

## 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 .....	13/10/2022 12:18 (SGT)
Reported by .....	Driver
Date of Accident .....	12/10/2022 13:12 (SGT)
Exact Location of Accident .....	21 Evans Rd, Singapore 259366
Additional Location Information .....	EVANS ROAD TOWARDS BUKIT TIMAH ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBJ21M
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ONG CHENG SIM MELISSA
NRIC No .....	SXXXX618E
Email Address .....	GS@MOJO.PARTNERS
Mobile Phone No .....	(Phone) +65-92970276
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	TM SANTA FE 2.4 GDI AT 4WD SR
Variant .....	TM SANTA FE 2.4 GDI AT 4WD SR
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2359

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-22099176MFPC

#### DRIVER

Name of Driver .....	M SUBRAMANIAM
NRIC No .....	SXXXX016D
Date Of Birth .....	15/12/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	23/08/1988
Driving experience .....	34 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98574125
Alt. Phone Number .....	+65-81217439
Email Address .....	GS@MOJO.PARTNERS
Address .....	BLK 976 HOUGANG STREET 91 #02-256
Address complement .....	-
Postcode .....	530976
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Paid Driver
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) .....	1
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 .....	-

#### 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 12/10/22 I WAS DRIVING VEH-A SBJ21M ALONG EVANS ROAD TOWARDS BUKIT TIMAH ROAD. AS I APPROACH A T-JUNCTION, I SLOW DOWN AND CONTINUE. THERE WAS A VEH-B SKX9929E IN-FRONT OF ME. AS WE REACH THE YELLOW BOX, THE TRAFFIC IN-FRONT OF VEH-B WAS CLEAR. BUT VEH-B DRIVER STOP BEFORE YELLOW BOX TO GIVE WAY TO VEH-C UNKNOWN. I WAS UNABLE TO STOP MY VEH-A, SO I TRIED TO SHIFT MORE TO MY RIGHT TO AVOID THE COLLISION. BY MY VEH-A SLIGHTLY TOUCH ONTO VEH-B

#### 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 .....	SKX9929E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	NIA LU SOO HIA
NRIC No .....	SXXXX570A
Contact Number .....	(Phone) +65-98206182
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## Declaration

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre  
Personnel

