

# 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 .....	09/02/2023 18:06 (SGT)
Reported by .....	Driver
Date of Accident .....	08/02/2023 19:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AIRPORT ROAD HEADING TO PAYA LEBAR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD1595Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	FOUR SEASONS CATERING PTE LTD
Company Reg No .....	1XXXXX526E
Email Address .....	kokyawkyawm@gmail.com
Mobile Phone No .....	(Phone) +65-88851351
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 .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ22-002255

### DRIVER

Name of Driver .....	KYAW KYAW MIN
NRIC No .....	GXXXX638U
Date Of Birth .....	22/08/1997
Occupation .....	Outdoor

Date Of Driving Pass .....	01/08/2019
Driving experience .....	3 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88851351
Alt. Phone Number .....	-
Email Address .....	kokyawkyawm@gmail.com
Address .....	5 UPPER ALJUNIED LANE
Address complement .....	# 06-42
Postcode .....	360005
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 .....	3
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 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 .....	SLW1321D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MOHAMMAD SALIKIN BIN MOHD SALEH
NRIC No .....	SXXXXX333B

Contact Number .....	(Phone) +65-82627634
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



Describe Circumstances of the Accident VEHICLE NO:

DATE OF ACCIDENT:

I was exiting from kpe first lane. Vehicle B also exiting from kpe second lane. I was driving straight, then vehicle B get into my lane which is second lane. Then I switch to first lane and then vehicle B was at second lane and also continue switching to first lane. then he jam brake then I follow suit. then we stop in the middle of the road and he show middle finger to me. then he drive again and jam brake and I follow suit and hit his rear portion of the vehicle. Vehicle B and me come out from our car and was talking and his car door was open so suddenly vehicle C hit his car door.

REPORTING ONLY ( )      OWN DAMAGE ( )      THIRD PARTY ( )      OWN WORKSHOP ( )

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Kyan 09-02-2023

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

gumil 9/2/2023

Witnessed by Reporting Centre Personnel































**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: SN0923290008 Vehicle Registration No: GBD 15952  
 Name (as shown in NRIC): Kyaw Kyaw Min NRIC/FIN/Passport No: G 387 26384  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: 5 Upper Aljunied #06-42 Singapore (360005)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 885 1351  
 Email Address: kokyawkyawm@gmail.com  
 Date of Accident: 08/02/2023 Time of Accident: 19:45  
 Place of Accident: Airport Road heading to paya lebar  
 Insurance Company: GAI

**(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:

Amend Driver's Address - 5 Upper Aljunied #06-42, S 360005

Policyholder / Actual Driver's Signature  
Date:

gmuw 18/2/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: