

# 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 .....	03/10/2022 08:20 (SGT)
Reported by .....	Driver
Date of Accident .....	02/10/2022 19:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	KJE (BKE)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMF4356L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GUO FUXIA
NRIC No .....	S8678183B
Email Address .....	FUXIAGUO86@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97730214
Alternative Phone No .....	-

### 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 .....	1200

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129159838

### DRIVER

Name of Driver .....	YUAN ZHONGHUI
NRIC No .....	S8685367A
Date Of Birth .....	01/04/1986
Occupation .....	Indoor

Date Of Driving Pass .....	24/06/2016
Driving experience .....	6 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93809853
Alt. Phone Number .....	-
Email Address .....	ZYUAN@SLB.COM
Address .....	BLK 720 #08-92 JURONG WEST AVENUE 5
Address complement .....	-
Postcode .....	640720
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Raining
Road Surface .....	Wet

#### 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) .....	5
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 .....	ZHANG GUO DONG
Gender .....	Male

#### PASSENGER 2

Name .....	LIU NA
Gender .....	Female

#### PASSENGER 3

Name .....	ZHANG WAN RU
Gender .....	Female

#### PASSENGER 4

Name .....	ZHANG ZI YANG
Gender .....	Male

#### 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 DRIVING STRAIGHT ON LANE 3. AS THE TRAFFIC FLOW WAS CONGESTED, I WAS THEN SLOWING DOWN MY SPEED. SUDDENLY, I FELT THAT THERE WAS AN IMPACT FROM BEHIND AND VEHICLE B COLLIDED ONTO REAR RIGHT OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... ADVISED THE DRIVER TO SEND TO  
MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... YP7340S  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... MURUGESAN KUMARAVEL  
Passport No/FIN ..... G8695698K  
Contact Number ..... (Phone) +65-87758932  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -



Describe Circumstance of the Accident

Refer to GEARS

**Declaration**

I/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  
(Name as in NRIC/ID card)



03/10/2022  
08:30



LIM KAI CHUAN























