

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	05/01/2018 15:31
Date Of Accident	04/01/2018 15:10
Exact Location Of Accident	ALONG CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4614S
Insured/Policyholder	
Name Of Registered Owner	PAWS CARE PTE LTD
Co Reg No	201722807K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91800493
Alternative Phone No	OFFICE-91800493

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 1.5 GL AT 2WD LGV
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093308550
Cover Note Number	

Driver

Name of Driver	TAN MENG XIN, TIA (CHEN MENGXIN)
NRIC No	S8224869B
Date Of Birth	08/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2002
Driving Experience	15 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91800493
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 771 BEDOK RESERVOIR VIEW #17-157
Postcode	470771
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 - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT

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 Witness 1

Name	HAMIS BIN AHMAD
Phone Number	90286940
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4478D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

SKETCH PLAN

A-GBG4614S

B-SHA4478D



Esso station

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As refer to the police report

DECLARATION

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

Policyholder's Signature

Date & Time: 5/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Think One Autocare Pte Ltd

18 Defu Lane Avenue 2

Singapore 539522

Tel: 6844 3300 Fax: 6842 4988

Reporting Centre Personnel's Signature

Name: Tan Hui Kuang Karen

NRIC/FIN No.: 97828561/C