

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	15/03/2019 10:18
Date Of Accident	14/03/2019 17:30
Exact Location Of Accident	CTE GOING TO BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW3156K
Insured/Policyholder	
Name Of Registered Owner	VALERIE WONG-THOMAS CHIN PHOON
NRIC No	S1459781F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96888762
Alternative Phone No	OTHERS-96888762

Vehicle Particulars

Manufacturer	HONDA
Model	EDIX
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	5073288682-03
Cover Note Number	12/07/2018-11/07/2019

Driver

Name of Driver	WONG KAI CHUEN
NRIC No	S1093998D
Date Of Birth	12/10/1941
Occupation	INDOOR
Date Of Driving Pass	12/12/1958
Driving Experience	60 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96888762
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	34A BRIGHTON CRESCENT
Postcode	559186
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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

ON THE STATED DATE & TIME, I WAS AT THE SLIP ROAD COMING FROM CTE TOWARDS BRADDELL ROAD. I STOPPED AT THE SLIP ROAD TO LOOK FOR INCOMING VEHICLE ON THE BRADDELL MAIN ROAD. SUDDENLY I FELT AN IMPACT FROM BEHIND AND REALISED THAT VEHICLE B HAD COLLIDED WITH MY VEHICLE REAR. THERE WERE NO INJURIES, 1 PAX ON VEHICLE A AND 1 PAX ON VEHICLE B.

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	SLF4926D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

