

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	26/09/2018 18:24
Date Of Accident	26/09/2018 16:05
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ1159L
Insured/Policyholder	
Name Of Registered Owner	CHNG SHIN HOWE
NRIC No	S9519158D
Email Address	SHINHOWE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91505255
Alternative Phone No	OTHERS-91505255

Vehicle Particulars

Manufacturer	BMW
Model	520I
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	5102718119
Cover Note Number	

Driver

Name of Driver	CHNG SHIN HOWE
NRIC No	S9519158D
Date Of Birth	27/05/1995
Occupation	INDOOR
Date Of Driving Pass	09/09/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91505255
Fax Number	
Contact Number	OTHERS-91505255
EEmail Address	SHINHOWE@GMAIL.COM

Address	11 SPRINGWOOD WALK
Postcode	117939
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	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)	2
Passenger 1	NAME: : FRIEND
	GENDER: : MALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2852A
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP MING KEE
NRIC/Passport Number	S1658700A
Contact Number	81554811
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

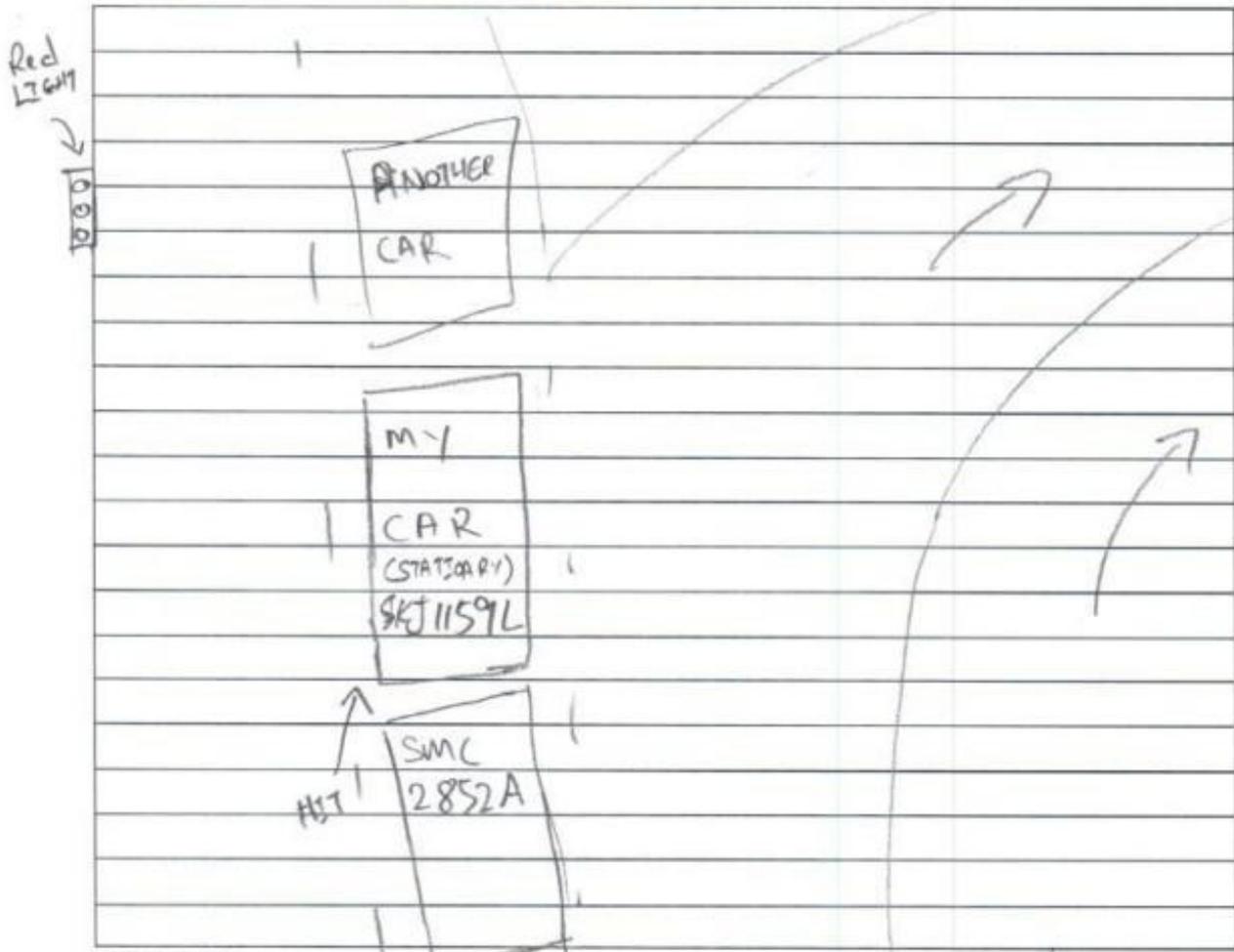
Accident Sketch Plan

SKETCH PLAN



ALONG PASIR PANJONG ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 26/09/2018
1735 Hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 26/09/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, driver of SKJ 11592, was driving along Pasir Panjang Road towards West Coast Highway, stopped at the traffic light due to the red light. Suddenly, felt an impact from my ~~back~~ back and felt my car moved forward. ~~Realized~~ Mr Yap Ming Kee (S 658700A) owner of SMC 2852A hit my back of the car.

DECLARATION

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


Policyholder's Signature
Date & Time: 26/09/2018
1735 hrs

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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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