

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	03/02/2023 13:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/02/2023 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(TOWARDS CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF4980J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	THIYAGARAJAN RENGANATHAN
NRIC No	SXXXX950B
Email Address	NATHANDHAYA@GMAIL.COM
Mobile Phone No	(Phone) +65-93698329
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HRV 1.5 DX CVT
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	1498

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01111972

DRIVER

Name of Driver	THIYAGARAJAN RENGANATHAN
NRIC No	SXXXX950B
Date Of Birth	27/07/1967
Occupation	Indoor

Date Of Driving Pass	31/07/2008
Driving experience	14 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93698329
Alt. Phone Number	-
Email Address	NATHANDHAYA@GMAIL.COM
Address	BLK 646 WOODLANDS RING ROAD #04-102
Address complement	-
Postcode	730646
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT6260S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

Describe Circumstance of the Accident

On the stated time and date, I was driving my Vehicle A (SMF49803) on PIE (TOWNERS CHANEN). As the vehicles in front of me slow down and stop I followed as well. Suddenly, I felt a huge impact from my rear. After awhile, I got off my vehicle and realized vehicle B (SMT62605) had collided on to the rear 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



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