

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	16/02/2019 14:59
Date Of Accident	16/02/2019 13:00
Exact Location Of Accident	UPPER EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8022K
Insured/Policyholder	
Name Of Registered Owner	WEE ANN MAY ADRIENNE
NRIC No	S7705861C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90889929
Alternative Phone No	OFFICE-90889929

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5092556070-01
Cover Note Number	-

Driver

Name of Driver	WEE ANN MAY ADRIENNE
NRIC No	S7705861C
Date Of Birth	22/02/1977
Occupation	INDOOR
Date Of Driving Pass	14/01/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90889929
Fax Number	
Contact Number	OFFICE-90889929
Email Address	NOEMAIL

Address	813B UPPER EAST COAST RD
Postcode	466609
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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: : BRANDON SEOW 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

AFTER TURNING OUT FROM MY CONDO INTO UPPER EAST COAST RD, THE TRUCK WAS INFRONT OF ME, SUDDENLY THE TRUCK REVERSING WITHOUT CHECKING THE TRAFFIC, I SOUNDED MY HORN BUT THE TRUCK STILL REVERSING INTO MY VEH AND HIT ONTO MY VEH FRONT PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE2146P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN SIAN POH
NRIC/Passport Number	S1495870C
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

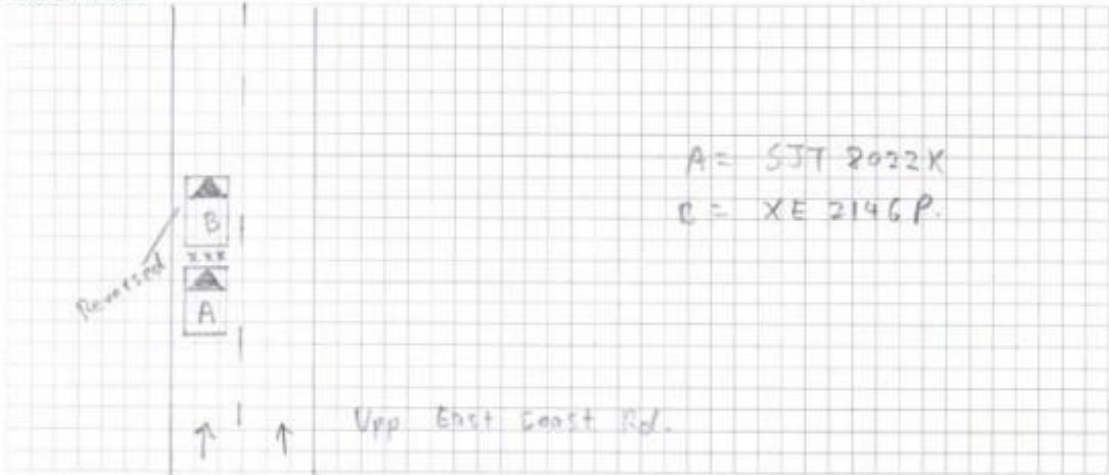
Name	WEE ANN MAY ADRIENNE
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT8022K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	BRANDON SEOW
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJT8022K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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:



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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



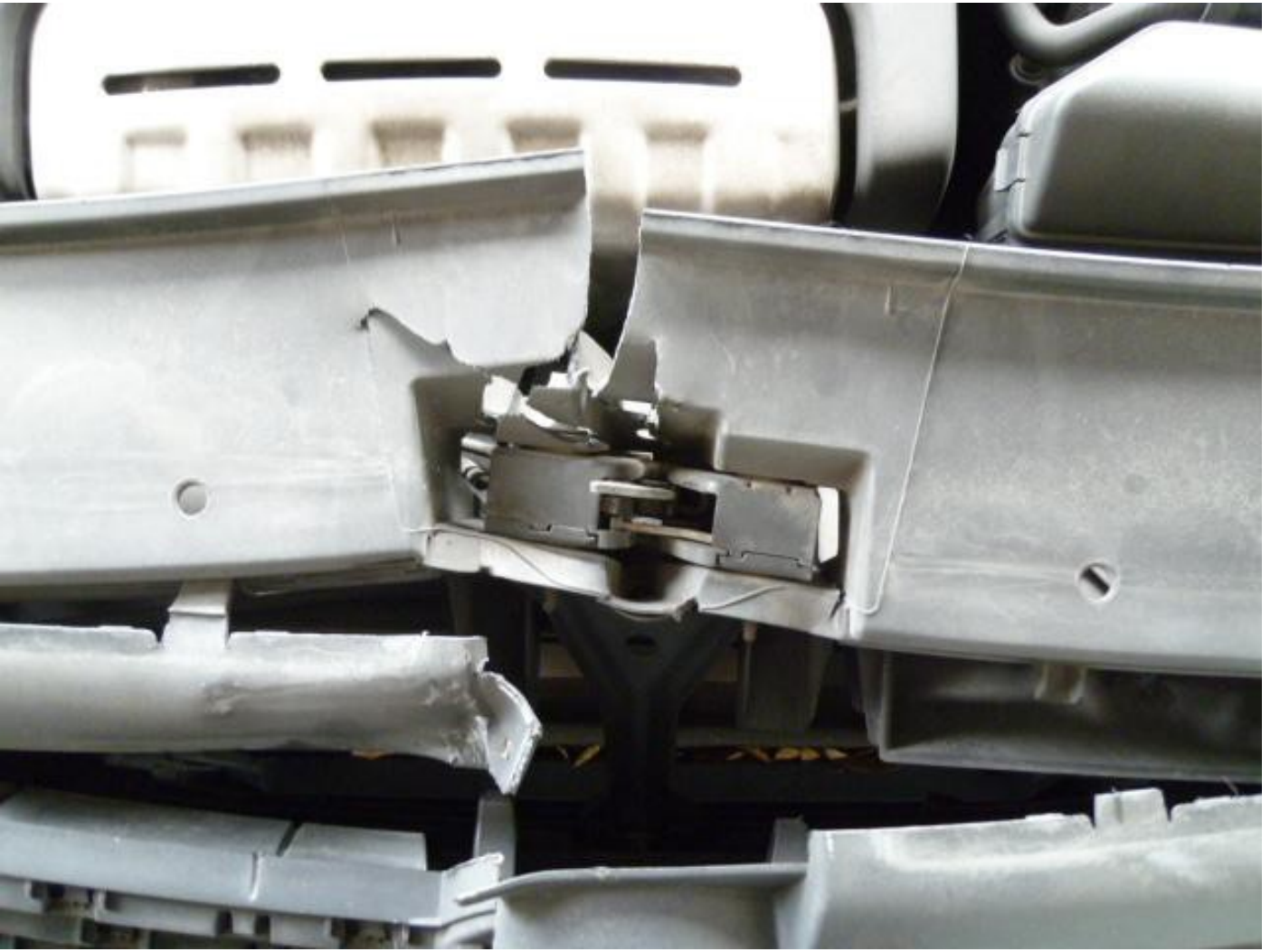
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



VOLKSWAGEN AG

WVGZZZ1TZDW005813

2220 kg

3765 kg

1- 1110 kg

2- 1170 kg

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