

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	11/04/2023 10:35 (SGT)
Reported by	Actual Driver
Date of Accident	10/04/2023 09:06 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	ECP TOWARDS CITY TANJONG RHU FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5738S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN GUAN & CO
Company Reg No	0XXXX600J
Email Address	elin.cqw@gmail.com
Mobile Phone No	(Phone) +65-81689525
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	2800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5132225289

DRIVER

Name of Driver	TIO TIONG YEOW
NRIC No	SXXXX683J
Date Of Birth	12/08/1968
Occupation	Outdoor

Date Of Driving Pass	13/01/2006
Driving experience	17 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81093243
Alt. Phone Number	-
Email Address	elin.cqw@gmail.com
Address	659C PUNGGOL EAST
Address complement	07-737
Postcode	823659
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	-

PASSENGER 1

Name	RAMAMOORTHY VIJAYAKUMAR
Gender	Male

PASSENGER 2

Name	MAUNG MAUNG LAY
Gender	Male

PASSENGER 3

Name	UDDIN ALA
Gender	Male

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 ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3277Y
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)	6

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH6293Z
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)	3

Describe Circumstance of the Accident

ON THE STATED TIME & DATE ON THE STATED LOCATION, I VEHICLE 'A' G1BF59385 WAS TRAVELLING STRAIGHT. SUDDENLY VEHICLE 'B' G1B33297Y JAM BREAK, I MANAGED TO BREAK IN TIME AS WELL BUT VEHICLE 'C' SNH62932 DIDN'T AND COLLIDED ONTO ME WHICH CAUSE MY VEHICLE PROPELLED AND COLLIDED ONTO VEHICLE 'B' WHICH RESULTED IN A CHAIN COLLISION.

Declaration

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

6.1.2020

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Constable Personnel (Name as in NRICID card)





















