## 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 <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 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.

CONTRACTOR OF THE SECOND	ACCIDENT STATEMENT
Date Of Report	22/01/2018 13:07
Date Of Accident	20/01/2018 10:35
Exact Location Of Accident	BEDOK SOUTH RD TOWARDS BEDOK SOUTH AVE 1 B/S TEMAS
Country/State of Loss	SINGAPORE
<b>国际自己产生的现在分词并让从企工的特别的对抗,也将自己的经济的政治的主义的</b>	·····································

THE PARTY OF THE SECOND	DETAILS OF OWN VEHICLE	THE REPORT OF THE PARTY.
Vehicle Registration Number	SGF8591T	
Insured/Policyholder		

Name Of Registered Owner NEO CHIN KIT NRIC No S0206028J

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97463540
Alternative Phone No OFFICE-88888888

Vehicle Particulars

Manufacturer NISSAN

Model SUNNY-1.6 EX (M)

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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5013506945-11

Cover Note Number

Driver

 Name of Driver
 LUA KENG KOON

 NRIC No
 \$9604501H

 Date Of Birth
 06/02/1996

Occupation INDOOR
Date Of Driving Pass 20/01/2018

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82909900

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 403 BEDOK NORTH AVE 3

#10-229

Postcode

460403

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - LEARNER

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

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)

2

Passenger 1

NAME:

: NEO CHIN KIT

GENDER:

: MALE

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

ON 20/01/2018 AT ABOUT 1035HRS AT ALONG BEDOK SOUTH ROAD TOWARDS BEDOK SOUTH AVE 1 BESIDE TEMASEK JUNIOR COLLEGE. I WAS TRAVELLING ON THE CENTRE LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO RED TRAFFIC LIGHT HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SGF 8591T (B) SHC 61M

## 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

SHC61M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

TAXI

NRIC/Passport Number

Contact Number

JAVASCRIPT:SUBMITENTRY(0)

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### SHETCH PLAN

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- b) My insufer, my workshop and the General Insurance Association at Singapore ("GIA"; may/are permitted to collect, see, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
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Bedde South Road Junior College	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	-
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South Road towards Bedok South Are I beside Temasek	4
Junior College I was travelling on the Centre Lone	
and when my front Vehicles slow down and stop	
also to Red traffic hight hence I tollow suit .	7
Suddenly I heard a loud being from behind and when I	
alighted, I reclised that it was vehicle (12) who hit	
outs my Rear Portion of my Vehicle (A) coursing dama	
to my Vehicle.	,
CA) SGF 8591 T	
(B) SHC GIM	
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