

## 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	15/08/2018 15:53
Date Of Accident	15/08/2018 14:10
Exact Location Of Accident	MERCHANT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9531A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAXENA SACHIN KUMAR PRADEEP
NRIC No	S8069213G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92480340
Alternative Phone No	OTHERS-92480340

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	DM SANTA FE 2.4 GLS AT 4WD SR
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	5088070478-01
Cover Note Number	

### Driver

Name of Driver	SAXENA SACHIN KUMAR PRADEEP
NRIC No	S8069213G
Date Of Birth	01/02/1980
Occupation	INDOOR
Date Of Driving Pass	22/10/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92480340
Fax Number	
Contact Number	OTHERS-92480340
Email Address	NOEMAIL

Address	76 BAYSHORE ROAD #07-20
Postcode	469990
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 - 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?	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

PLS REFER TO THE ATTACHED STATEMENT.

### Attachment(s)

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

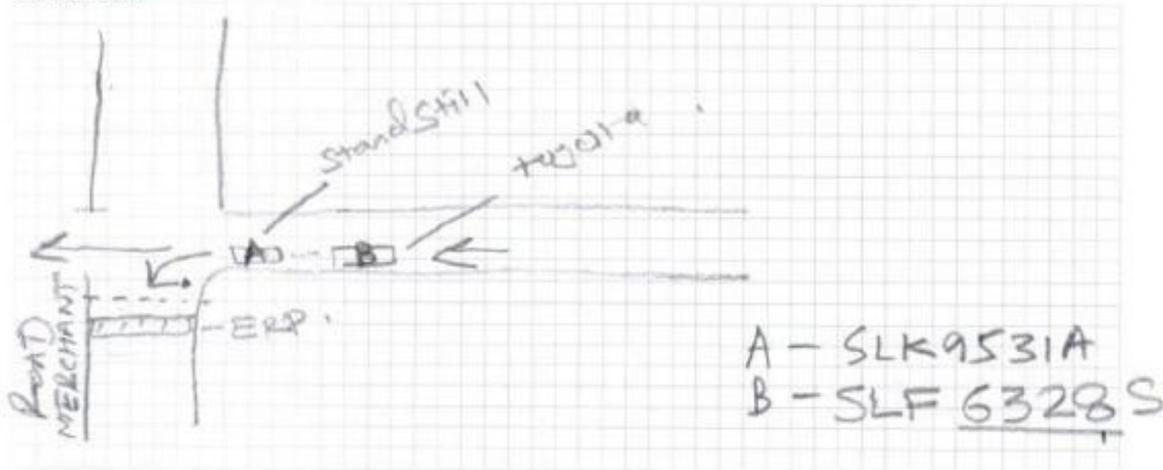
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF6328S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZMAN BIN ADOM
NRIC/Passport Number	S1822260D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

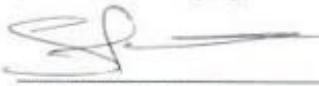
VEHICLE A WAS AT MERCHANT ROAD / TURNING NEAR THE ERP SIGNAL WAITING TO TURN AND WAS STAND STILL. SUDDENLY TOYOTA PRIUS - GRAB NO. SLF 6328S (VEHICLE B) CAME FROM BEHIND IN A SPEED 2 COLLIDED WITH A BANG INTO STATIONARY VEHICLE (A).

DAMAGE

- BACK BUMPER / SENSOR / SCRATCHES
- ALSO CAR HAS STARTED MAKING NOISE AFTER THAT.
- DRIVING IS NOT SMOOTH.
- POSSIBLE INTERNAL DAMAGE SUSTAINED TO OTHER PARTS ~~etc~~.

DECLARATION

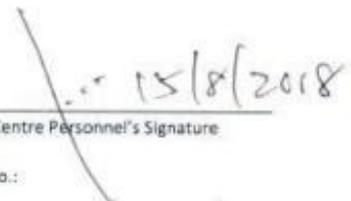
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:



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

 15/8/2018

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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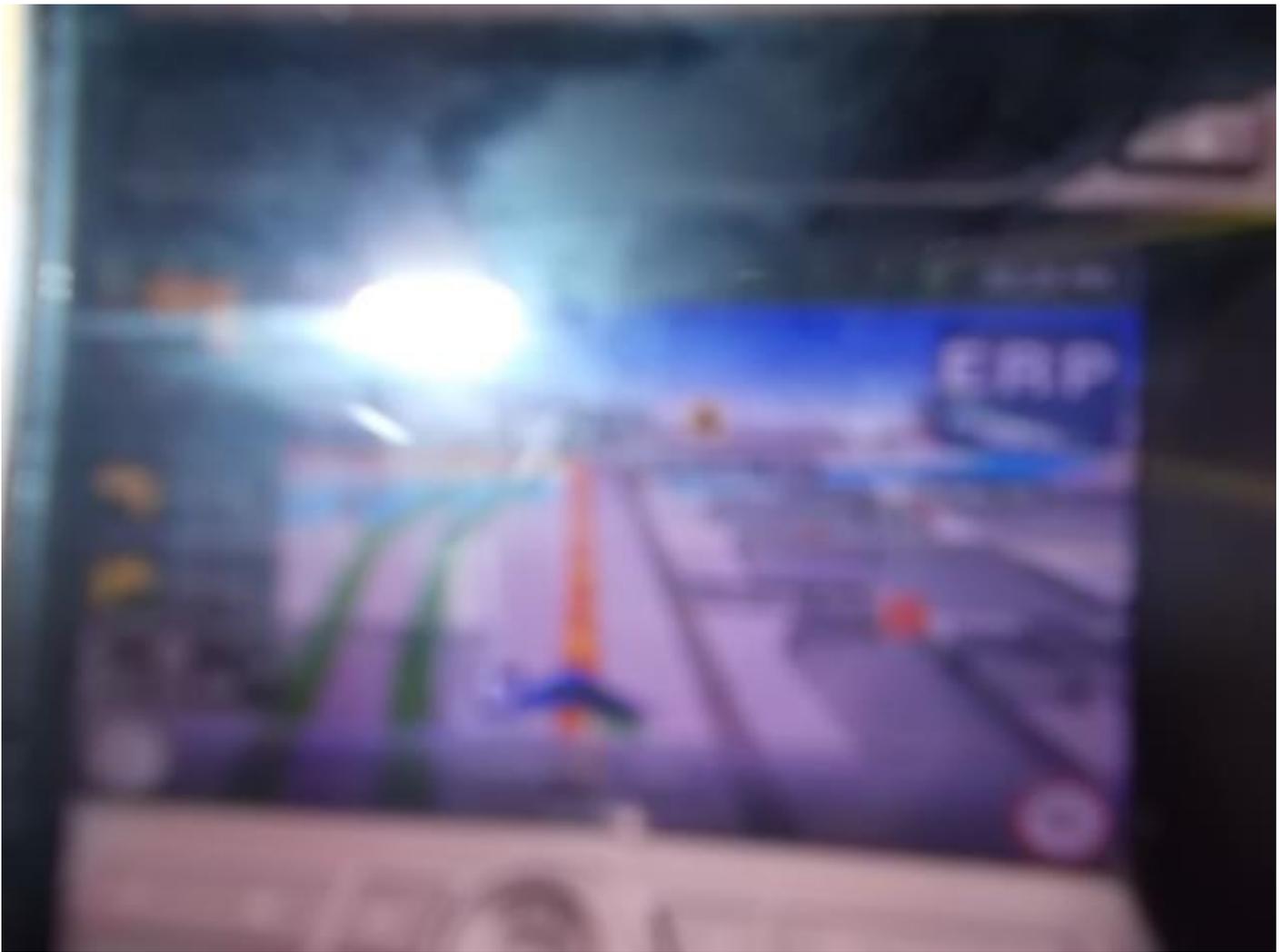
Accident Photo



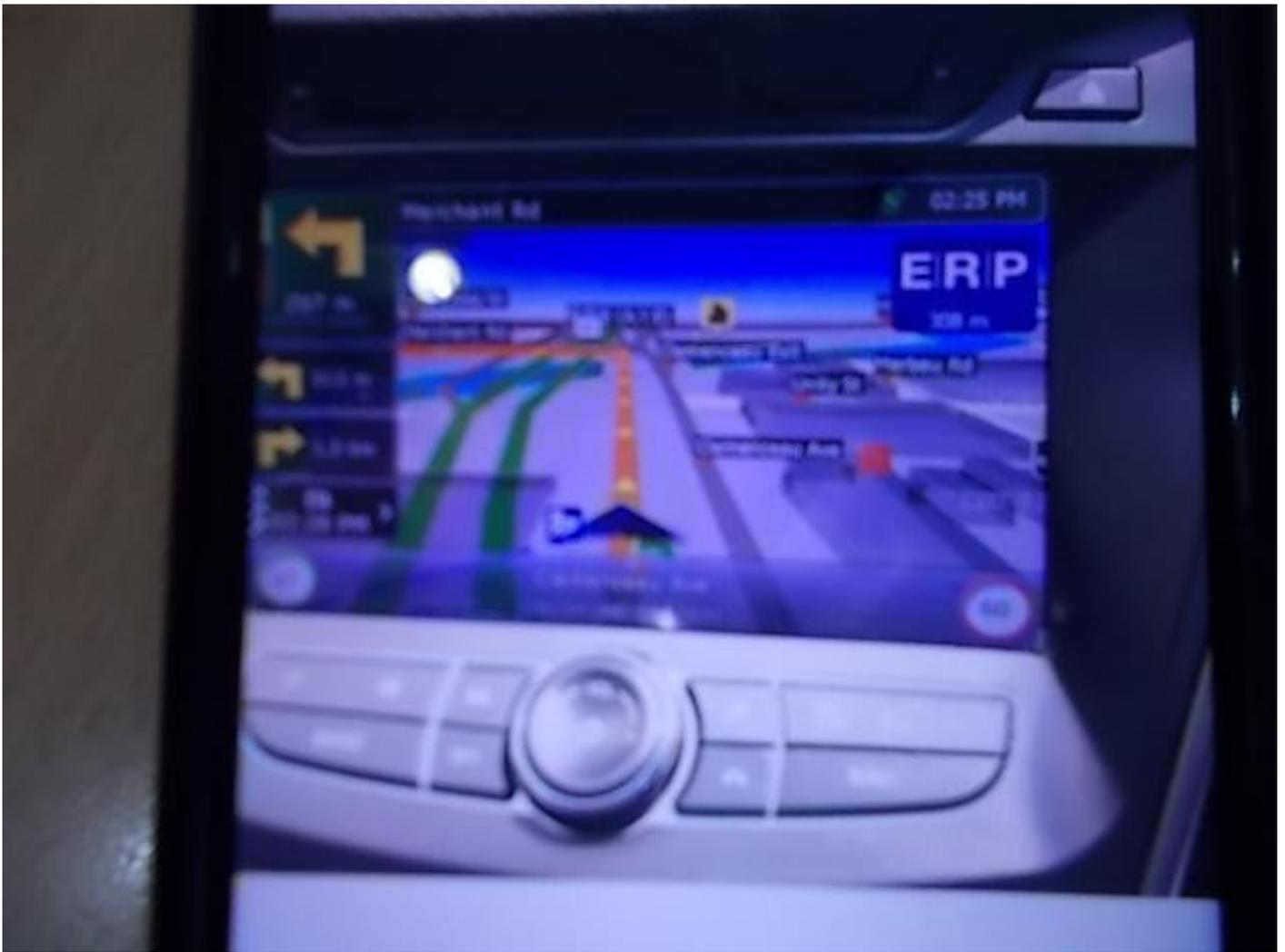
Accident Photo



Accident Photo



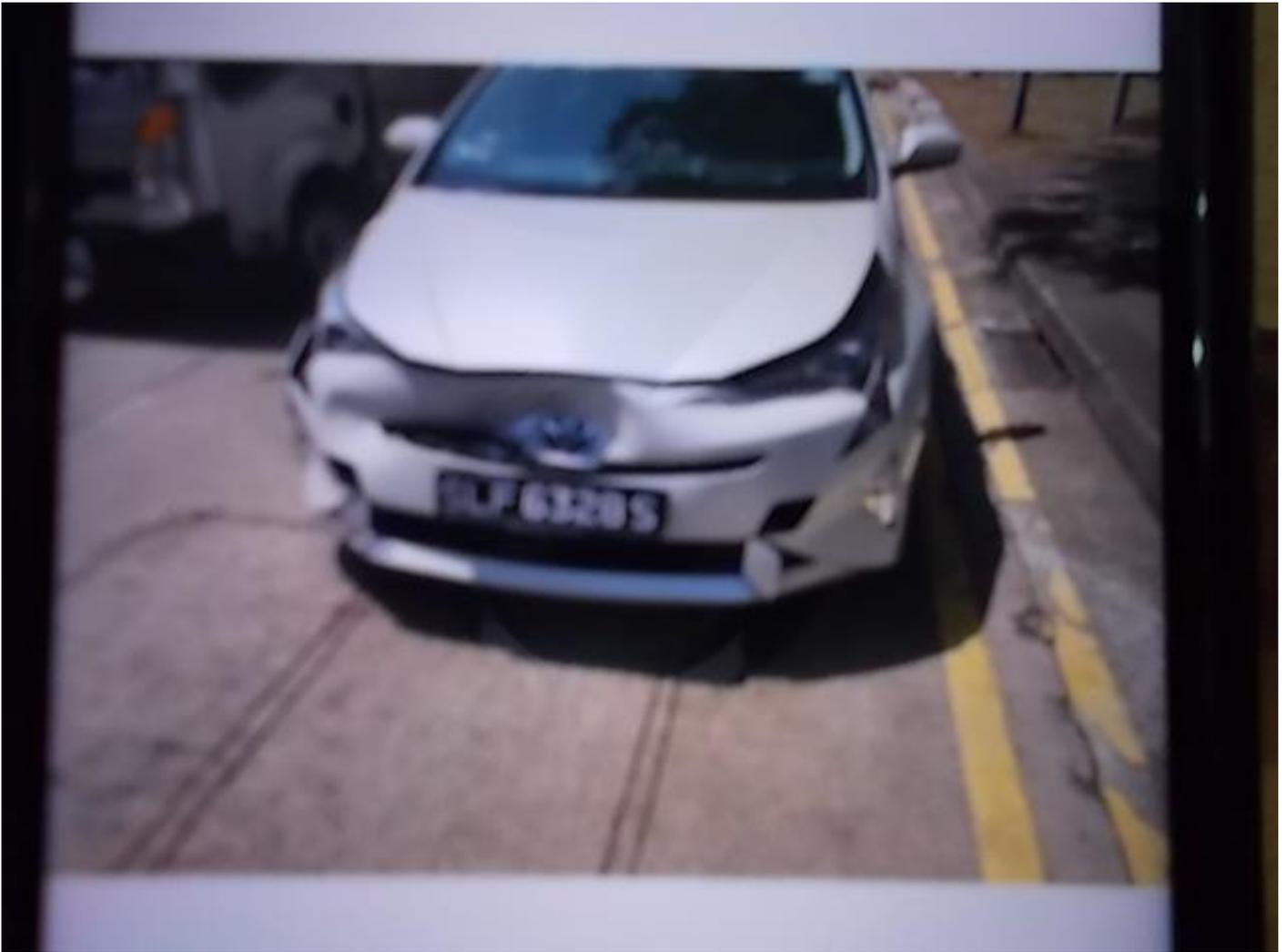
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