

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	02/07/2018 16:37
Date Of Accident	01/07/2018 15:00
Exact Location Of Accident	JUNC JLN SULTAN & NORTH BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU9988L
Insured/Policyholder	
Name Of Registered Owner	AH SENG STAINLESS STEEL PTE LTD
Co Reg No	200301818C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67413601

Vehicle Particulars

Manufacturer	BMW
Model	525I XL
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	REPORTING ONLY
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	5097055407
Cover Note Number	

Driver

Name of Driver	TAN TENG SENG
NRIC No	S03421271
Date Of Birth	18/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	17/04/1967
Driving Experience	51 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98190436
Fax Number	
Contact Number	OFFICE-98190436
E-Mail Address	NOEMAIL

Address	BLK 362 HOUGANG AVENUE 5 #06-300
Postcode	530362
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?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG JLN SULTAN. SUDDENLY VEHICLE B BRAKE HIS VEHICLE. IN HIS RESULT, I COULDN'T BRAKE MY VEHICLE AND HIT ONTO VEHICLE B REAR PORTION.

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	SLZ2731G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZLINA MARLIN BINTE ARASMI
NRIC/Passport Number	S7524113E
Contact Number	91761967
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

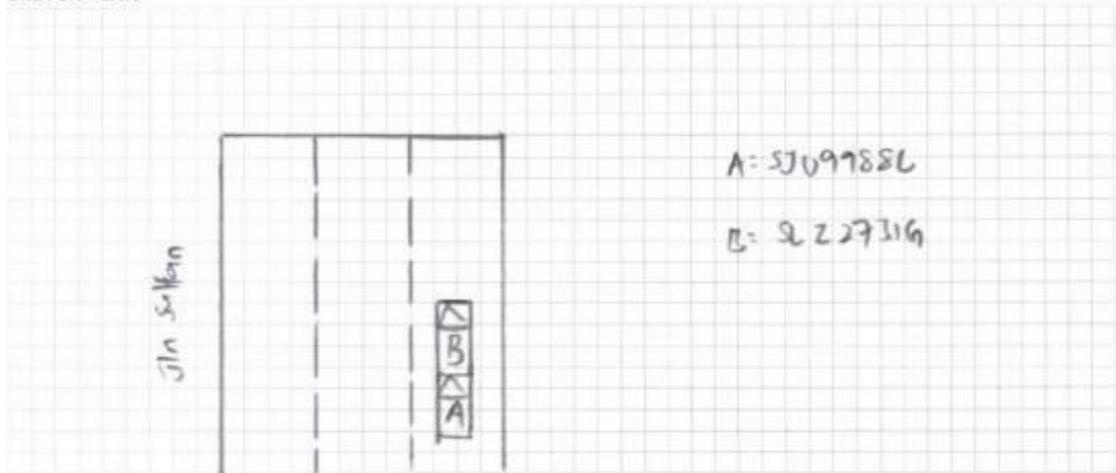
Passenger 2

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Made in Germany

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N52B25A

BAYERISCHE MOTOREN WERKE AG

WBANU52030C229420

SINGAPORE

354/7



2090 kg

4150 kg

1- 990 kg

2- 1180 kg

1.0

TITANSILBER METALLIC

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Accident Photo

