

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 03/05/2023 14:42 (SGT)
Reported by Owner
Date of Accident 30/04/2023 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJL9711R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAY TOH HUAT
NRIC No S7565362Z
Email Address pohlee1225@gmail.com
Mobile Phone No (Phone) +65-92389749
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA ALTIS 1.6 AUTO
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMPCSNW00277202204

DRIVER

Name of Driver TAY YU JIE
NRIC No T0077218B
Date Of Birth 25/12/2000
Occupation Indoor

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 19/01/2021 |
| Driving experience | 2 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92389749 |
| Alt. Phone Number | - |
| Email Address | pohlee1225@gmail.com |
| Address | BLK 476 ANG MO KIO AVE 10 #03-796 |
| Address complement | - |
| Postcode | 560476 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | FRIEND |
| 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

REFER TO SKETCH PLAN

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 | SH8548S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

Vehicle Colour -
Vehicle Category Taxi
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) -

Describe Circumstance of the Accident
On 30/4/2023 at 4.30pm, I was driving along CTE. I wanted to filter into the right lane, but suddenly the taxi in front of me braked, I did not have enough space to filter into the next lane, and the front right side portion of my vehicle hit onto the taxi's right rear portion.

- Statement made on behalf of driver. By owner - *JA*

Declaration

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

JA

Policyholder's Signature / Date & Time

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

Kiara



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



















