

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 willful 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	24/08/2018 16:36
Date Of Accident	24/08/2018 09:15
Exact Location Of Accident	PAYA LEBAR TOWARDS GUILLEMARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5938X
Insured/Policyholder	
Name Of Registered Owner	CHYE KIM TRADING
Co Reg No	53031511D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81818133

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	5102185656
Cover Note Number	

Driver

Name of Driver	KO BOON KHIM
NRIC No	S7807798J
Date Of Birth	07/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81818133
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 291D #07-276 COMPASSVALE STREET COMPASSVALE LODGE
Postcode	544291
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?	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

REFER TO BELOW STATEMENT/SKETCH PLAN

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	SKV3064A
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMES
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



(A) GBH 5938X

(B) SKV 3064A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Paya Lebas towards Guillemard. Upon reaching the yellow box, all of a sudden I felt a loud bang from behind. Vehicle B had hit into the rear left of my lorry. Immediately I came out from my vehicle & snap some photos at the accident scene.

DECLARATION

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

Policyholder's Signature
Date & Time:

GUARMC SketchPlanForm_V3

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

24 AUG 2018

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4

Reporting Officer's Signature
Name: Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg