

## 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	28/05/2018 15:18
Date Of Accident	27/05/2018 10:35
Exact Location Of Accident	CAUSEWAY TOWARDS JB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA6611L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	ERICTAYYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98804444
Alternative Phone No	OFFICE-98804444

### Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID 1.5G CVT
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	REPORTING ONLY
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	5096990907
Cover Note Number	

### Driver

Name of Driver	TAY YEOW YEE ( ZHENG YAOYI )
NRIC No	S7348479J
Date Of Birth	20/12/1973
Occupation	INDOOR
Date Of Driving Pass	29/11/2005
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98804444
Fax Number	
Contact Number	OTHERS-98804444
E Mail Address	ERICTAYYY@GMAIL.COM

Address	127 COMPASSVALE BOW #08-32
Postcode	544821
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?	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)	6
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : FEMALE
Passenger 3	NAME: : NIL GENDER: : FEMALE
Passenger 4	NAME: : NIL GENDER: : FEMALE
Passenger 5	NAME: : NIL 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

PLS REFER TO THE ATTACHED STATEMENT.

### 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	SLC6115E
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

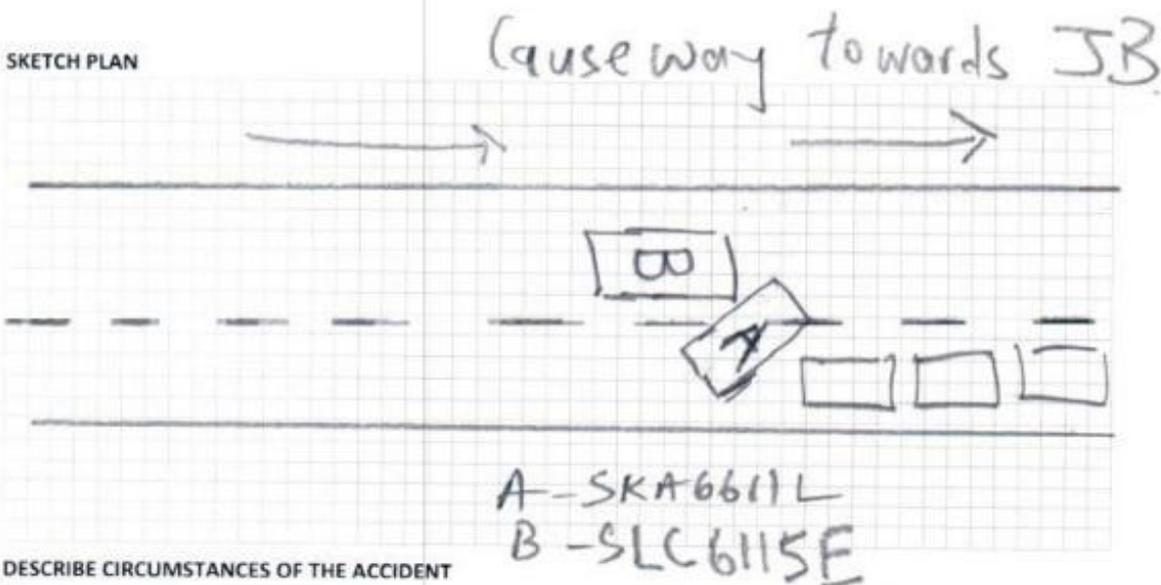
Nature Of Damage

No. Of Passenger (Including Driver)



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I am joining the long congestion towards JB at causeway Bridge, I realized that my left lane was empty without any vehicle, so I decided to turn left and ~~my~~ after I had made a left turn into left lane, ~~an~~ a heavy car had road me take ahead his lane and bang straight into my front left bumper.

DECLARATION

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

Policyholder's Signature  
Date & Time:



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

*[Handwritten Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Handwritten Signature]*  
10/5/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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