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 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 Insurence 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.

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 Date Of Report
 09/04/2018 11:57

 Date Of Accident
 05/04/2018 12:25

Exact Location Of Accident ADAM ROAD TOWARDS BUKIT TIMAH

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GV555S

Insured/Policyholder

Name Of Registered Owner TEO KIAN HOCK (CHEE CHEN) TOWING SERVICES

Co Reg No NA 41373600L

Email Address JACKIEONG95@LIVE.COM

Mobile Phone No

Alternative Phone No OFFICE-96790882

Vehicle Particulars

Manufacturer ISUZU

Model TOW TRUCK

Exact Purpose for which vehicle was being used at

time of accident

WORK PURPOSE

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

INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy NO

Policy Number

M066218/17/1000/2000

Cover Note Number

Driver

Name of Driver

JACKIE ONG YOKE JIE

 NRIC No
 \$9516075A

 Date Of Birth
 05/05/1995

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/12/2016

Driving Experience 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84488959

Fax Number

Contact Number EMail Address

:Mail Address JACKIEONG95@LIVE.COM

Page 1 of 18

Address

BLK 550 HOUGANG ST 51 #07-176

SINGAPORE

Postcode

530550

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

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

2

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)

58.555

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC769E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

GOH KIAN HUA

NRIC/Passport Number

S0236901Z

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Accident Sketch Plan Pg. 1

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Sketch Plan #2 Pg. 1

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CLARATION		Λ
We declare the foregoing part	ticulars are true in every respect.	
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		JAN T
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te & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.: