SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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	04/01/2018 10:35
Date Of Accident	01/01/2018 13:35
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV9999A
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	BARBERSEANYS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91158278
Alternative Phone No	OFFICE-64682200
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	STAVIC-2.0 D (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?	YES
If No, Please state action to be taken	
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	ONG YU SIAN ,SEAN
NRIC No	S8811008J
Date Of Birth	06/04/1988
Occupation	OUTDOOR

31/12/2009

MALE

8 YEARS AND 0 MONTHS

(LOCAL) +65-91158278

BARBERSEANYS@GMAIL.COM

OFFICE-64682200

Address BLK 443C FAJAR ROAD

#05-76

Postcode 673443

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 COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

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?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

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?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (COLLISION TYPE IS SKIDDED AND LOST CONTROL)

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 GX4369D

Vehicle Make/Model/Colour DAIHATSU VAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver WEE LAY MENG

NRIC/Passport Number S1529770J Contact Number 94776997

Address BLK 289G #08-92

BUKIT BATOK STREET 25

Postcode 656289

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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Sketch Plan	
111111	PIE Towards Changi Refore Lornie Exit
Skided and Lost Control	Vehicle A-SSV9999A Vehicle 13-67275695
Describe Circumstances of the Accident	
I was travelling along PIC Towards Chang	; on the educe right lane
of 4-lanes road. Somewhere before the exit o	t Lorne, the road surface
Is not god I was three on 70 to 80 km	who but of sudden, my relief
251GEU 519 171	lane 9. After that, rehide B
came from the rene (lune 5) collided on	to the scurpportlan of my
	A -53 V9999A

Declaration

I/We declare the arrowing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

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