

# 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 .....	20/07/2023 11:04 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/07/2023 07:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS TUAS (BEFORE BALESTIER ROAD EXIT 17)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PD840G
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	PERFECTGOH LIMO
Company Reg No .....	5XXXX498C
Email Address .....	SIMONLAW76@GMAIL.COM
Mobile Phone No .....	(Phone) +65-83829927
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
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 .....	DMB1SNW00005962300

### DRIVER

Name of Driver .....	MOHAMMAD NAZRIN BIN TAJUDIN
NRIC No .....	SXXXX137D
Date Of Birth .....	06/03/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	02/07/2012
Driving experience .....	11 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98340440
Alt. Phone Number .....	-
Email Address .....	SIMONLAW76@GMAIL.COM
Address .....	BLK 201B TAMPINES STREET 21
Address complement .....	#04-1083
Postcode .....	522201
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 .....	4
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) .....	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 .....	SMG3524U
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMC60G
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SNH3433G
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMMAD NAZRIN BIN TAJUDIN
Gender .....	Male
Phone No .....	(Phone) +65-98340440
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY PAIN
Injured person in which vehicle? .....	PD840G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



Describe Circumstance of the Accident

Refer to Attached

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

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



On 19.07.2023 at about 07:00 hours along PIE towards Tuas (Before Balestier Road Exit 17), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A). It was a chain collision of total of 4 vehicles involved and I am the first vehicle.

Vehicle (A): PD 840G

Vehicle (B): SMG 3524U

Vehicle (C): SMC 60G

Vehicle (D): SNH 3433G

*Mayis*















