

# 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 |
|-----------------------------------|----------|

### 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 |
|-----------------------------------------------------|-----|

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)







TOYOTA MOTOR CORPORATION JAPAN  
MODEL KDY231R-TLMKY  
ENGINE 1KD-FETV  
FRAME No. JTFAT35Y00K207155 2982 mL  
COLOR 8PO EA13 P11  
TRIM AD6B  
TRANS./AXLE R451 589

0.5  
XJ 74567-25041



























