

## 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	16/05/2019 15:58
Date Of Accident	16/05/2019 14:00
Exact Location Of Accident	LOYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5051P
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#### Insured/Policyholder

Name Of Registered Owner	THINK ONE LEASING PTE LTD
Co Reg No	201115609M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96788288
Alternative Phone No	OFFICE-65553300

#### Vehicle Particulars

Manufacturer	UD TRUCKS
Model	MKB8ELN5AA
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	GOODS VEHICLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5107728339
Cover Note Number	

#### Driver

Name of Driver	SUPRAT BIN AHMAD
NRIC No	S1791962H
Date Of Birth	12/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86204478
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 864 JURONG WEST STREET 81 #03-519
Postcode	640864
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	FV3409Z
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD

### 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: : JUKHAHAR 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

ON THE 16.05.2019 AT ABOUT 14:00HR. I WAS DRIVING ALONG THE STATED LOCATION. I WAS ON THE 2ND LANE IN A 4 LANE ROAD. A VEHICLE OF SLE5137M AT MY LEFT SIDE SUDDENLY CUT INTO MY LANE AND SIDE SWAP AT MY LEFT PORTION. I GOT TO CHASE AFTER THE DRIVER A DISTANCE AND MANAGE TO STOP HER BUT SHE IS UNCORPORATE TO EXCHANGE THE DETAIL AND JUST DROVE OFF.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

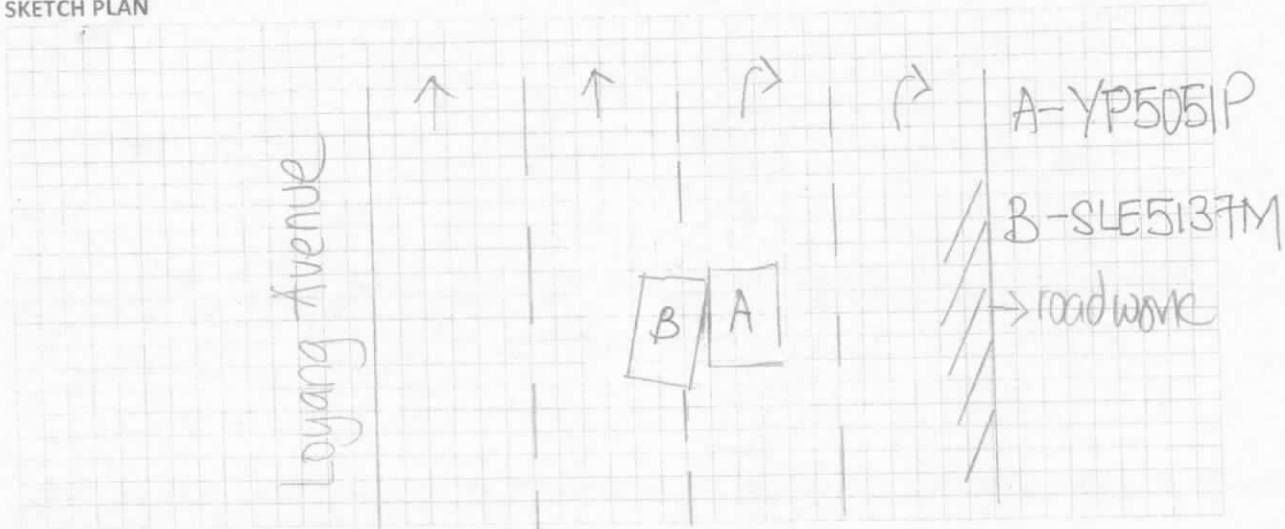
### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE5137M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 16.05.2019 at about 14:00hr. I was driving along the stated location. I was on the 2nd lane in a 4 lane road. A vehicle of SLE5137M at my left side suddenly cut into my lane and side swap at my left portion. I got to chase after the driver a distance and manage to stop her but she is uncorporate to exchange the detail and just drove off.

DECLARATION

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



*[Signature]* 16.5.19

Think One Autocare Pte Ltd  
 1550 16 Delfi Lane Avenue 2  
 Singapore 539522  
 Tel: 6844 3300 Fax: 6842 4988

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.: