

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	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	S9516075A
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	JACKIEONG95@LIVE.COM

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) 1

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

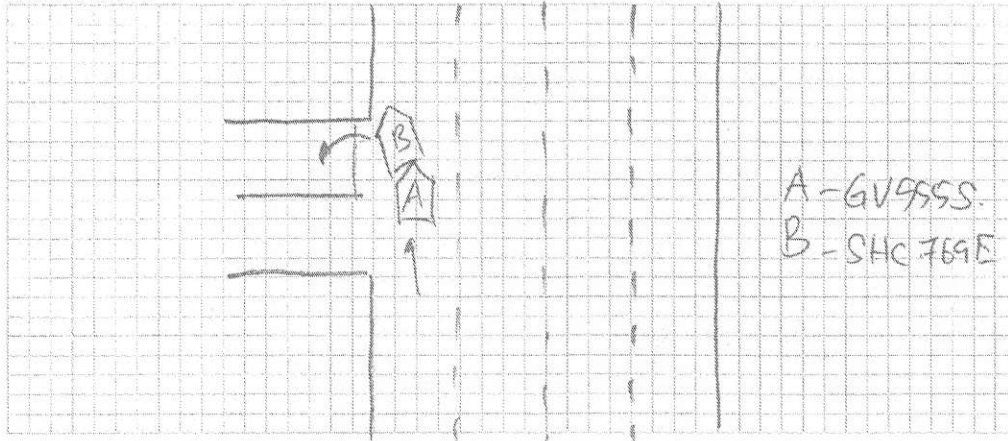
DETAILS OF OTHER VEHICLE PROPERTY 1

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

Accident Sketch Plan Pg. 1

Date	Car Plate	Tow From	To	Price	Remark
14/18	I Goh Kian Hua	02369012		Min	
	jammed brake and filter left without looking				
	cause Tow-Truck EV 5555 behind to				
	Knock on to me. It is my mistake and				
	I am responsible for the cause of Repair.				
		COST	Min		
	Goh Kian Hua 02369012				
			Min		

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Signature of Policyholder

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: