLK 310C PUNGGOL WALK
Address complement	#17-600
Postcode	823310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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	YJ1319B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ481M
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 3

Vehicle Registration Number	SMJ2416P
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)	-

I was travelling along Tampine Ave 2 after Tampines St 22.
My The traffic was red; my vehicle was stationary.
Suddenly, I felt an impact from the rear of my vehicle.
I got down and see, I was involved into a 2+ car chain
collision. No one was convey to the hospital.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre Personnel













TOYOTA MOTOR CORPORATION JAPAN
MODEL KDY231R-TLMKY
ENGINE 1KD-FTV 2982 mL
FRAME No. JTFAT35Y10K21 2834
COLOR 058 TRIM EA13 PLANT P11
TRANS./AXLE R451 A06B 386

0.5
XJ 74567-25041