

## 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	20/06/2018 17:21
Date Of Accident	17/06/2018 09:40
Exact Location Of Accident	524 ANG MO KIO AVENUE 5 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2318J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASCENDANT CARS & RENTAL PTE. LTD.
Co Reg No	201425372K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82554501
Alternative Phone No	OFFICE-82554501

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5090240588-01
Cover Note Number	

### Driver

Name of Driver	SELVA GANAPATHY S/O A N SELVARAJOO
NRIC No	S8909822Z
Date Of Birth	11/03/1989
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2008
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82554501
Fax Number	
Contact Number	OTHERS-82554501
EEmail Address	NOEMAIL

Address	BLK 612 ANG MO KIO AVENUE 4 #03-1105
Postcode	560612
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?	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

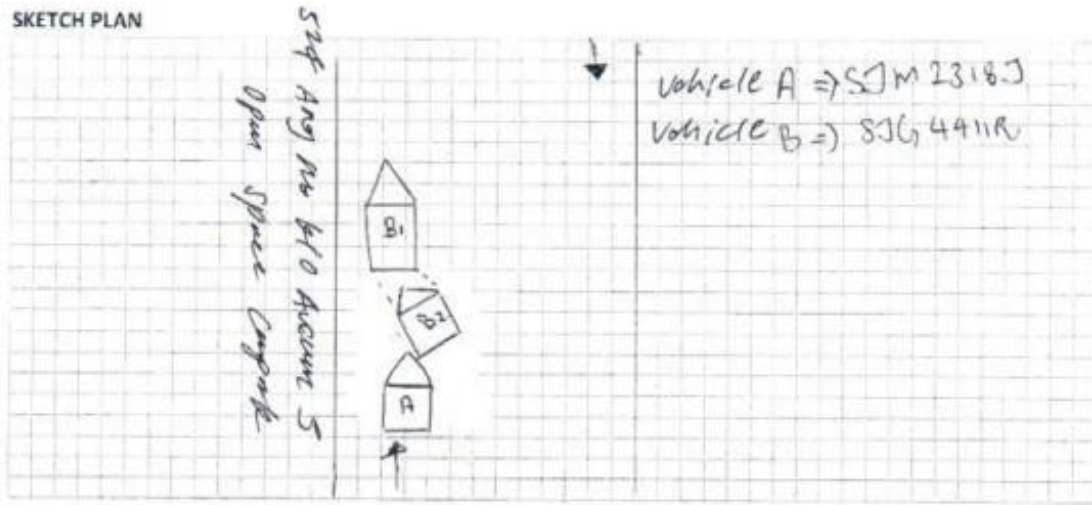
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG4411R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG YEW LEE
NRIC/Passport Number	S1152032D
Contact Number	91193343
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the stated date and time, I, vehicle A, was traveling straight at the said location, I came to a stop as vehicle B came to a stop. Vehicle B then reversed and collided onto my front right hand portion of my car.

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:

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

Standard Car Rental Services Pte Ltd

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



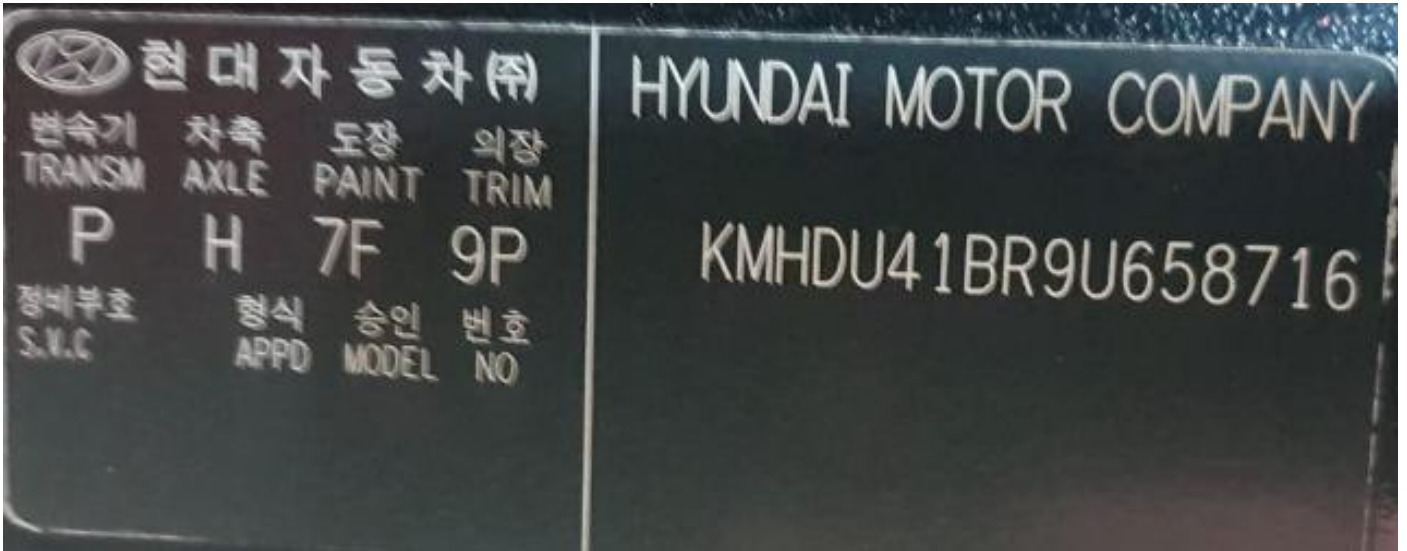
Accident Photo



Accident Photo



Accident Photo





Accident Photo

