

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	22/11/2022 15:04 (SGT)
Reported by	Driver
Date of Accident	15/11/2022 12:30 (SGT)
Exact Location of Accident	571 Jurong East St 24, Singapore 609560
Additional Location Information	PIE TOWARD CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU9387K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA KWEE MENG
NRIC No	S1723575C
Email Address	kristylee6293@gmail.com
Mobile Phone No	(Phone) +65-98585331
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MPC0004850_01

DRIVER

Name of Driver	CHUA ZHENG HONG
NRIC No	S9907698D
Date Of Birth	15/02/1999
Occupation	Indoor

Date Of Driving Pass	21/06/2019
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97995458
Alt. Phone Number	-
Email Address	zhenghong.chua@gmail.com
Address	21 WESTWOOD TERRACE
Address complement	-
Postcode	648604
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

REFER TO SKETCH PLAN.

ATTACHMENT(S)

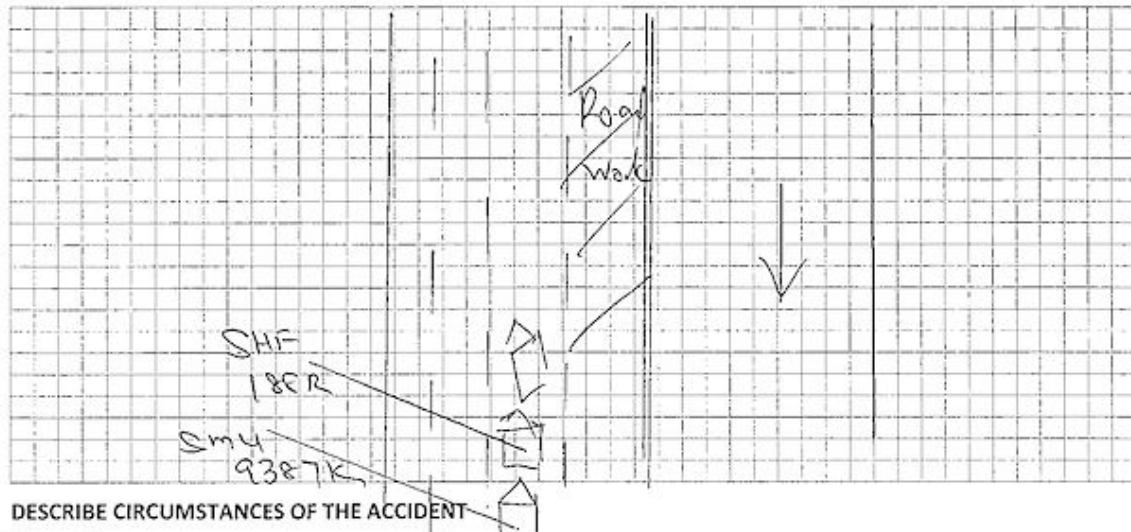
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF188R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ROAD WORKS WERE BEING CONDUCTED ON THE 1ST LANE I WAS DRIVING ON THE ~~1ST~~ SECOND LANE WHEN THE CAR IN FRONT OF ME BRAKED SUDDENLY. THIS WAS BECAUSE ANOTHER CAR SWITCHED LANES ABRUPTLY. EMERGENCY BRAKE WAS ACTIVATED ON MY CAR BUT WAS UNABLE TO COME TO A COMPLETE STOP BEFORE CONTACT WITH THE BONNET OF THE CAR IN FRONT OF ME.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GVRMC SketchPlanForm_V3

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