

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	14/02/2019 16:29
Date Of Accident	14/02/2019 12:20
Exact Location Of Accident	EU TONG SEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8029E
Insured/Policyholder	
Name Of Registered Owner	OTO WELLNESS PTE LTD
Co Reg No	A201326555Z
Email Address	KOKKEONG.NG62@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67455381

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5AT 5DR EURO V
Exact Purpose for which vehicle was being used at time of accident	WORK
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1766191801
Cover Note Number	

Driver

Name of Driver	NG KOK KEONG
NRIC No	S1539710A
Date Of Birth	26/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	02/06/1984
Driving Experience	34 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97360710
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 309 HOUGANG AVENUE 5#07-279
Postcode	530309
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 (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)	2
Passenger 1	NAME: : SOLOMON ANG 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

MY VEHICLE WAS STOPPED STATIONARY ALONG EU TONG SEN STREET WHEN THE TRAFFIC LIGHT WAS RED , WHEN THE TRAFFIC LIGHT TURNED GREEN AND I BEGAN TO MOVE OFF , THEN I FELT AN GREAT IMPACT HIT THE FRONT LEFT HAND PORTION OF MY VEHICLE , UPON CHECKING , I REALISED THAT THE COLLISION WAS CAUSED BY SHC3083E WHILE IT WAS FILTERING INTO MY LANE. ACCIDENT SCENE PHOTO IS ENCLOSED , THE PHOTO WAS TAKEN AFTER THE ACCIDENT AND WITHOUT MOVING THE VEHICLES.

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	SHC3083E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR TAN
NRIC/Passport Number	S7239597B
Contact Number	92276716
Address	
Postcode	

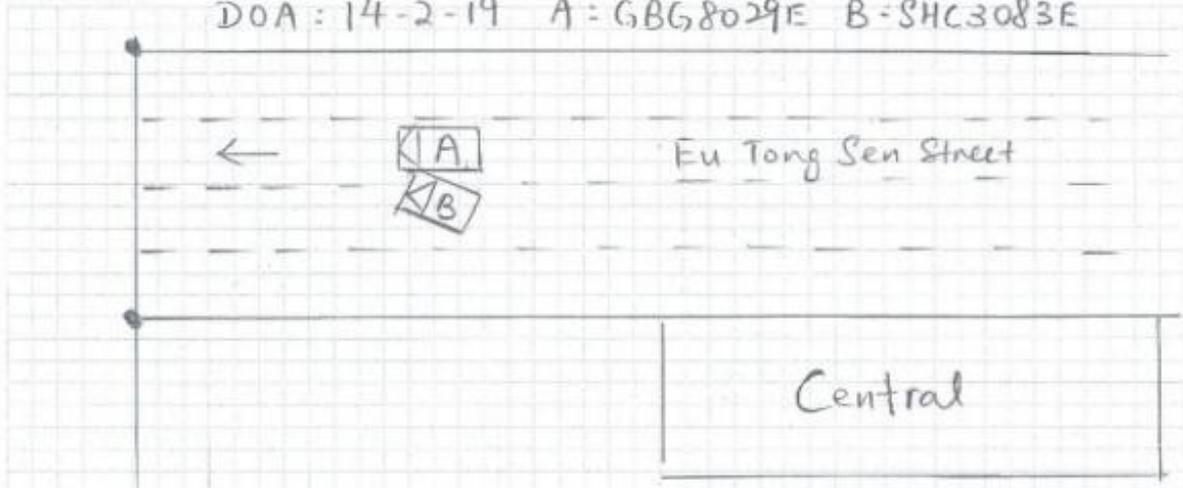
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stopped stationary along Eu Tong Sen Street when the traffic light was red. When the traffic light turned green & I began to move off, then I felt an great impact hit the front left hand portion of my vehicle, upon checking, I realised that the collision was caused by SHC3083E while it was filtering into my lane.

Note: Accident scene photo is enclosed, the photo was taken after the accident and without moving the vehicles.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 14/2/19 1520hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 14/2/19 1520hrs


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

Identification Card



Driving Licence



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



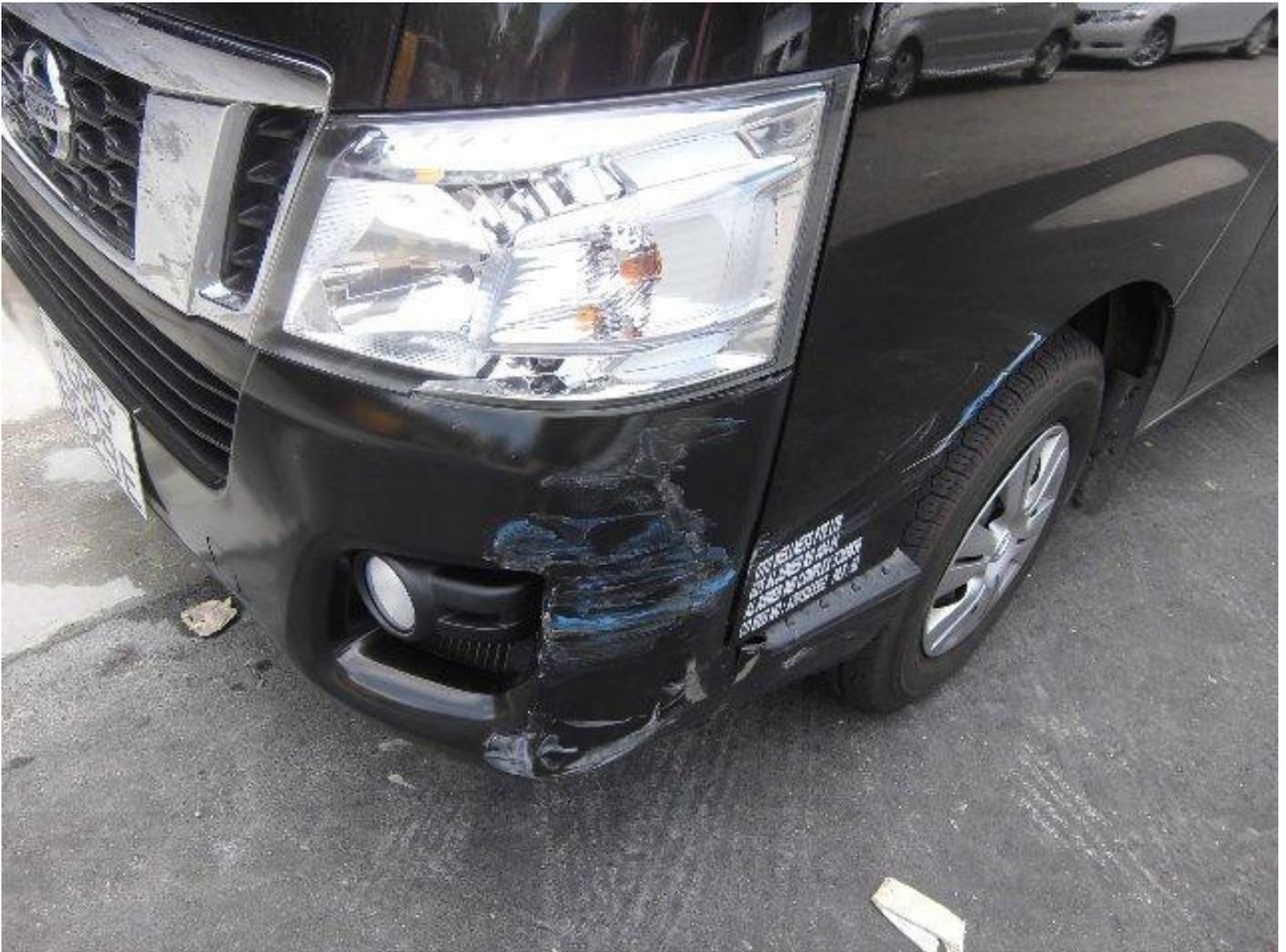
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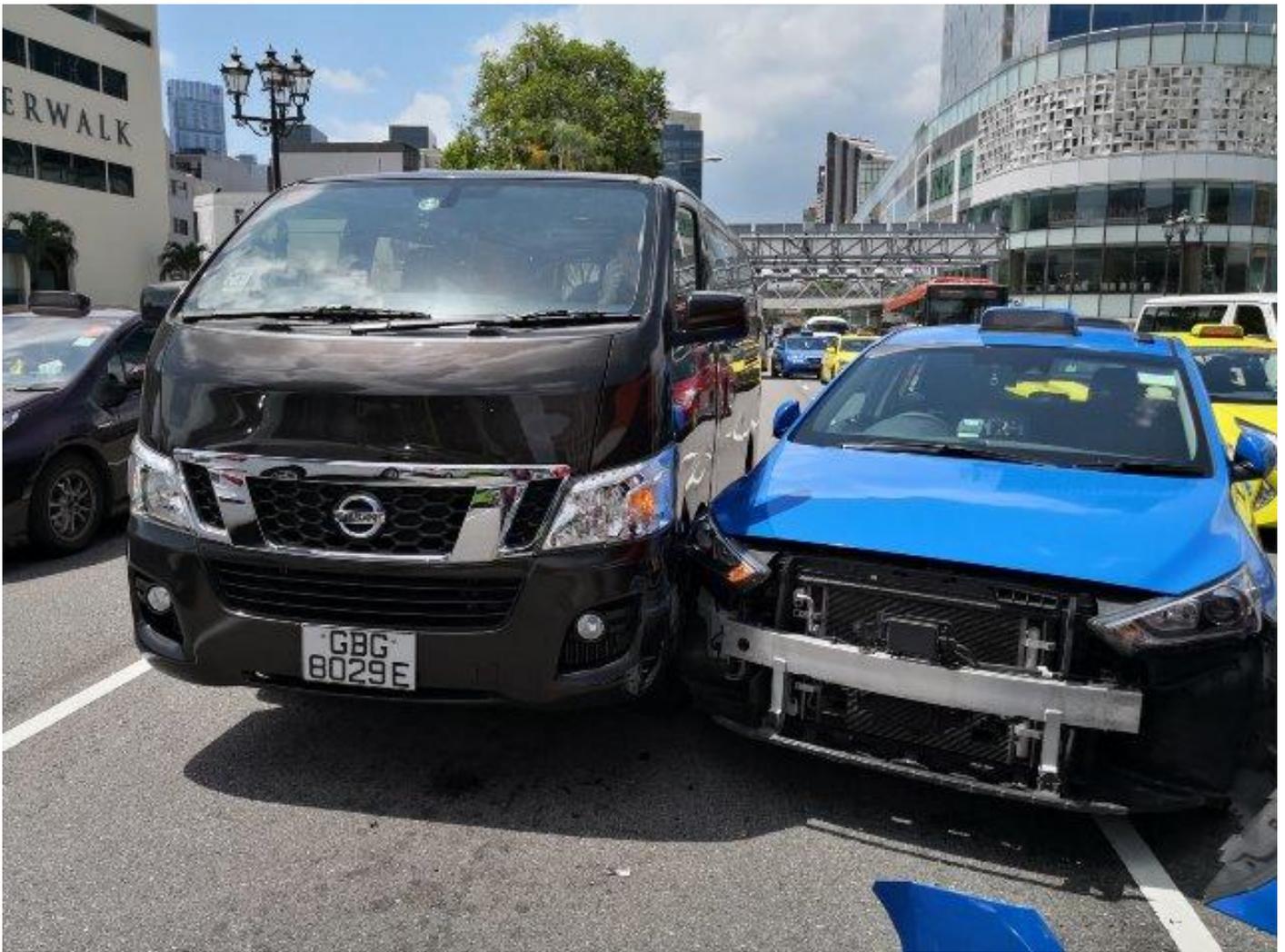
Accident Photo



Accident Photo



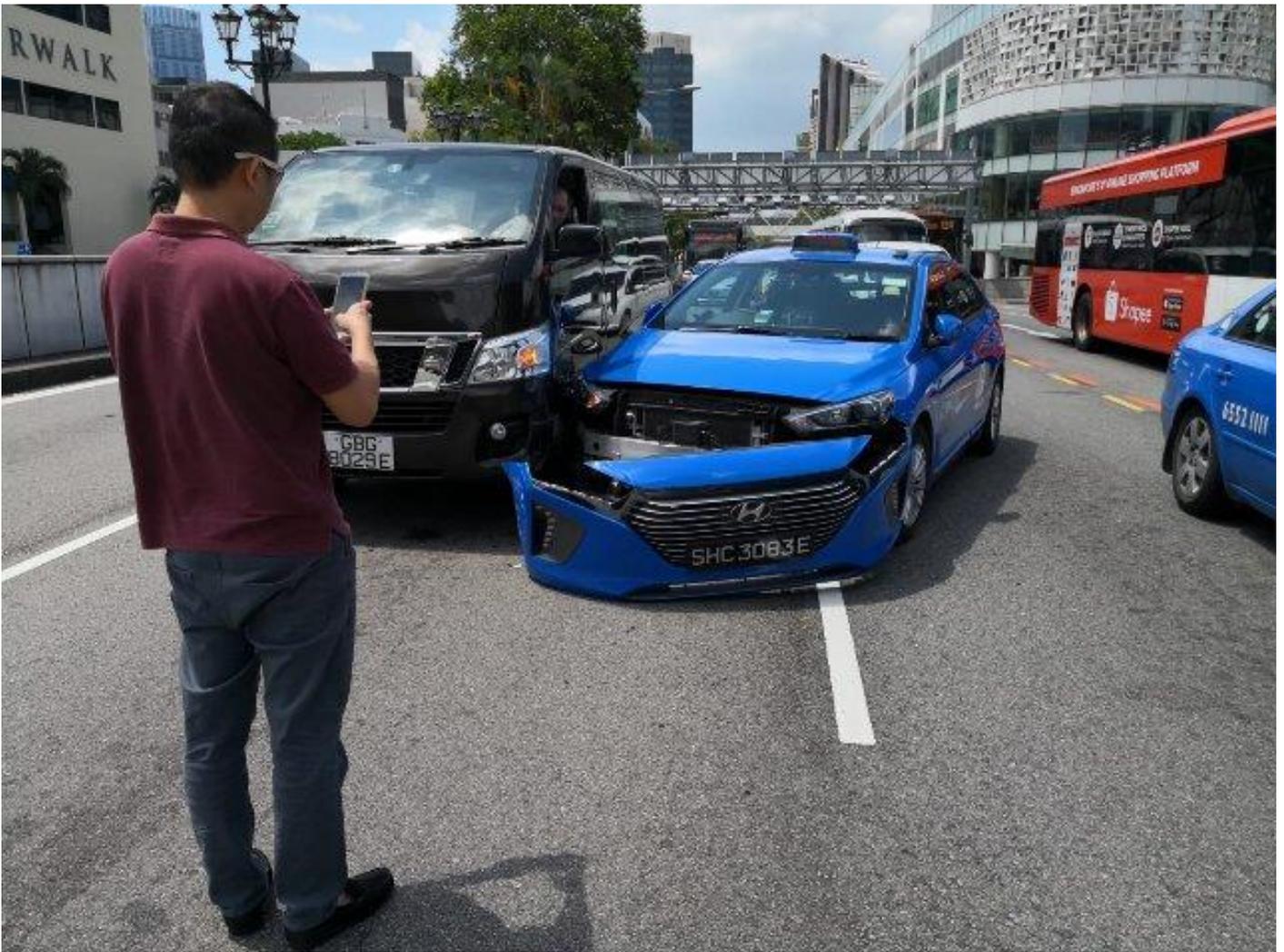
Scene Photo



Scene Photo



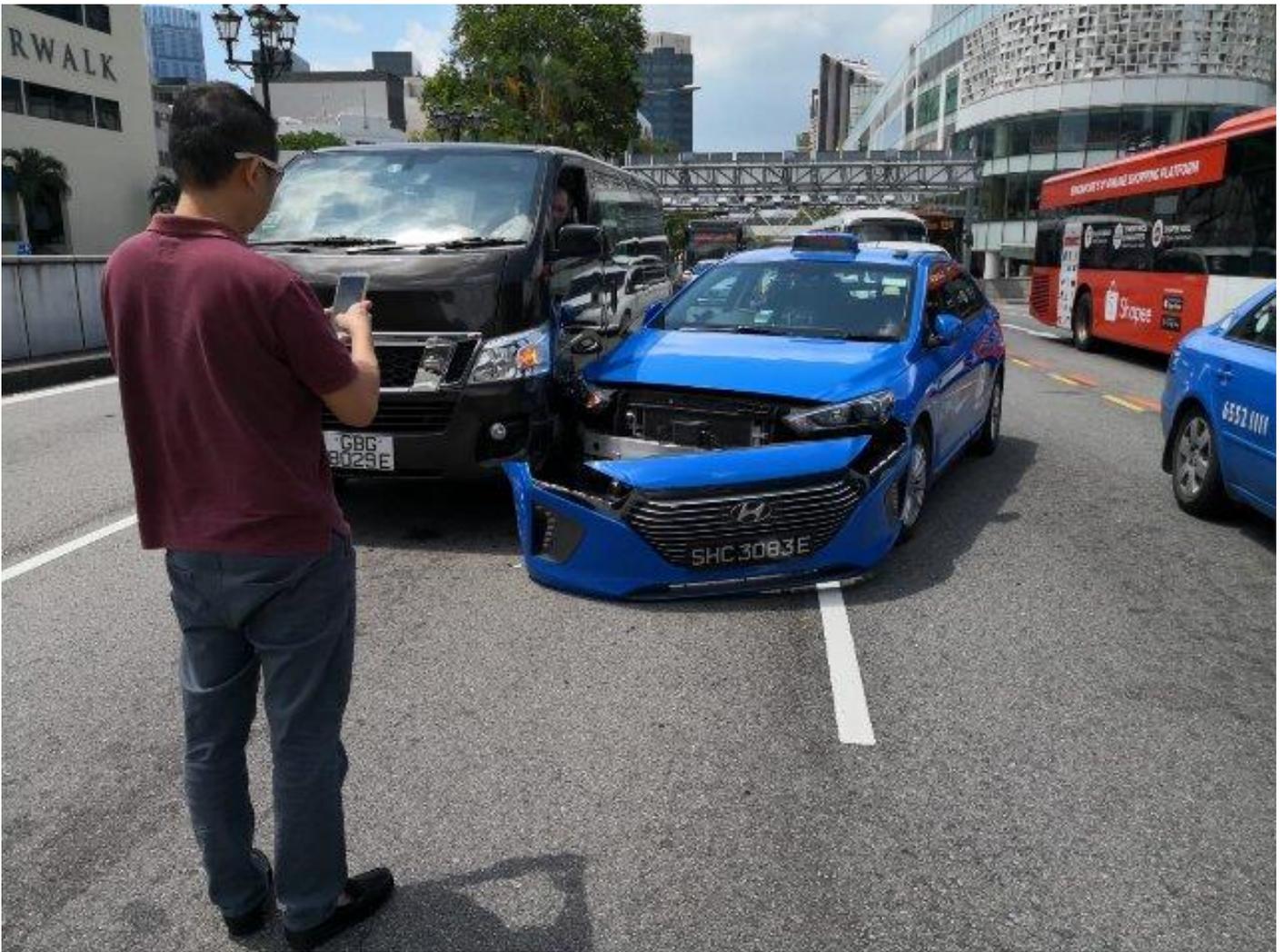
Scene Photo



Scene Photo



Scene Photo



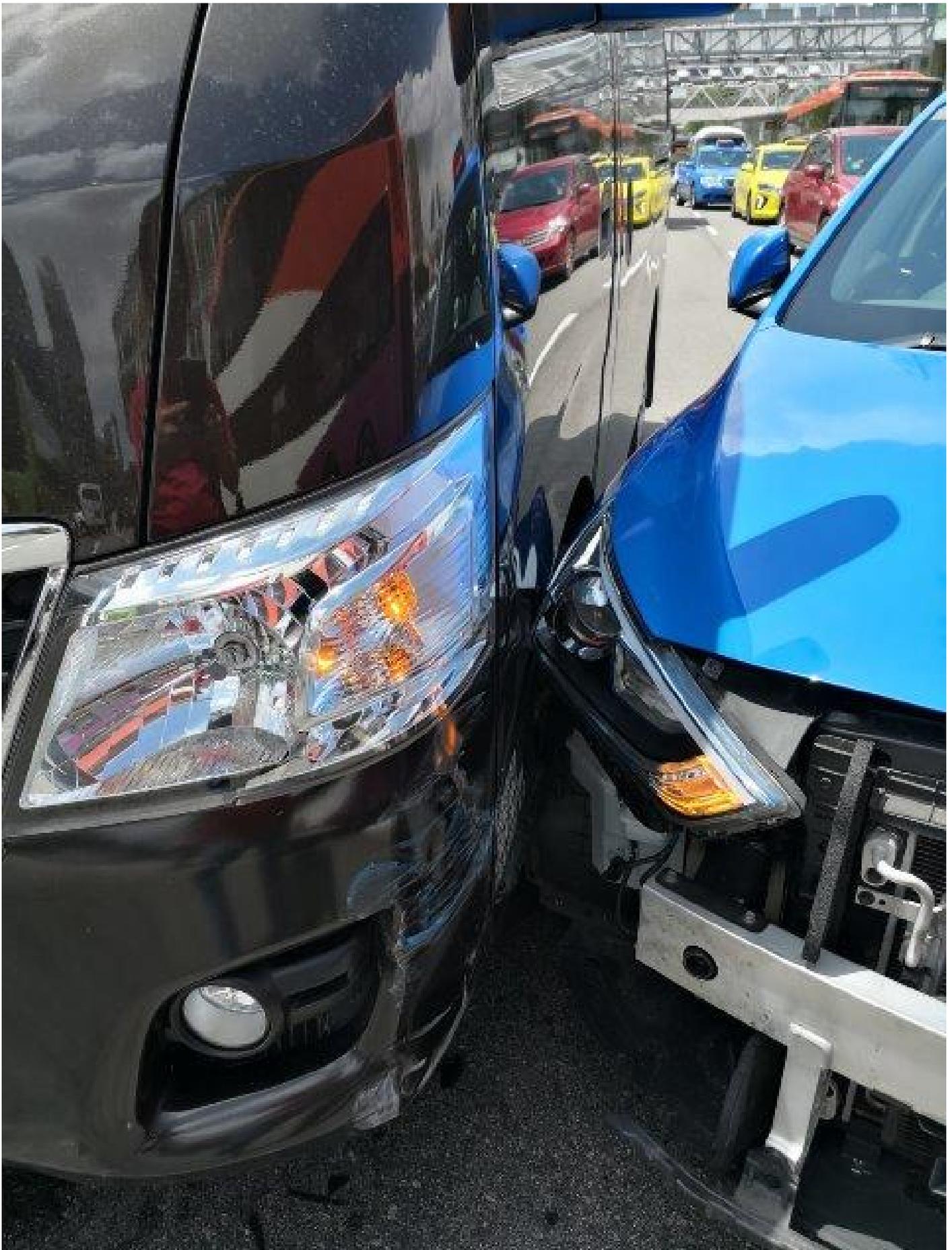
Scene Photo



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