

# 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 .....	26/05/2023 12:09 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/05/2023 15:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GUL CIRCLE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC4848P

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	EIZ MEDIA & TRANSPORT SERVICE
Company Reg No .....	5XXXX756J
Email Address .....	kalamtc@hotmail.com
Mobile Phone No .....	(Phone) +65-84115636
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Auto
CC .....	2754

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00004212301

### DRIVER

Name of Driver .....	SITI NURZIANAH BINTE ABDUL GHANI
NRIC No .....	SXXXX675A
Date Of Birth .....	25/05/1998
Occupation .....	Outdoor

Date Of Driving Pass .....	23/03/2019
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-84115636
Alt. Phone Number .....	-
Email Address .....	kalamtc@hotmail.com
Address .....	APT BLK 452A SENGKANG WEST WAY
Address complement .....	# 02-395
Postcode .....	791452
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 .....	Side Swipe
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) .....	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 .....	XE6405R
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) ..... -

Describe Circumstance of the Accident

At the above time and date .

I was travelling along Gul Circle going towards  
PIE

I was travelling in my own lane when  
vehicle (B) suddenly cut into my lane  
and hit onto the left portion of  
my vehicle

Declaration

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

  
Policyholder's Signature / Date & Time

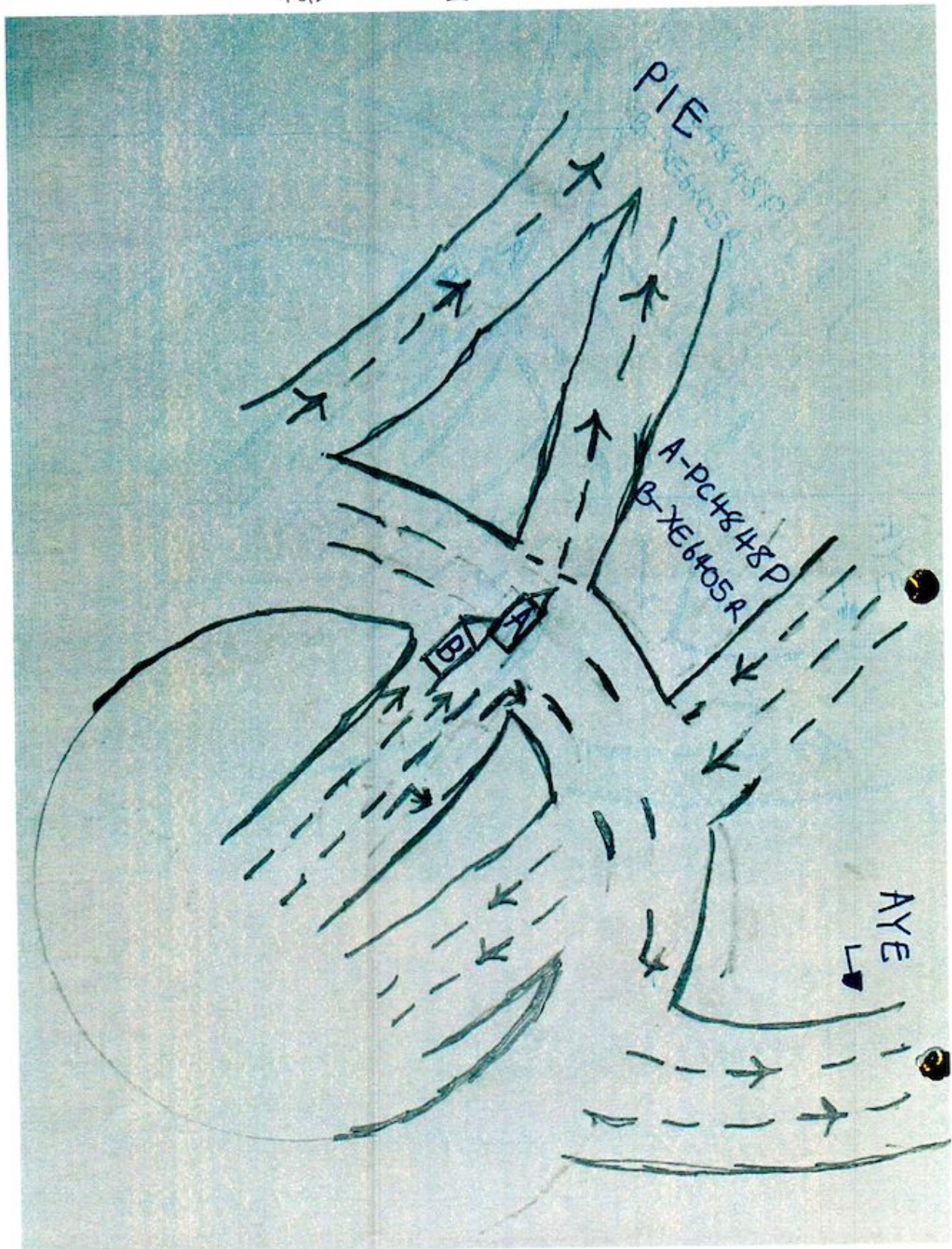


  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

 28/5/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



GUL CIRCLE







































**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: SN09235Q0006 Vehicle Registration No: PC 4848P  
 Name (as shown in NRIC): Siti Nurziarah Binte Abdul NRIC/FIN/Passport No: S1818675A  
<sup>Ahmad</sup>  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: Apt Blk 452A Sengkang West Way # 02-395 Singapore (791452)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8411 563 6  
 Email Address: kademtc@hotmail.com  
 Date of Accident: 24/05/2023 Time of Accident: 15:25  
 Place of Accident: Gul Circle  
 Insurance Company: China Taiping

(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 sketch plan



Policyholder / Actual Driver's Signature  
 Date: 29/05/23

Reporting Centre Personnel's Signature  
 Name (as in NRIC/ID card):  
 Date: 29/5/2023