# 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	31/08/2018 14:12		
Date Of Accident	15/08/2018 12:30		
Exact Location Of Accident	BUKIT BATOK DRIVING CENTRE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	FBK7811Z		
Insured/Policyholder			
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD		
Co Reg No	198801155R		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-64833167		
Vehicle Particulars			
Manufacturer	HONDA		
Model	GLR125LWH		
Exact Purpose for which vehicle was being used at time of accident	TRAINEE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	REPORTING ONLY		
Vehicle Category	MOTORCYCLE		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	YES		
Policy Number	0073451220-14		
Cover Note Number			
Driver			

Name of Driver NGUI TET LIN CATHERINE

 NRIC No
 \$1405813C

 Date Of Birth
 22/12/1960

 Occupation
 INDOOR

 Date Of Driving Pass
 15/08/2018

Driving Experience 0 YEAR AND 0 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-98889386

Fax Number

Contact Number

EMail Address NOEMAIL

**BLK 1 JALAN SELANTING** Address

#05-07

Postcode 598368

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - STUDENT

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

NO COLLISION Type Of Accident

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

NO

1

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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?

If Yes, against whom?

NO

## **Circumstances of Accident**

AS I GO AROUND THE MINI CIRCUIT, I LOST CONTROL OF THE MOTORCYCLE AND FELL DOWN.

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 INJURED PERSON 1**

NGUI TET LIN CATHERINE Name

Approximate Age

**SLIGHT** Injuries Sustain Injured person in which vehicle? FBK7811Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### Accident Sketch Plan

### SKETCH PLAN

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- 6. Consent under the Personal Data Prosestion Act (PDPA)

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815 BUKIT RATOK WEST AVENUE 5 SINGAP OFF 659065 TEL: 6561 1233 AXI 4569 DY77

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Date & Gine

31/08/18

FIRST, JOHN No.

# **Individual Statement**

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COLUMN TOWNS	(If driver is used the political solder) Date: B. Dette	PATE TO SEC SES

# **Accident Photo**



# Accident Photo FBK78IR

# **Accident Photo**





