

# 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 .....	05/04/2023 14:35 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	04/04/2023 09:10 (SGT)
Exact Location of Accident .....	Near 171 Paya Lebar Rd, Macpherson, Singapore 409048
Additional Location Information .....	CIRCUIT LINK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKQ3374G
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM YEW LYE
NRIC No .....	S0227106J
Email Address .....	hitek@singnet.com.sg
Mobile Phone No .....	(Phone) +65-97820175
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	520i
Variant .....	SALOON
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC23P00073200

### DRIVER

Name of Driver .....	LIM YEW LYE
NRIC No .....	S0227106J
Date Of Birth .....	15/11/1954
Occupation .....	Indoor



Date Of Driving Pass .....	04/04/1972
Driving experience .....	51 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97820175
Alt. Phone Number .....	-
Email Address .....	hitek@singnet.com.sg
Address .....	1GEYLANG EAST AVE 1 #09-05
Address complement .....	-
Postcode .....	389778
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 .....	Clear
Road Surface .....	Dry

#### 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) .....	2
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 .....	YAM NGAN PENG
Gender .....	Female

#### 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

WHILST TRAVELLING BEHIND VEH NO BEARING GBC7984A, THE DRIVER SUDDENLY STOPPED HIS VAN, I DID LIKEWISE BUT STILL COLLIDED VERY LIGHTLY ONTO HIS REAR BUMPER. I WOULD LIKE TO STATE THAT THE DAMAGE ON HIS TAILGATE WASN'T CAUSED BY ME AS THERE'S NO DAMAGE ON MY FRONT BUMPER GRILLE AND THE DAMAGE ON THE TAILGATE IS HIGHER THAN MY BUMPER.

#### 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 .....	GBC7984A
-----------------------------------	----------

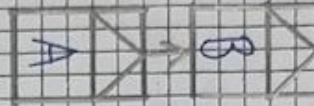


Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Commercial vehicle
Name of Driver .....	VOON YEN CHUNG
Passport No/FIN .....	G2496030M
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	MINOR
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2



A: SKQ3374G

B: GBC7984A



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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:

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_



















