

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 14/10/2022 19:26 (SGT)
Reported by Driver
Date of Accident 14/10/2022 11:40 (SGT)
Exact Location of Accident Near 13 Kaki Bukit Rd 4, Singapore 417807
Additional Location Information 13 KAKI BUKIT ROAD 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFL3121E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG YEK KHEE
NRIC No S9543015E
Email Address yekkhee@gmail.com
Mobile Phone No (Phone) +65-82288497
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant HYBRID 1.3
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 1339

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd
Policy Number / Cover Note Number 11063312

DRIVER

Name of Driver HAN LI SIEW
NRIC No S8685812F
Date Of Birth 27/10/1986
Occupation Indoor

Date Of Driving Pass	26/04/2016
Driving experience	6 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93860904
Alt. Phone Number	-
Email Address	yekkhee@gmail.com
Address	268B PUNGGOL FIELD
Address complement	#04-145
Postcode	822268
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	WOKSHOP
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	P1
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

ON 14/10/2022 AT ABOUT 1140HOURS , I WAS DRIVING MY CUSTOMER VEHICLE AT 13 KAKI BUKIT ROAD 4 . WHEN I DRIVING STRAIGHT ALONG MY LANE , SUDDENLY VEHICLE B REVERSING HIS VEHICLE WITHOUT CHECKING AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE .

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	GBJ8783U
Vehicle Manufacturer	Toyota

Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HAN LI SIEW
Gender	Male
Phone No	(Phone) +65-93860904
Address	268B PUNGGOL FIELD
Address Complement	#04-145
Post Code	822268
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFL3121E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	P1
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFL3121E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

ON 14/10/2022 AT ABOUT 1140HOURS , I WAS DRIVING MY CUSTOMER VEHICLE AT 13 KAKI BUKIT ROAD 4 . WHEN I DRIVING STRAIGHT ALONG MY LANE , SUDDENLY VEHICLE B REVERSING HIS VEHICLE WITHOUT CHECKING AND COLLIDED ONTO RIGHT SIDE OF MY VEHICLE .

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 14/10/2022

Witnessed By Reporting Officer
Wong Jun Keat

Witnessed by Reporting Centre
Personnel

