

## 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	18/06/2018 11:05
Date Of Accident	14/06/2018 13:10
Exact Location Of Accident	ALONG ENG NEO FLYOVER TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG8595C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO AH MIN
NRIC No	S1251978H
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96260442
Alternative Phone No	OTHERS-96260442

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080209904-02
Cover Note Number	

### Driver

Name of Driver	HO AH MIN
NRIC No	S1251978H
Date Of Birth	21/01/1957
Occupation	INDOOR
Date Of Driving Pass	30/07/1979
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96260442
Fax Number	
Contact Number	OTHERS-96260442
Email Address	HANCARREPAIRS@GMAIL.COM

Address	44 BEDOK RIA PLACE
Postcode	489796
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	AFTER RAIN
Road Surface	WET

#### 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SJQ4326B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NURHAYATI BINTE SUKIMAN
NRIC/Passport Number	S8538402C
Contact Number	94557341
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

**IMPORTANT NOTICE**

- PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Witnessed by Reporting Center  
Personnel

Vehicle A = SGG 8595C  
Vehicle B = SJQ 4326B

Eng Neo Flyover  
(Towards Tuas)

X Lamppost 1069/1A

X Lamppost 1068/2

## Sketch Plan #2

### Describe Circumstances of the Accident

I was travelling along ~~the~~ Eng Neo Flyover Towards Tuaru Between  
Lamp Post 1068/2 & 1069/1A.

I slowed down and came to a complete stop because car  
in front of me, stopped.

Traffic was moderate.


However, vehicle (B) could not stop in time and hit onto my  
car (A)'s rear portion. My car (A)'s Rear boot was not able to  
close after the accident.

We exchanged particulars thereafter.

### Declaration

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

  
Policyholder's Signature  
Date & Time

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

  
Witnessed by Reporting Centre  
Personnel

Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

