

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.

68543466  
motor.claims@ms-firstcapital.com.sg

ACCIDENT STATEMENT

Date Of Report 30/07/2018 13:37  
Date Of Accident 28/07/2018 11:25  
Exact Location Of Accident BIDEFORD ROAD BESIDE GRAND PARK ORCHARD HOTEL  
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB3559U  
**Insured/Policyholder**  
Name Of Registered Owner GOH LYE KOK  
NRIC No S1748967D  
Email Address EDDIEGLK77@GMAIL.COM  
Mobile Phone No (LOCAL) +65-97538867  
Alternative Phone No OFFICE-97538867

Vehicle Particulars

Manufacturer MERCEDES-BENZ  
Model B160-1.5 (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 5100814725  
Cover Note Number

Driver

Name of Driver GOH LYE KOK  
NRIC No S1748967D  
Date Of Birth 02/06/1966  
Occupation INDOOR  
Date Of Driving Pass 26/05/1988  
Driving Experience 30 YEARS AND 2 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97538867  
Fax Number  
Contact Number OFFICE-97538867  
Email Address EDDIEGLK77@GMAIL.COM

Address	BLK 18 TELOK BLANGAH CRESCENT #14-166
Postcode	090018
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 - MAJOR/MINOR RD
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?	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: : NA GENDER: : MALE

#### 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

I WAS DRIVING STRAIGHT ON BIDEFORD ROAD HEADING TOWARDS CAIRNHILL ROAD. TAXI (SH7716E) CAME OUT FROM THE HOTEL ENTRANCE AFTER PICKING UP THE PASSENGER WITHOUT STOPPING AT THE STOP-LINE AND HIT ONTO MY VEHICLE RIGHT SIDE REAR PORTION. TAXI DRIVER ADMIT THAT IT WAS HIS FAULT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

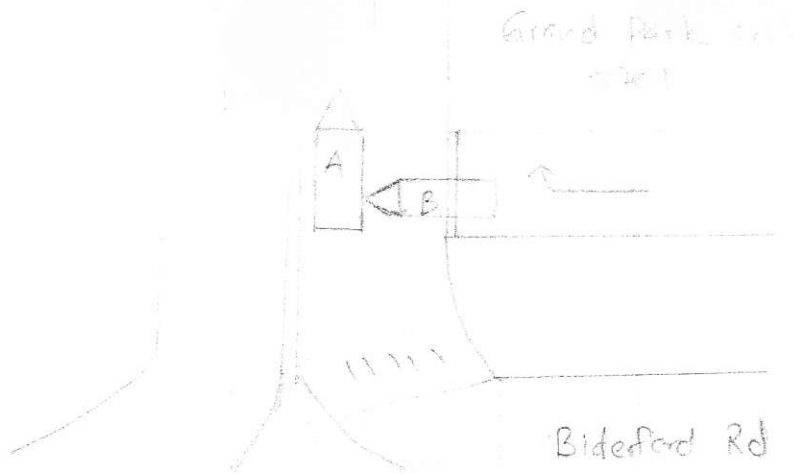
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7716E
Vehicle Make/Model/Colour	TAXI / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KAY TENG HENG
NRIC/Passport Number	S0010956H
Contact Number	96108389
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

A: 2K87-59U

B: SH 7716E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight on Bideford Road heading towards Girnall Road. Taxi (SH 7716E) came out from the Hotel entrance after picking up the passenger. without stopping at the stop-line and hit onto my vehicle right side rear portion. Taxi driver admit that it was his fault.

DECLARATION

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

30/7/18  
11:25 am

*[Signature]*

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.: