

## 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	21/05/2019 11:15
Date Of Accident	21/05/2019 10:55
Exact Location Of Accident	EUNOS LINK SLIP RD INTO UBI AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6655K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HUAN LEE CHENG
NRIC No	S0244228J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93864030
Alternative Phone No	OFFICE-93864030

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	LEARNING
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	5088592353-02
Cover Note Number	-

### Driver

Name of Driver	SIM MEI-ANN KATHERINE
NRIC No	S9930917B
Date Of Birth	30/09/1999
Occupation	INDOOR
Date Of Driving Pass	15/03/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96496139
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	13A LENGKONG LIMA
Postcode	417551
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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?	
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: : HUAN LEE CHENG 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

I STOP AT THE SLIP RD FROM EUNOS LINK TO CHECK THE TRAFFIC AT THE UBI AVE 3, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SFS5322S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS5322S
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)

### SKETCH PLAN

## Accident Sketch Plan

### SKETCH PLAN

Ubi Ave 3

A = JLM 6655 K

B = SFS 5322 S

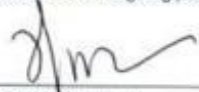
Eunos Link

### 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



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