

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	08/01/2019 09:48
Date Of Accident	04/01/2019 14:30
Exact Location Of Accident	21 GEYLANG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6341X
Insured/Policyholder	
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Co Reg No	200509323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87557037
Alternative Phone No	OFFICE-87557037

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
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	ROSLINOR BIN MAZLAN
NRIC No	S1443488G
Date Of Birth	23/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87557037
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address APT BLK 337 BUKIT BATOK STREET 34 #04-06
Postcode 650337
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 (including own vehicle) 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) 7
Passenger 1 NAME: : LIM SHI ER SYLVIA
GENDER: : FEMALE
Passenger 2 NAME: : GOH SIHUI
GENDER: : FEMALE
Passenger 3 NAME: : HARSHAVARDHAN RAMANARAY
GENDER: : MALE
Passenger 4 NAME: : LIM TENG SEET, SHAWN
GENDER: : MALE
Passenger 5 NAME: : INTAN FAZIRA
GENDER: : FEMALE
Passenger 6 NAME: : ANIRUDH
GENDER: : FEMALE

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 04.01.2019 AT ABOUT 14:30HR. I WAS DRIVING PC6431X AT THE STATED LOCATION. I WAS SENDING THE STUDENTS BACK FROM SCHOOL. I PARK ASIDE TO LET THE STUDENT ALIGHT. A VEHICLE OF YN9871Z FROM BEHIND COLLIDE AT MY REAR RIGHT PORTION. NO INJURIES INCURRED IN THIS ACCIDENT. I GOT 1 ATTENDACE ONBOARD, I DON'T HAVE HER NAME.

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 YN9871Z

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

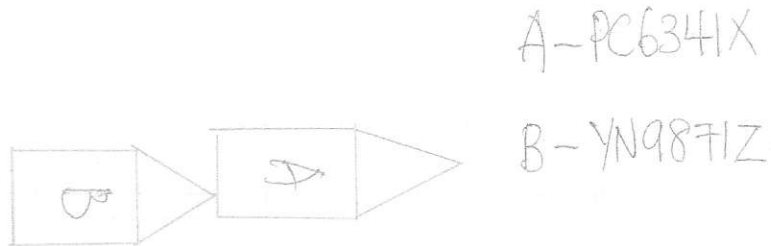
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 04-01-2019 at about 14:30hr. I was driving PC6341X at the stated location. I was sending the students back from school. I Parked side to let the student alight. A vehicle of VN9871Z from behind collide at my rear right portion. No injuries incurred in this accident.

I got 1 attendance onboard, I don't have her name.

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:

Think One Autocare Pte Ltd
18 Defu Lane Avenue 2
Singapore 539522
Tel: 6844 3300 Fax: 6842 4980

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