

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 liability.
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	19/11/2018 15:23
Date Of Accident	17/11/2018 17:00
Exact Location Of Accident	BUKIT BATOK ST 23 / BUKIT BATOK EAST AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT7943U
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Insured/Policyholder

Name Of Registered Owner	MO GUAN CONSTRUCTION ENGINEERING PTE LTD
Co Reg No	199902469C
Email Address	MG_TRAVISYEO@YAHOO.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91085539

Vehicle Particulars

Manufacturer	NISSAN
Model	P/UP D/CAB
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5099356989-01
Cover Note Number	

Driver

Name of Driver	YEO LWEE BOON
NRIC No	S7706154A
Date Of Birth	16/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91085539
Fax Number	
Contact Number	
EMail Address	MG_TRAVISYEO@YAHOO.COM

Address	BLK 804B KEAT HONG CLOSE #09-24
Postcode	682804
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	SIDE SWIPE
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)	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 ATTACHED

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	PZ983L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan #2 Pg. 1

SKETCH PLAN

Refer Attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attached

DECLARATION

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

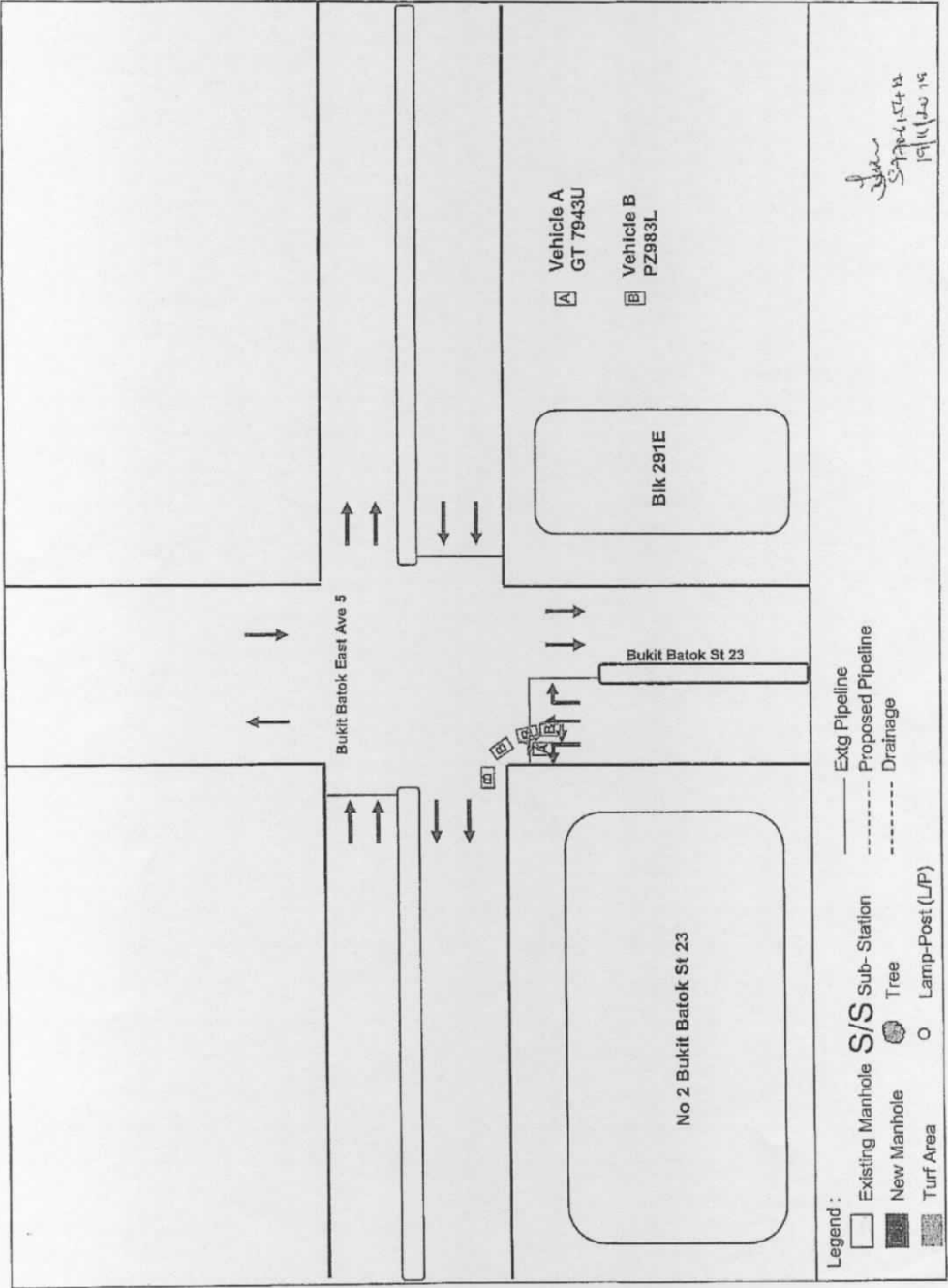


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1.9.18 10.15 AM

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

1/1/18 Sketch Plan Form 2/1



Sketch Plan #4 Pg. 1

On the 17-11-2018 at about 1700hrs, I was travelling along Bukit Batok St 23 towards Bukit Batok East Ave 5 in vehicle GT 7943 U . I stopped at the cross junction of Bukit Batok St 23 by Bukit Batok East Ave 5 awaiting for the Green Light for me to turn left into Bukit Batok East Ave 5 towards Bukit Batok Road. I was on the extreme left lane, a bus bearing registration plate number PZ 983L, was on my left. When the traffic light turn green, I was about to move off, the bus PZ 983L move and turn into my lane brushing his vehicle side against the front right of my vehicle GT 7943U. We then shifted our vehicle aside and exchanged, no injuries for both parties.

I am lodging this report for insurance claim purpose only

Particulars of the drivers

A) GT 7943 U
Yeo Lwee Boon
S7706154A
91085539

B) PZ 983L
Liu Liming
G5091284T

[Signature]
S7706154A
14/11/2018