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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
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 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 Report	11/11/2017 16:30
Date Of Accident	09/11/2017 19:30
Exact Location Of Accident	BRADDELL RD - CTE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJG2985P
Insured/Policyholder	
Name Of Registered Owner	PRO SELECT LEASING PTE LTD
Co Reg No	NA
Email Address	PROSELECTLEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87481250
Alternative Phone No	OFFICE-87481250
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087648909
Cover Note Number	
Driver	
Name of Driver	HAMIZAN BIN JUMA'AT
NRIC No	S7507512Z
Date Of Birth	10/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	11/05/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87481250
Fax Number	
Contact Number	OFFICE-87481250
EMail Address	HAMYZANJUMAAT@HOTMAIL.COM

Address	BLK 848 JURONG WEST STREET 81 #04-257
Postcode	640848
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance	NO
Number of Passengers (Including Driver)	5

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2890Z
Vehicle Make/Model/Colour	TAXI
Details Of Properties	REAR AND FRONT PORTION
Name of Driver	CHAY YUE LENG
NRIC/Passport Number	S7124317F
Contact Number	96187348
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

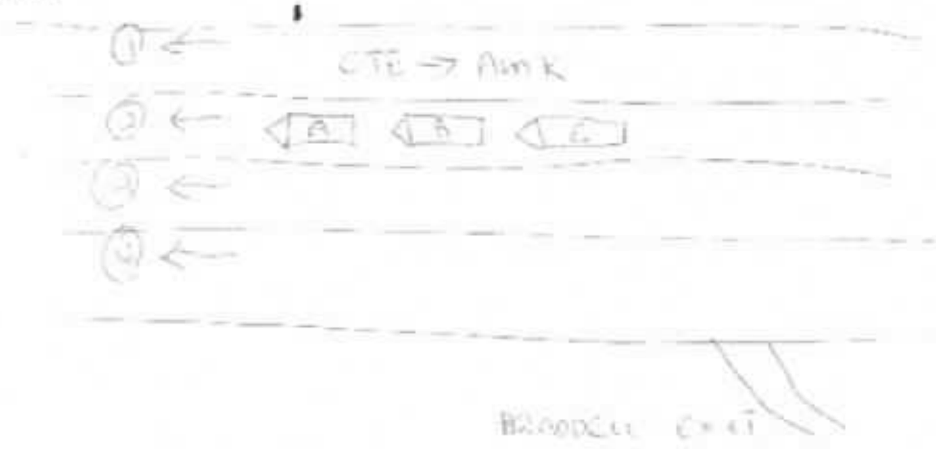
Vehicle Registration Number	SLF8314T
Vehicle Make/Model/Colour	TAXI

Details Of Properties	FRONT PORTION
Name of Driver	YEO BACK SONG
NRIC/Passport Number	S1064849A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the stated place, date & time. I was going straight in my lane. Traffic was heavy and the front vehicles slowed down so I applied my brake and slowed down and came to a stop. Few seconds later I felt a bang at behind my vehicle. [illegible] caused my [illegible] and [illegible] 3 vehicles [illegible].

Damages on all vehicles, we exchange particulars and taken photo of the scene.

DECLARATION

RICHARD [illegible]

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible] **correctly** [illegible]
2. [illegible] **completed by the Policyholder and/or the** [illegible] **Driver**
3. [illegible] **truthful and accurate as possible** [illegible]
4. [illegible] companies.
5. **Any false reporting may be** [illegible] **to the Police for investigation.**
6. [illegible]
7. [illegible]
8. Consent under the Personal Data Protection Act (PDPA)

   [illegible]

   (i) [illegible] Association of Singapore ("GIA") [illegible] "Personal Information" [illegible] "Insurers" [illegible] Purposes of:

      (a) [illegible]

      (b) [illegible]

      (c) [illegible]

      (d) [illegible]

      (e) [illegible] "Purposes").

   (ii) [illegible] for any of the above Purposes.

   (iii) [illegible]

   (iv) [illegible]

   (v) [illegible]

      [illegible]

      [illegible]

Policyholder's Signature [illegible]

[illegible] Signature [illegible]

[illegible] Signature [illegible]

Name: RICHARD [illegible]