

### 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	30/06/2018 15:02
Date Of Accident	30/06/2018 01:50
Exact Location Of Accident	LOYANG AVE TWDS TAMPINES AFT OLD TAMPINES RD JUNC
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6738J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CONNECT4CAR PTE. LTD.
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67451266
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5068994860-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHAN CHEE HUNG(CHEN ZHIHENG)
NRIC No	S7223736F
Date Of Birth	11/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1993
Driving Experience	25 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98553215
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 59B GEYLANG BAHRU #13-3331
Postcode	331059
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	
Was any body injured in the Accident?	YES
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**

PLS REFER TO THE ATTACHED STATEMENT.

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SHA6208D
Vehicle Make/Model/Colour	HYUNDAI SONATA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG KAH WAI
NRIC/Passport Number	S7518050J
Contact Number	91120809
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	CHAN CHEE HUNG(CHEN ZHIHENG)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKX8738J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

1. I, the undersigned, hereby certify that the information provided in this report is true and correct.

2. I understand that the information provided in this report will be used for the purpose of processing my claim.

3. I understand that the information provided in this report will be used for the purpose of processing my claim and for the purpose of providing evidence to the relevant authorities.

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20. I understand that the information provided in this report will be used for the purpose of processing my claim and for the purpose of providing evidence to the relevant authorities.



Policyholder's Signature  
Date & Time:

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

*[Signature]* 20/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

4. The information provided in this report will be used for the purpose of processing my claim and for the purpose of providing evidence to the relevant authorities.

Individual Statement

LOYANG AVE

A - SEX (F) 381  
R - SHH (J) 08 D



*Ch*

STATEMENT OF THE WITNESSES OF THE ACCIDENT

I was travelling at Loyang Avenue towards Tampines after old Tampines Road Junction, in front taxi slow down and stopped I follow and suddenly I felt an impact from rear of my vehicle

*Ch*



I/We declare the following particulars are true to every detail

Witness's Signature  
Date & Time:

*Ch*  
Driver's Signature  
(If driver is not the only witness)  
Date & Time:

*2/2/2018*  
Reporting Officer/Personnel's Signature  
Name:  
NRIC/ID No.: