

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	12/03/2019 15:54
Date Of Accident	11/03/2019 15:45
Exact Location Of Accident	ALONG PIONEER RD HEADING TOWARDS JLN BUROH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3807J
Insured/Policyholder	
Name Of Registered Owner	LIEW BROTHERS TRANSPORTATION
Co Reg No	53191580L
Email Address	TRUCKING@LIEWBROTHERS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-69091227

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	PRIME MOVER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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

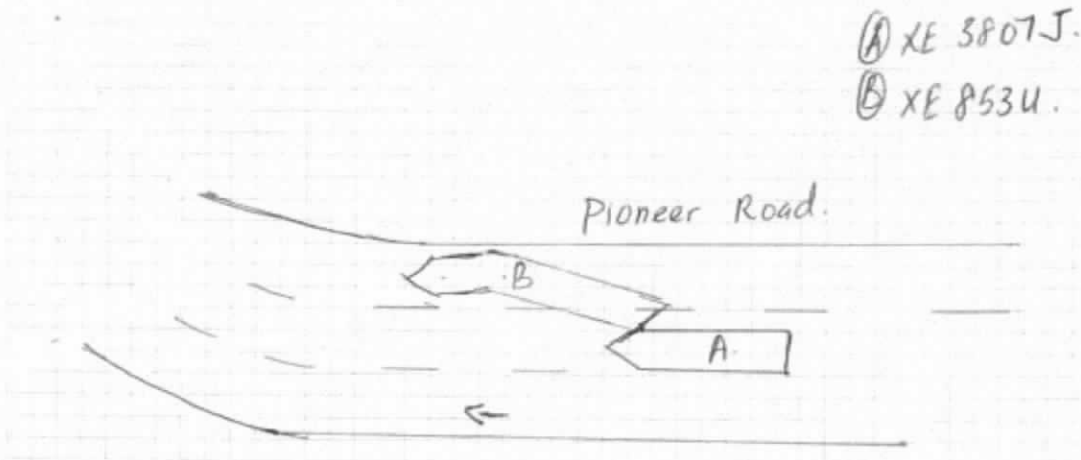
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098962376
Cover Note Number	

Driver

Name of Driver	LEE NEE SEONG
NRIC No	S0117592J
Date Of Birth	30/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84842852
Fax Number	
Contact Number	OFFICE-69091227
Email Address	NOEMAIL

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the second lane. Vehicle B was on the first lane. He drove pass me and his chassis slide to ^{the} left and hit my vehicle front right side causing damage. No one was injured.

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.: