

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	31/08/2018 09:03
Date Of Accident	30/08/2018 19:15
Exact Location Of Accident	CTE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2616E
Insured/Policyholder	
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Co Reg No	200509323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92787255
Alternative Phone No	OFFICE-92787255

Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6957J14B TURBO MANUAL 41 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5080489680-02
Cover Note Number	

Driver

Name of Driver	LEE LAI SENG
NRIC No	S1764294D
Date Of Birth	13/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	29/05/1989
Driving Experience	29 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92787255
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 612 ANG MO KIO AVENUE 4 #11-1121
Postcode	560612
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

ON THE 30.08.2018 AT ABOUT 1915HR. I WAS DRIVING PC2616E ALONG CTE TOWARDS ANG MO KIO. INFRONT OF MY VEHICLE SUDDENLY BRAKE SO I BRAKE ALSO. VEHICLE SGL6119G FROM BEHIND COLLIDE AT MY REAR. NO INJURIES INCURRED IN THIS ACCIDENT. AT THAT POINT OF TIME I GOT 20 PASSENGERS IN THE BUS.

Attachment(s)

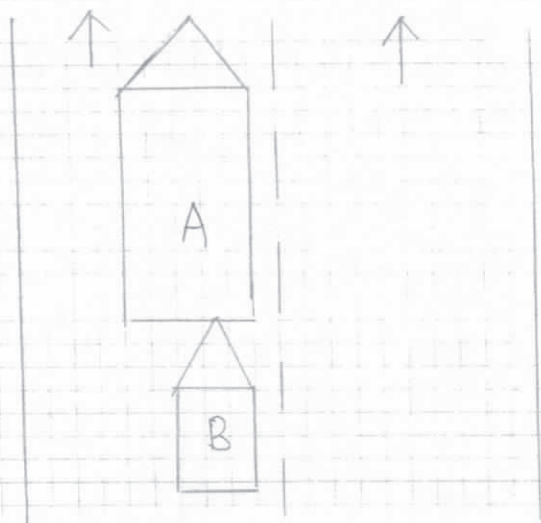
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGL6119G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	PHUA TIANG SOON
NRIC/Passport Number	S1737163J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2 Pg. 1

SKETCH PLAN



A-PC2616E

B-SGL6119G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 30.8.2018 at about 1915hr - I was driving PC2616E along CTE towards Ang Mo Kio. Infront of my vehicle suddenly brake so I brake also. Vehicle SGL6119G from behind collide at my rear. No injuries incurred in this accident.

At that point of time I got 20 passengers in the bus.

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: 31/8/2018 9.03am

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4988

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