

SINGAPORE ACCIDENT STATEMENT

TPAIG

**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 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	27/11/2017 10:46
Date Of Accident	25/11/2017 16:00
Exact Location Of Accident	BLK 567A HOUGANG STREET 51 SERVICE ROAD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	GBD5131C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	2J FASHION
Co Reg No	53262674E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98508973

**Vehicle Particulars**

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5075406857-02
Cover Note Number	

**Driver**

Name of Driver	PHUA WEE NA FIONA
NRIC No	S9000889G
Date Of Birth	03/01/1990
Occupation	INDOOR
Date Of Driving Pass	03/12/2014
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98508973
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 568 #11-73 HOUGANG STREET 51
Postcode	530568
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
Was any body injured in the Accident?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I was negotiating the right bend as I observed that vehicle B was coming from the opposite direction. Upon seeing this, I slowed down and just then vehicle B went over the lane marking, did a wide turning and the right front area of vehicle B side swiped into the rear right tyre area of my vehicle A. After collision, vehicle B tried to reverse but her vehicle B but it went forward and hit into the same area of my vehicle A again.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

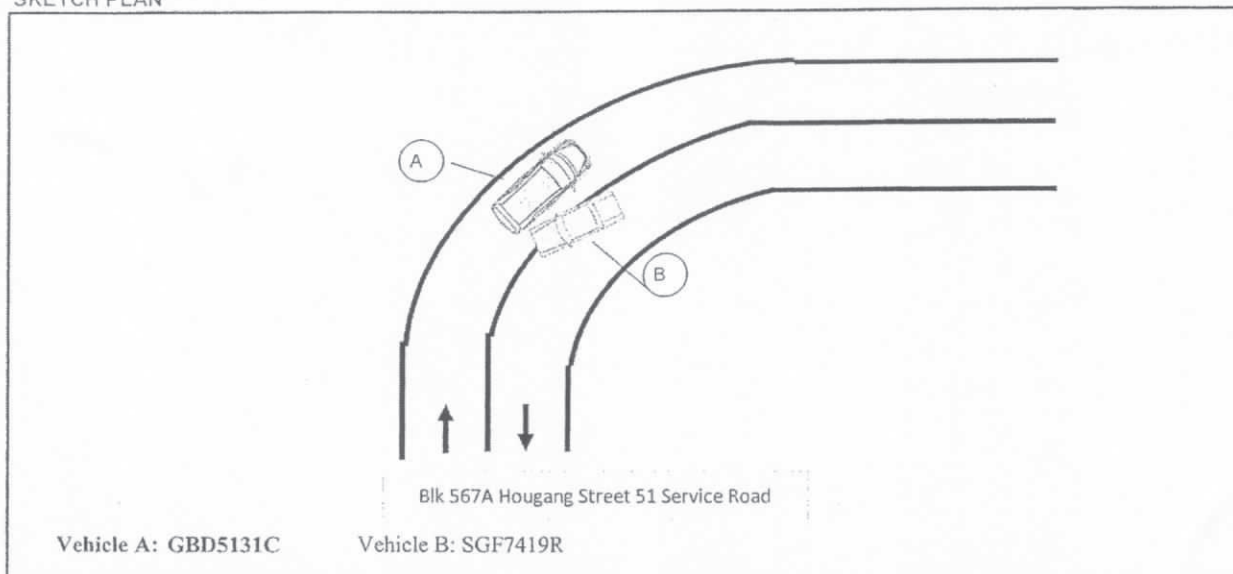
Vehicle Registration Number	SGF7419R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	IVY SIN BEE LENG
NRIC/Passport Number	S1707063J
Contact Number	93873977
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

Email Address

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was negotiating the right bend as I observed that vehicle B was coming from the opposite direction. Upon seeing this, I slowed down and just then vehicle B went over the lane marking, did a wide turning and the right front area of vehicle B side swiped into the rear right tyre area of my vehicle A. After collision, vehicle B tried to reverse but her vehicle B but it went forward and hit into the same area of my vehicle A again.

Declaration

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



27-11-17 10:37

Policyholder's Signature / Date & Time

27-11-17 10:37

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel