

# 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 Actual 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 ..... 24/08/2022 17:35 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 23/08/2022 18:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ2184M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SG FOOD ENTERPRISE LLP  
Company Reg No ..... TXXXXX931E  
Email Address ..... valgjy@gmail.com  
Mobile Phone No ..... (Phone) +65-87000171  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMCVSNA00021702203

### DRIVER

Name of Driver ..... GOH PENG ANN  
NRIC No ..... SXXXX546A  
Date Of Birth ..... 20/08/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/11/1979
Driving experience .....	42 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87568871
Alt. Phone Number .....	-
Email Address .....	valgjy@gmail.com
Address .....	BLK 123 RIVERVALE DRIVE #06-113
Address complement .....	-
Postcode .....	540123
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	SPOUSE
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

TRAFFIC LIGHT WAS RED.  
 TRAFFIC INFRONT STOPPED.  
 I STOPPED TOO.  
 VEHICLE B HIT ME FROM BEHIND.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLA4484M
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Vehicle Manufacturer .....	Kia
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEN SHIJIE
NRIC No .....	SXXXX759J
Contact Number .....	(Phone) +65-97610608
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1



Describe Circumstance of the Accident


TRAFFIC LIGHT WAS RED.  
 TRAFFIC INFRONT STOPPED.  
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 Co. Reg No: T12LL0631E



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 • 星洲食品有限公司 •

  
 Policyholder's Signature / Date & Time  
 23/08/22

  
 Driver's Signature (if driver is not the policyholder) / Date  
 & Time 23/08/22

  
 Soh Wah Jin  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)















































