

### 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 29/12/2017 16:30  
Date Of Accident 23/12/2017 19:40  
Exact Location Of Accident ORCHARD ROAD  
Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH5404A  
**Insured/Policyholder**  
Name Of Registered Owner YONG LEE SENG HOLDINGS PTE LTD  
Co Reg No 200706236N  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-68417757  
**Vehicle Particulars**  
Manufacturer SUBARU  
Model IMPREZA 5D 1.5R AWD AT  
Exact Purpose for which vehicle was being used at time of accident  
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 COMMERCIAL VEHICLE  
**Insurance Company**  
Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5068483255-03 CLASSIC  
Cover Note Number  
**Driver**  
Name of Driver WIDIGDI  
NRIC No S8380738E  
Date Of Birth 14/09/1983  
Occupation OUTDOOR  
Date Of Driving Pass 01/08/2009  
Driving Experience 8 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-83320806  
Fax Number  
Contact Number  
Email Address WIDIQ\_RAY@HOTMAIL.COM

Address BLK 350 BUKIT BATOK ST 34 #08-134  
 Postcode 650350  
 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? 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) 3  
 Passenger 1 NAME: : UNKNOWN  
 GENDER: : FEMALE  
 Passenger 2 NAME: : UNKNOWN  
 GENDER: : FEMALE

#### 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

##### REFER TO SKETCH PLAN

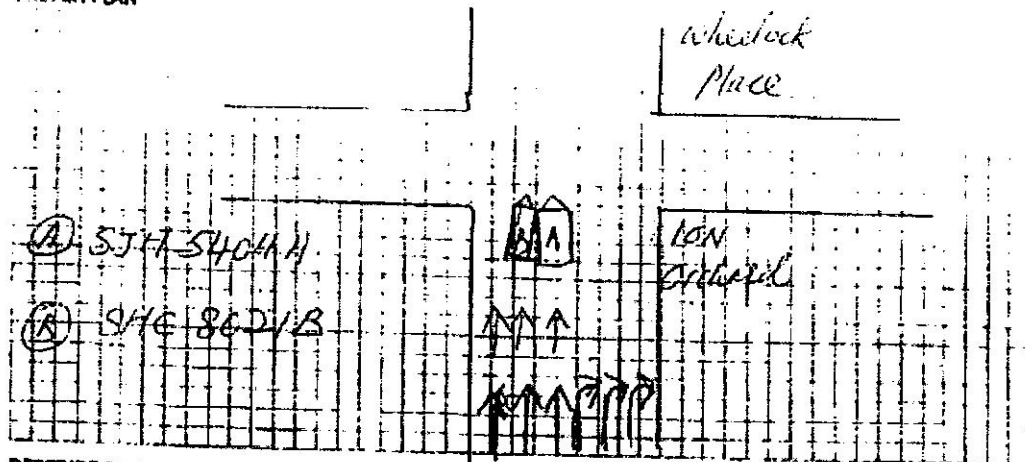
#### Attachment(s)

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 SHC8021B  
 Vehicle Make/Model/Colour MERCEDES BENZ E220 BLUETEC  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight towards Orchard Boulevard.  
 Suddenly I felt a jerk on my front left  
 side. A taxi which was travelling on my left  
 collided into my car. I immediately alert  
 the taxi driver (lady) to stop at the side of  
 wheelock Place to exchange particulars

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

SHAWMC SketchPlanForm\_V3

KAKI BUKIT (VAC)

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