

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	24/09/2018 17:37
Date Of Accident	21/09/2018 13:10
Exact Location Of Accident	MARSILING RISE BEFORE JUNC MARSILING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6864M
Insured/Policyholder	
Name Of Registered Owner	TRAVEL GSH PTE LTD
Co Reg No	199205400K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65369300

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H CRUISE
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5067996244-03
Cover Note Number	

Driver

Name of Driver	GONG RUHAI
Passport No/FIN	G2771331P
Date Of Birth	11/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91751222
Fax Number	
Contact Number	OFFICE-91751222
E-Mail Address	NOEMAIL

Address	101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE
Postcode	058357
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 - CHANGE/CROSS LANE
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?	
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

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 STATEMENT.

Attachment(s)

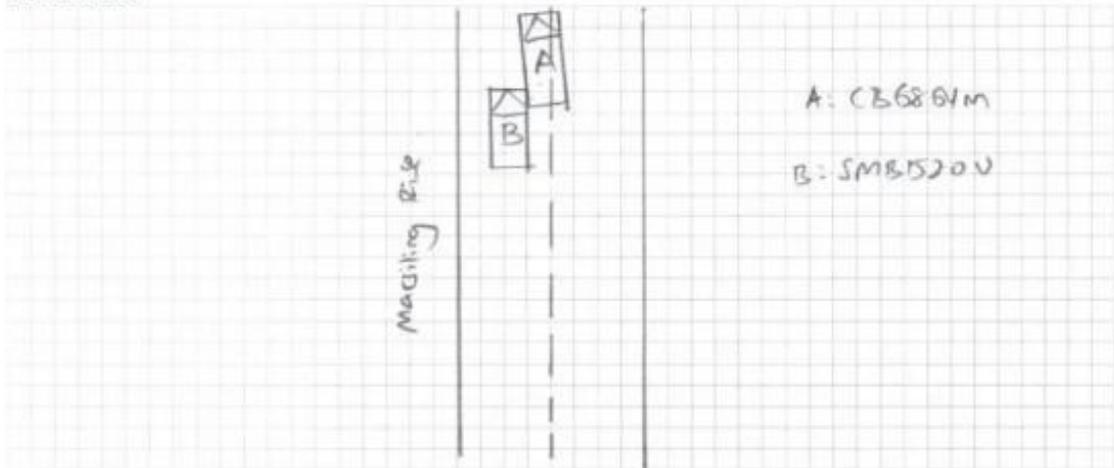
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1520U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	WONG CHIN HAW
NRIC/Passport Number	G2151974Q
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

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

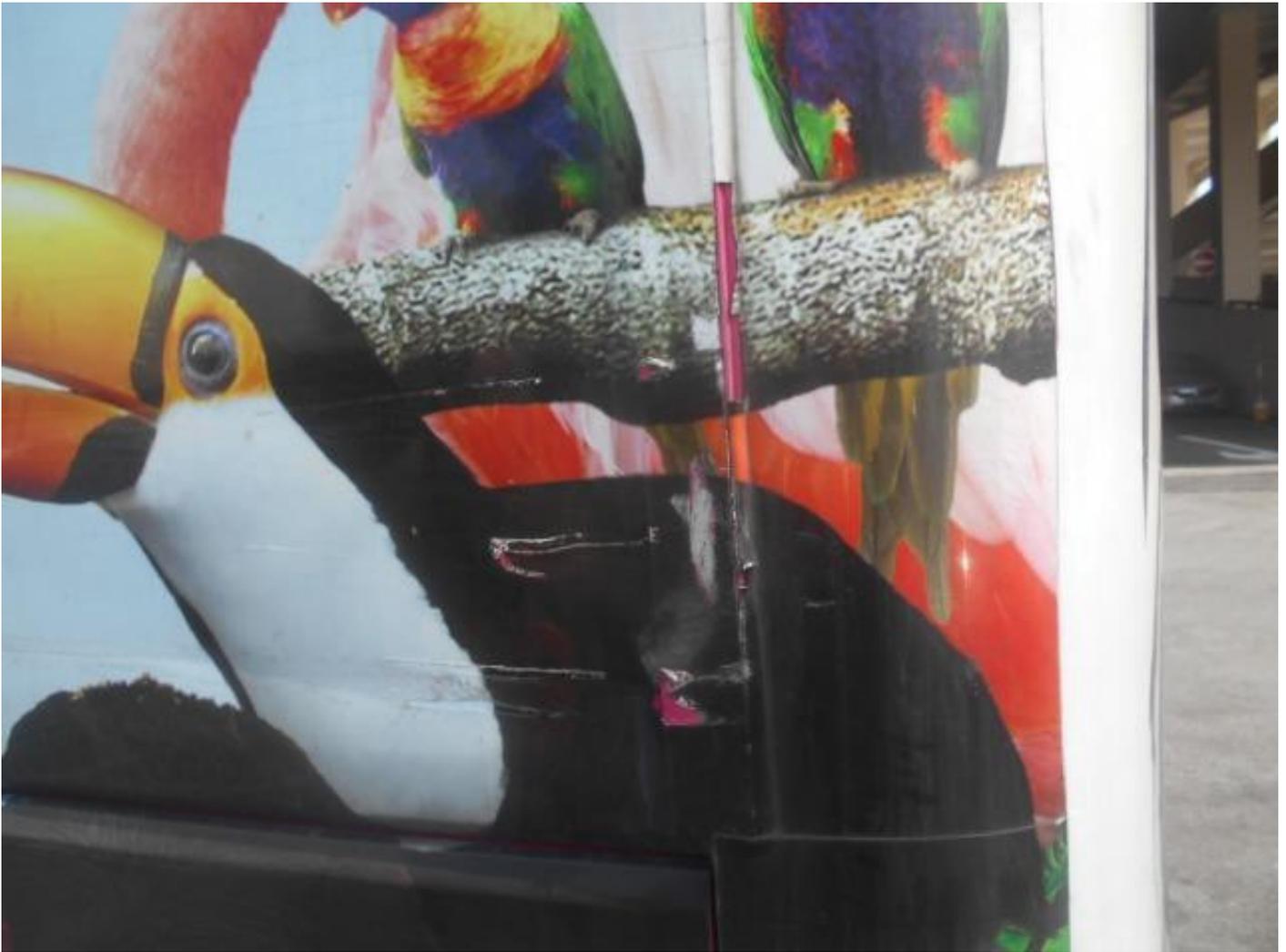
Accident Sketch Plan

ON STATED DATE AND TIME, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLIND SPOT BEFORE I CAN PROCEED. WHEN I PROCEED, VEHICLE B MOVED FORWARD AND HIT ONTO MY VEHICLE REAR LEFT PORTION.

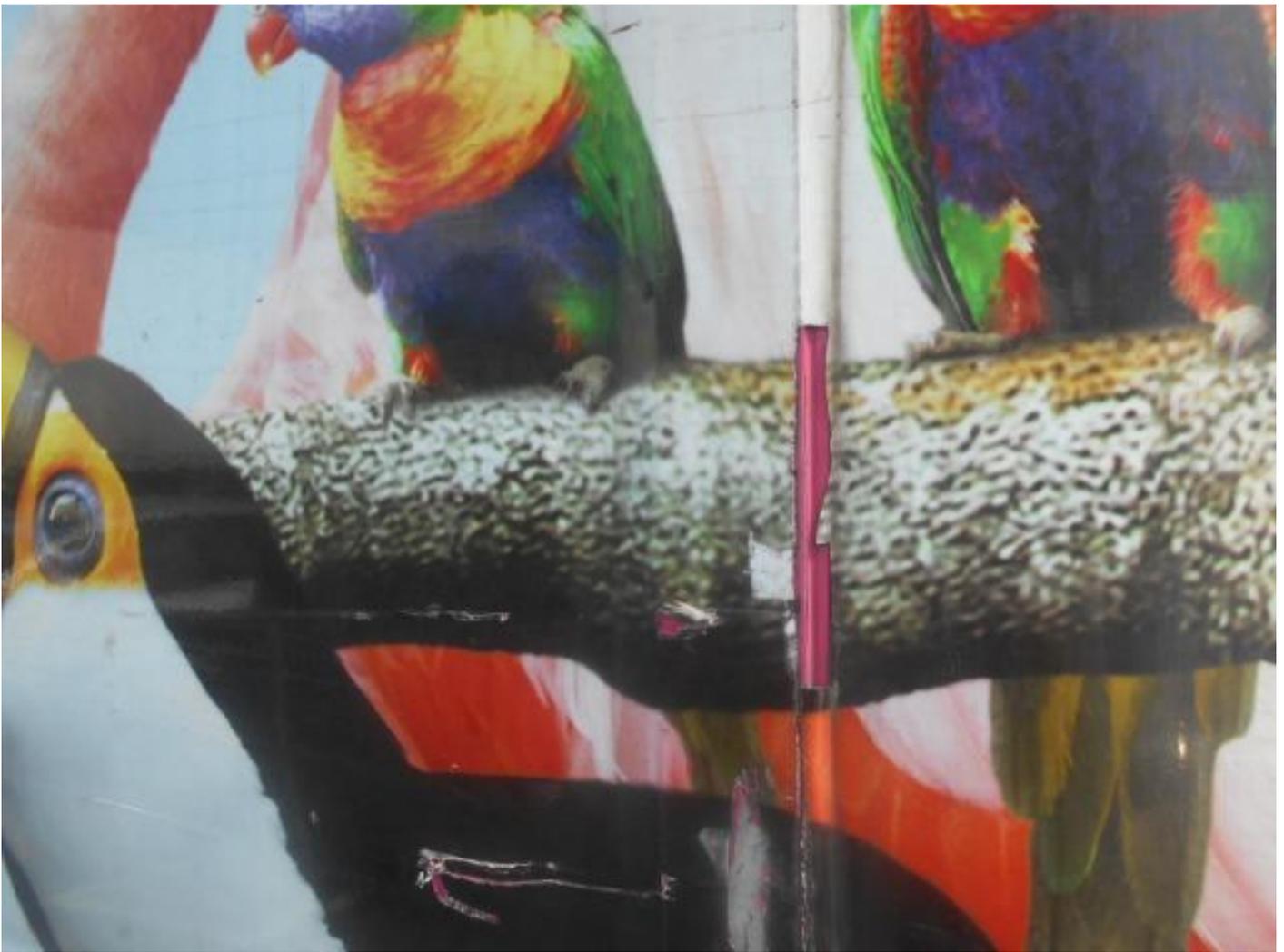
Accident Photo



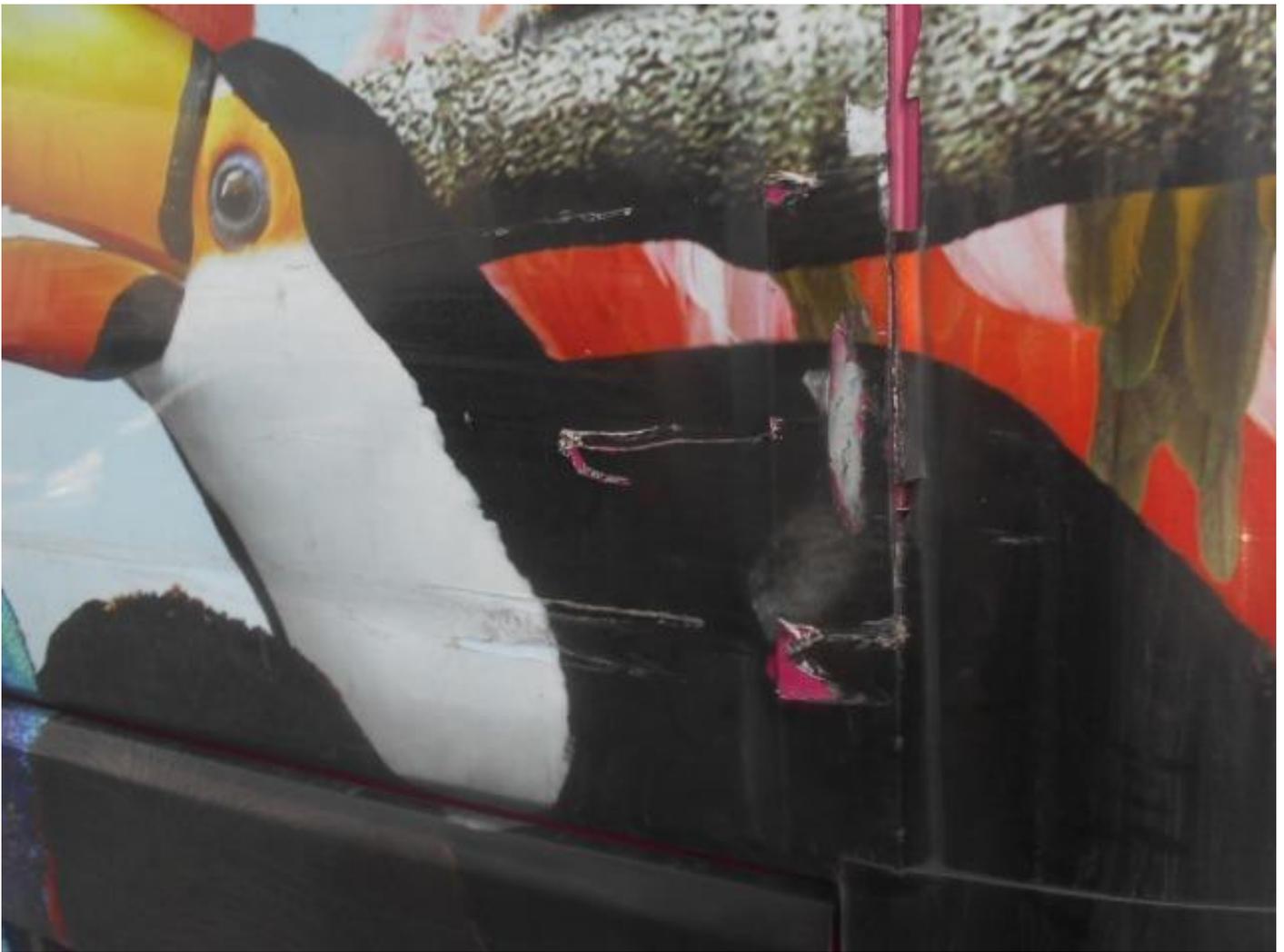
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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