SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number
EMail Address

- 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 <u>truthful and accurate</u> 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

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	

FEMALE

(LOCAL) +65-83633424

WINTERDEUR@HOTMAIL.COM

8 BINJAI HILL Address

589924 Postcode

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 1

NO

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKR4202H

Vehicle Make/Model/Colour HYUNDAI ACCENT

Details Of Properties

PRIVATE CAR Vehicle Category

ANNA Name of Driver

NRIC/Passport Number

90210825 **Contact Number**

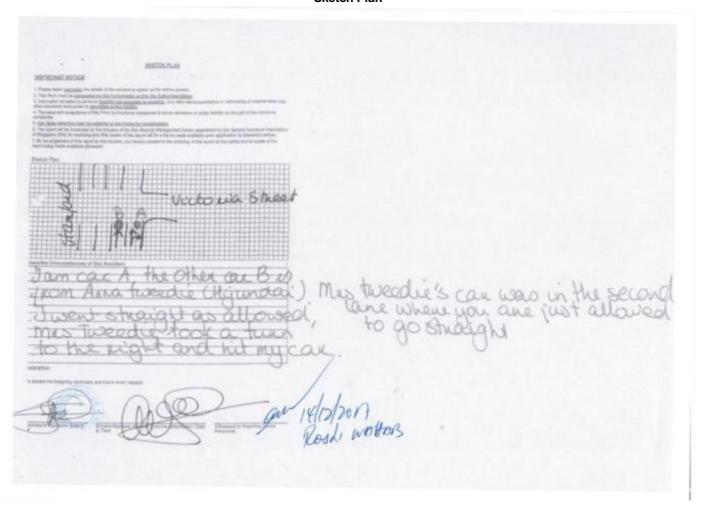
Address Postcode

Insurance Company Name

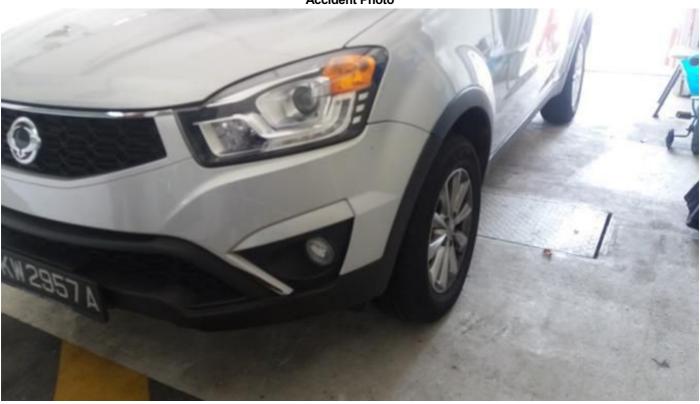
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

























Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

(Δ)	ADDE! PARTICULARS OF PERSON MA		
	MARYINI 64599 Motorway Car Rent	Vehicle Registration No :	
Address :	199902927 C 1094 LEWES PELL 6571 9635		
(Email) : Date of Accident : Place of Accident :	Intersection star	Time of Accident:	14:30 has.
he following amendments:			
with third ;	party as agreed	P. To REPORTIN	red overy

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