

## 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	18/07/2019 11:09
Date Of Accident	17/07/2019 18:30
Exact Location Of Accident	TAMPINES AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC2602S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA YIN KIT
NRIC No	S6841815A
Email Address	FION7693@YAHOO.CO.SG
Mobile Phone No	(LOCAL) +65-90688973
Alternative Phone No	OTHERS-90688973

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	5079727893-03
Cover Note Number	

### Driver

Name of Driver	CHUA YIN KIT
NRIC No	S6841815A
Date Of Birth	21/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/12/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90688973
Fax Number	
Contact Number	OTHERS-90688973
EEmail Address	FION7693@YAHOO.CO.SG

Address	BLK 496C TAMPINES STREET 43 #06-253
Postcode	526496
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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: : LIM POUY GAIK GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:G/20190717/7063

#### 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	SBS6715H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



Accident Sketch Plan

SKETCH PLAN

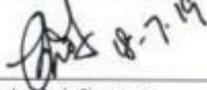
AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

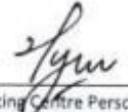
pls refer to the police report: Gp0190717/7063

DECLARATION

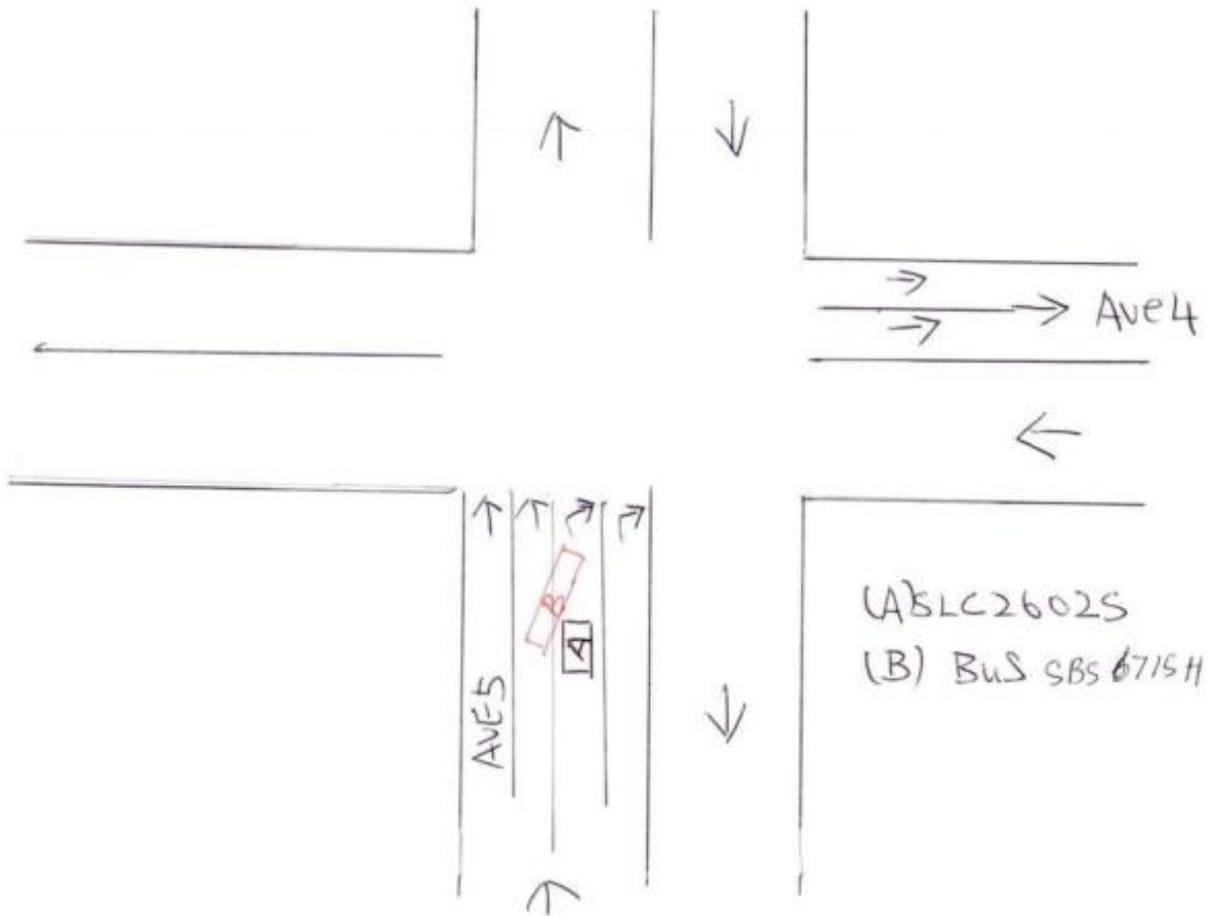
I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature  
Date & Time: 18-7-19

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan





Individual Statement



SINGAPORE  
POLICE FORCE



G/20190717/7063

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190717/7063

tried to give away to the bus and stop our car moving but the spot was too tight. To our horror, the bus captain forcefully cut into our lane, and while doing so, the rear of the bus came into contact with our vehicle and damaged the side view mirror. As a result of the impact, the bus rear lamp was broken too (see picture of the debris attached).

Noticing that he has collided with our vehicle, the bus captain stopped the bus and turned on the hazard light. My husband signaled to him to alight from the bus. To our disbelief, he ignored us and drove off.

We are making this report to file an insurance claim against SBST.

Subjects involved	
Suspect	
Person Name	unknown

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2019 23:38
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

