

## 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 withholding 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	24/11/2017 17:53
Date Of Accident	24/11/2017 08:30
Exact Location Of Accident	TRAFFIC JUNCTION IN FRONT OF QUEENSWAY SHPG CTR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS9864Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUI WENG SUN
NRIC No	S7349150I
Email Address	LUIWENSU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81230877
Alternative Phone No	OTHERS-81230877

### Vehicle Particulars

Manufacturer	OPEL
Model	ASTRA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095046731
Cover Note Number	

### Driver

Name of Driver	LUI WENG SUN
NRIC No	S7349150I
Date Of Birth	15/01/1973
Occupation	INDOOR
Date Of Driving Pass	07/09/1993
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81230877
Fax Number	
Contact Number	OTHERS-81230877
Email Address	LUIWENSU@GMAIL.COM

Address	29 WEST COAST PARK #11-12
Postcode	127647
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	YES
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)	2

#### 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF9688H
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Name of Driver	LOU HWEE SENG
NRIC/Passport Number	S1445014I
Contact Number	93856813
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	TAN WEE KENG
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Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SLS9864Y

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode