

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 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	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

DETAILS OF OWN VEHICLE

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	S9604501H
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	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	JAVASCRIPT:SUBMITENTRY(0)
Address	
Postcode	

Insurance Company Name

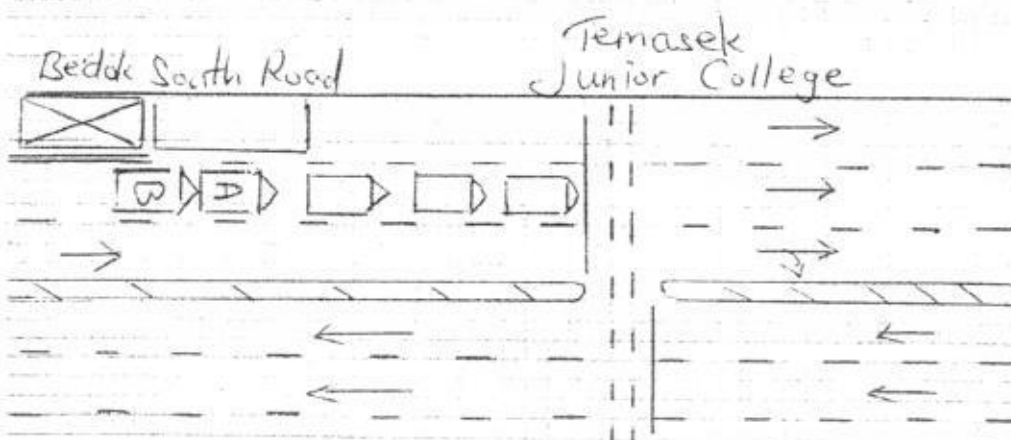
Nature Of Damage

No. Of Passenger (Including Driver)

[illegible][illegible]

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/01/2018 at about 16:35 hrs 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 Vehicles 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 8591 T

(B) SHC 61 M

DECLARATION

(I/We declare that the above information is true and correct.)

Police Officer's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
Nationality: