

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	14/12/2017 15:27
Date Of Accident	07/12/2017 14:30
Exact Location Of Accident	INTERSECTION STAMFORD ROAD/VICTORIA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW2957A
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	WINTERDEUR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83633424
Alternative Phone No	OFFICE-83633424

Vehicle Particulars

Manufacturer	SSANGYONG
Model	ACTYON-2.0 2WD (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093336938
Cover Note Number	

Driver

Name of Driver	WINTRAECKEN ANTOINETTE JOSEPHINA CLAIRE
Passport No/FIN	G3016963N
Date Of Birth	06/07/1973
Occupation	INDOOR
Date Of Driving Pass	28/05/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83633424
Fax Number	
Contact Number	
Email Address	WINTERDEUR@HOTMAIL.COM

Address	8 BINJAI HILL
Postcode	589924
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR4202H
Vehicle Make/Model/Colour	HYUNDAI ACCENT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANNA
NRIC/Passport Number	
Contact Number	90210825
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

IMPORTANT NOTICE

- Please report accidents in the interests of the insured as agreed in the terms of the policy.
- The Police must be contacted as soon as possible after the accident.
- Information provided must be as accurate and complete as possible. Any false information or withholding of material facts may affect the insured's entitlement to a settlement.
- The use and disclosure of this form by Insurance Companies is not an admission of liability solely on the part of the Insurance Companies.
- Any false information may be subject to the Police for investigation.
- This report will be forwarded by the Insurers of the Motor Insurance Association to the Motor Insurance Association of the relevant State for the purpose of the report will be a fact for the Motor Insurance Association to consider.
- By the signature of this report to the Insurers, you hereby consent to the inclusion of this report in the Motor Insurance Association's report.

Sketch Plan

Summary of the Accident

I am car A, the other car B is from Anna Tweedie (Hyundai). Mrs Tweedie's car was in the second lane where you are just allowed to go straight. I went straight as allowed, Mrs Tweedie took a turn to the right and hit my car.

Signature

14/12/2017
Roshni Watters

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA467164599 Vehicle Registration No : SKW 2957 A
Name(as shown in NRIC) : Motorway Car Rentals Pte Ltd
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 199902927 C
Address : 1094 Lower Delta Road Motorway Building.
Contact (Tel) : 6571 9635 (H/P) : _____
(Email) : _____
Date of Accident : 07/12/2017 Time of Accident : 14:30 hrs.
Place of Accident : Intersection Stamford Rd / Victoria St.
Insurance Company : N TUC INCOME INSURANCE CO-OPERATIVE LTD.

(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:

Please ^{change} ~~cancel~~ this claims, as we have private settled
with third party as agreed. To REPORTING ONLY



Signature of Vehicle Owner / Driver

Date: 28/12/17.

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm