

# 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 ..... 16/05/2022 13:58 (SGT)  
Date of Accident ..... 16/05/2022 09:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF BEDOK NORTH AVE 4 & UPPER CHANGI RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGE7272B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LAM KIM SAN (LAN JINSHAN)  
NRIC No ..... SXXXX817A  
Email Address ..... vlkim75@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96880668  
Alternative Phone No ..... (Home) +65-96680668

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Attrage  
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 ..... 1193

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00260332100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LAM KIM SAN (LAN JINSHAN)  
NRIC No ..... SXXXX817A

Date Of Birth .....	24/07/1975
Occupation .....	Indoor
Date Of Driving Pass .....	20/04/2018
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-96880668
Alt. Phone Number .....	(Home) +65-96880668
Email Address .....	vlkim75@yahoo.com.sg
Address .....	BLK 151 RIVERVALE CRESCENT #16-96
Address complement .....	-
Postcode .....	540151
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 - Cross Junction
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

I WAS TRAVELLING ALONG UPPER CHANGI RD HEADING TOWARDS SIMEI. UPON THE TRAFFIC LIGHT JUNCTION, THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR, SO I PROCEED STRAIGHT, BUT VEHICLE B:GBC5490X WHICH WAS COMING FROM THE OPPOSITE DIRECTION SUDDENLY TURNED RIGHT, TO NO AVAIL, MY VEHICLE COLLIDED INTO ITS LEFT HAND PORTION.

AFTER THE ACCIDENT, TRAFFIC POLICE AND AMBULANCE CAME TO THE SCENE, THE DRIVER AND PASSENGER OF GBC5490X SAID THEY ARE NOT INJURED, SO TRAFFIC POLICE SAID WE CAN LEAVE THE SCENE, I THEN LEFT WITH MY TOW TRUCK.

#### 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 .....	GBC5490X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAN GHEE KOK
NRIC No .....	SXXXX404G
Contact Number .....	(Phone) +65-96268475
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	PASSENGER
Gender .....	Female




Describe Circumstances of the Accident

I was travelling along Upper Changi Rd heading towards Simei. Upon the traffic light junction, the traffic light was green in my favour, so I proceed straight, but vehicle B: GBC5490X which was coming from the opposite direction suddenly turned right, to no avail, my vehicle collided into its left hand portion.

After the accident, traffic police and ambulance came to the scene, the driver and passenger of GBC5490X said they are not injured, so traffic police said we can leave the scene, I then left with my tow truck.

Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 16/05/22 1210 pm

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

  
 Witnessed by Reporting Centre Personnel























