

# 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 .....	08/02/2023 11:23 (SGT)
Reported by .....	Driver
Date of Accident .....	08/02/2023 09:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS AIRPORT BEFORE PAYA LEBAR EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF8876G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	OKY PTE LTD
Company Reg No .....	2XXXXX032G
Email Address .....	thetminhtin@10gmail.com
Mobile Phone No .....	(Phone) +65-83749791
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ22-001163

### DRIVER

Name of Driver .....	THET MIN HTIN
NRIC No .....	GXXXX195P
Date Of Birth .....	09/06/1978
Occupation .....	Outdoor

Date Of Driving Pass .....	17/11/2016
Driving experience .....	6 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83749791
Alt. Phone Number .....	-
Email Address .....	thetminhtin@10gmail.com
Address .....	BLK 5 EUNOS CRESCENT
Address complement .....	# 01-2605
Postcode .....	400005
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	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 THE ATTACHED STATEMENT

#### 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 .....	GBL9888J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	THET MIN HTIN
Gender .....	Male
Phone No .....	(Phone) +65-83749791
Address .....	BLK 5 EUNOS CRESCENT
Address Complement .....	# 01-2605
Post Code .....	400005
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK PAIN
Injured person in which vehicle? .....	GBF8876G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No





**Describe Circumstances of the Accident**

I was travelling along PIE toward Airport, before Paya Lebar, as the traffic was heavy, I was moving very slowly, suddenly I felt a huge Impact on the rear portion of my vehicle and that Impact thrust my vehicle and collided vehicle in front of me, causing this 3 vehicle chain collision. Afterward I realise vehicle B had collided to the rear portion of my vehicle. I would also want to state that vehicle C came down after the accident to take a quick look and did not exchange any image or detail and drove off, so I did not manage to get any photo of vehicle C. After the accident, the front and rear portion of my vehicle was damage.

**Declaration**

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



















































