

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	18/07/2018 10:02
Date Of Accident	17/07/2018 16:00
Exact Location Of Accident	YISHUN AVE 07 > YISHUN AVE 02
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB657X
Insured/Policyholder	
Name Of Registered Owner	YEW ANN CONSTRUCTION PTE LTD
Co Reg No	198402338N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000
Vehicle Particulars	
Manufacturer	SSANGYONG
Model	ACTYON SPORTS D/CAB 2.0 MT ABS A/BAG 2WD
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085421866-01
Cover Note Number	
Driver	
Name of Driver	LOH JIN ENG
NRIC No	S2189869D
Date Of Birth	08/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	03/12/1980
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90708058
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 493 ADMIRALTY LINK #02-161
 Postcode 750493
 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 CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 4
 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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. WHILE IN THE MIDST OF TRAVELLING, THE FRONT VEHICLE STOP. I THEN FOLLOW SUIT, THAT IS WHEN THE VEHICLE B(SKT8264S) UNABLE TO REACT ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR PORTION. AND THE IMPACT HAS BROUGHT MY VEHICLE TO MOVE FORWARD AND HIT ONTO THE SAID VEHICLE C(SLA9687L) REAR PORTION. DAMAGE TO MY VEHICLE IS FRONT AND REAR.

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 SKT8264S
 Vehicle Make/Model/Colour VEHICLE B
 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

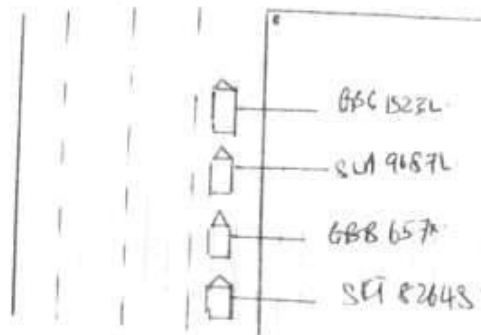
Vehicle Registration Number	SLA9687L
Vehicle Make/Model/Colour	VEHICLE C
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBC1523L
Vehicle Make/Model/Colour	VEHICLE D
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Vishnu Ave 07



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes: R. 404, e. 404

DECLARATION

I/We declare the foregoing particulars are true in every respect

YES ☒ NO ☐
 Police Officer's Signature
 Date: 18 JUL 2018

Driver's Signature
 (If driver is not the policy holder)
 Date & Time

18 JUL 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

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