

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 13/01/2023 17:30 (SGT)
Reported by Driver
Date of Accident 12/01/2023 04:00 (SGT)
Exact Location of Accident Smith St, Singapore
Additional Location Information LOADING BAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1366Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOCK CHUAN ANN KWAY TEOW & NOODLES
MANUFACTURER
Company Reg No BXXXXXX800K
Email Address salesyeowkoon@gmail.com
Mobile Phone No (Phone) +65-67459437
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
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? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2488

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V01247/VCV/R02

DRIVER

Name of Driver SIM SIANG PIANG
NRIC No SXXXX445D
Date Of Birth 07/01/1968

Occupation	Outdoor
Date Of Driving Pass	11/08/1989
Driving experience	33 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-67464189
Alt. Phone Number	-
Email Address	salesyeowkoon@gmail.com
Address	BLK 23 HOUGANG AVENUE 3 #06-283
Address complement	-
Postcode	530023
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

PLEASE 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	GBK6297P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHAN BUCK LAI

Contact Number (Phone) +65-97896904
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

On mentioned date and time, my company's van was parked stationary at the loading/unloading bay of SMITH STREETS MARKET. I was sitting inside my van waiting to load goods. Vehicle "B" suddenly reversed and collided against my stationary van. At the time of incident no one injured. The said vehicle driver wants to settle with my insurer and later he changed his mind & ask to claim his insurance.

Was there any video captured by Car Camera? Yes / No

Has the driver been approached by unknown person(s)? Yes / No

Number of Passengers (Including Driver)? 01

Name	Gender:
Name	Gender:
Name	Gender:

Declaration
I/we declare the information provided is true in every respect.

KWAY TEOW...
BLK 307, F...
5 #04-27
TEL: 6140 3437, 6140 4169

 Policyholder's Signature / Date & Time

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

 13/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923D000C Vehicle Registration No: GBH1366Y
 Name (as shown in NRIC): SM SIONG HOON NRIC/FIN/Passport No: SXXXX445D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 6744 4189
 Email Address: _____
 Date of Accident: 12/01/2023 Time of Accident: 04:00
 Place of Accident: SMITH STREET COBBLEBAY
 Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- ① FROM THIRD PARTY CLAIM TO REPORTING ONLY
- ② INURED VEHICLE NUMBER TO GBH1366Y

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 08/01