

## 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 30/01/2018 16:05  
Date Of Accident 29/01/2018 20:15  
Exact Location Of Accident JUNCTION OF HOUGANG CENTRAL & UPPER SERANGOON ROAD  
Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJE9454U  
**Insured/Policyholder**  
Name Of Registered Owner MY CAR CONSULTANT PTE LTD  
Co Reg No 201605878Z  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-88888888  
**Vehicle Particulars**  
Manufacturer HONDA  
Model CIVIC-1.8 (A)  
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 THIRD PARTY  
Fleet Policy NO  
Policy Number 5086918573-01  
Cover Note Number  
**Driver**  
Name of Driver BENJAMIN TEOW JUN YIN  
NRIC No S9604338D  
Date Of Birth 22/01/1996  
Occupation INDOOR  
Date Of Driving Pass 19/09/2016  
Driving Experience 1 YEAR AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-84999238  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 569 HOUGANG ST 51  
 #16-93  
 Postcode 530569  
 Was driver an employee of the Insured's Company YES  
 If No, Relationship of the Driver with the Insured  
 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?  
 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: : CLAUDIA LEONG  
 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

ON 29/01/2018 AT ABOUT 2015HRS AT JUNCTION OF HOUGANG CENTRAL & UPPER SERANGOON ROAD. I WAS TRAVELLING ALONG HOUGANG CENTRAL TOWARDS HOUGANG AVE 5 ON THE CENTRE LANE AND CAME TO A STOP BEFORE THE RED TRAFFIC LIGHT. WHEN THE TRAFFIC LIGHT TURNS GREEN, I PROCEED STRAIGHT AND SUDDENLY A VEHICLE (B) ON MY LEFT VEERED INTO MY LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIOUS HENCE COLLIDED ONTO MY FRONT LEFT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SJE9454U (B) SHC 1385Y

### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: PLEASE GET FROM WORKSHOP  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1385Y  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number

Address

Postcode

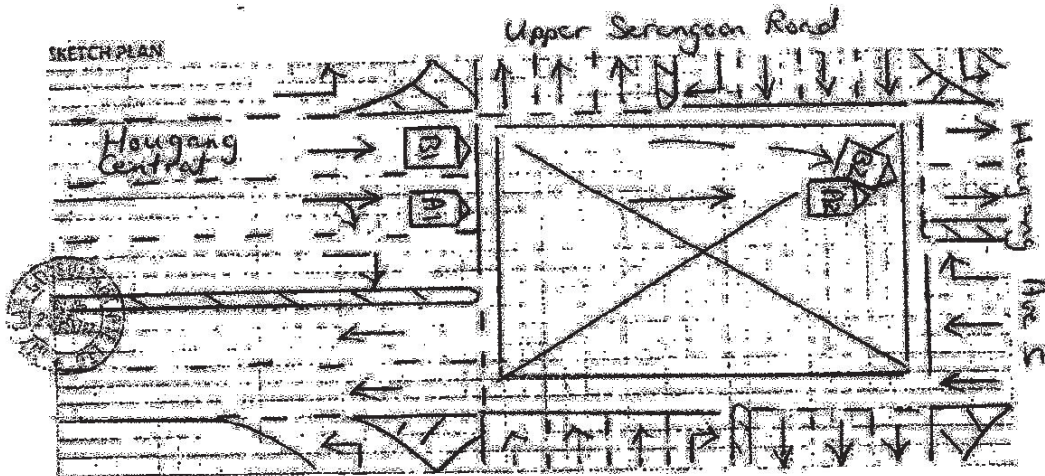
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)







DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/01/2018 at about 2015 hrs at Junction of Hougang Central & Upper Serangoon Road. I was travelling along Hougang Central towards Hougang Ave S on the centre lane and came to a stop before the Red traffic light. When the traffic light turns GREEN, I proceed straight and suddenly a Vehicle (B) on my left veered into my lane without checking his blindspot and without cautious hence collided onto my left Front Portion of my Vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SJE 9454U  
(B) SHC 1385Y

DECLARATION



Signature of Driver  
Date & Time

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

Passenger's Signature  
NAME  
NRIC / ID No.