

## 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 .....	02/07/2023 11:05 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/07/2023 12:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE (CITY) AFTER BRADDELL
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN160E
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAI CHANGYUAN
NRIC No .....	S9407126G
Email Address .....	CHANGYUANLAI@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-93632325
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1400

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5135168058

#### DRIVER

Name of Driver .....	LAI CHANGYUAN
NRIC No .....	S9407126G
Date Of Birth .....	01/03/1994
Occupation .....	Indoor

Date Of Driving Pass .....	27/06/2014
Driving experience .....	9 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93632325
Alt. Phone Number .....	-
Email Address .....	CHANGYUANLAI@HOTMAIL.COM
Address .....	BLK 709 #11-70
Address complement .....	YISHUN AVENUE 5
Postcode .....	760709
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	LIM YIXUAN
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

WHILE DRIVING ON THE RIGHT LANE OF CTE (CITY) AFTER BRADDELL, THE CAR IN FRONT OF ME SUDDENLY BRAKED. I APPLIED MY BRAKE AND MANAGE TO STOP IN TIME. BUT THE REAR OF MY CAR WAS HIT BY THE CAR BEHIND ME SCM778K. I TOOK PHOTOS OF THE VEHICLES AND EXCHANGED PARTICULARS WITH THE OTHER PARTY.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	To submit to workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCM778K
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	WONG YONG THYE JAMES
NRIC No .....	S1272055F
Contact Number .....	(Phone) +65-94247784
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM YIXUAN
Gender .....	Female
Phone No .....	(Phone) +65-81266365
Address .....	370D ALEXANDRA ROAD
Address Complement .....	#04-03
Post Code .....	159957
Approximate Age Years Old .....	29
Injuries Sustained .....	WHIPLASH
Injured person in which vehicle? .....	SLN160E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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I understand, acknowledge, agree and consent that:

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
**MD SHAN KASMEIR BIN ABDULLAH**

A- SLN160E  
B - SCM778K

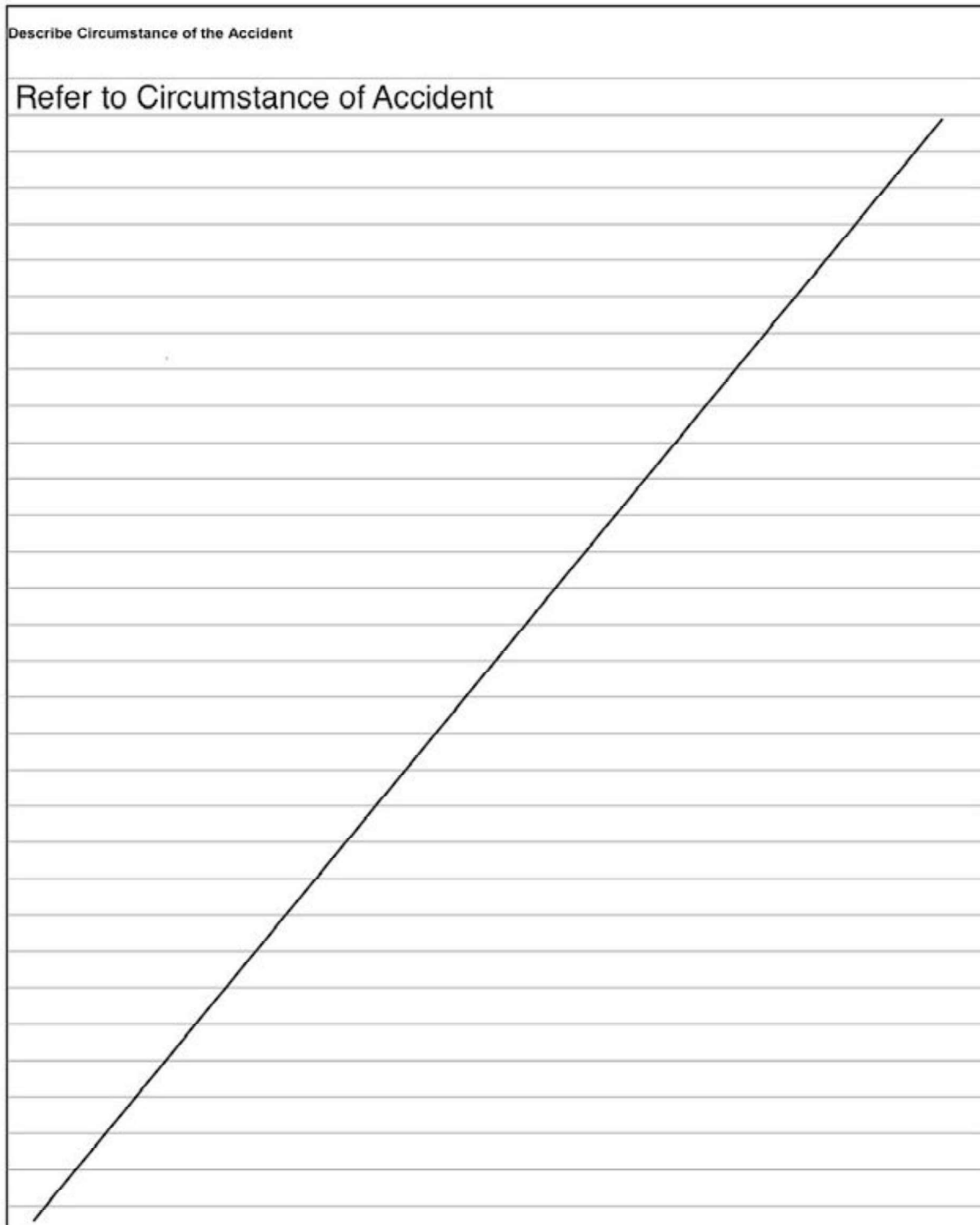
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A  
B

CTE (CITY) AFTER  
BRADDELL

Describe Circumstance of the Accident

Refer to Circumstance of Accident



**Declaration**

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



Policyholder's Signature / Date & Time

02/07/2023  
1045hrs

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



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

MD SHAN KASMEIR BIN ABDULLAH 2