#### 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 <u>truthful and accurate</u> 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 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	06/06/2018 17:16
Date Of Accident	05/06/2018 19:00
Exact Location Of Accident	JALAN EUNOS TOWARDS STILL ROAD BEFORE JALAN AWANG
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK2753X
Insured/Policyholder	
Name Of Registered Owner	BSR AUTOMOTIVE PTE LTD
Co Reg No	201321380M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093715135
Cover Note Number	
Driver	
Name of Driver	EDWIN CHENG KOK CHUEN
NRIC No	S9200132F
Date Of Birth	01/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82889285
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 303 TAMPINES ST 32

#06-64

Postcode 520303

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured C

Vehicle Registration Number of Driver's Own

Vehicle

Address

OTHER - HIRER

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.

Number of Passengers (Including Driver)

Passenger 1

NO

NAME:

NO

NO

: PASSENGER

GENDER: : MALE

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

ON 05/06/2018 AT ABOUT 1900HRS AT ALONG JALAN EUNOS TOWARDS STILL ROAD BEFORE JALAN AWANG. I WAS TRAVELLING ON THE LANE 2 AND SUDDENLY VEHICLE (B) ON THE EXTREME RIGHT LANE VEERED INTO MY LANE WITHOUT CHECKING HER BLINDSPOT AND WITHOUT CAUTIOUS HENCE COLLIDED ONTO MY WHOLE RIGHT PORTION OF MY VEICLE (A) CAUSING DAMAGES TO MY VEHICLE. I HEAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SJK2753Z (B) SKV9712Z

### 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

SKV9712Z

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

#### IMPORTANT NOTICE

- 1. Plasse report garrently the details of the additions to speed up the claims prototy.
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- (ii) My insurer, my workshop and the General insurence Association of Singapore ("GIM") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and sny other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - If present in a manifold part of the individual referred to the Laboratory of the value and new necessary overlaptions relating to the primary
  - (ii) and entire the sound and and on his claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by may
  - (iv) administering my plains uncluding the intelling of principancience, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the eulernal cover of envelopes (intel packages); and/or
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(i) for complying with requirements under any regulations, laws or court orders.

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Oriver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No :

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(B) SKV 9712 Z		(A) SJK 2753X
		(B) SKV 9712 Z
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(4) John Mann a		(*( )°) (/le / Gwan a
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