

## 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	29/07/2019 10:02
Date Of Accident	26/07/2019 17:00
Exact Location Of Accident	PIONEER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1876C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANSPORTER TRANSPORTATION SERVICES
Co Reg No	53236105M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96394459

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE H/ROOF 3.0 AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071765337-04
Cover Note Number	

### Driver

Name of Driver	YUSOPE KHAN SURATTEE
NRIC No	S0869592Z
Date Of Birth	28/07/1947
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1980
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96394459
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 407 SERANGOON AVENUE 1 #03-85
Postcode	550407
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED;

#### Attachment(s)

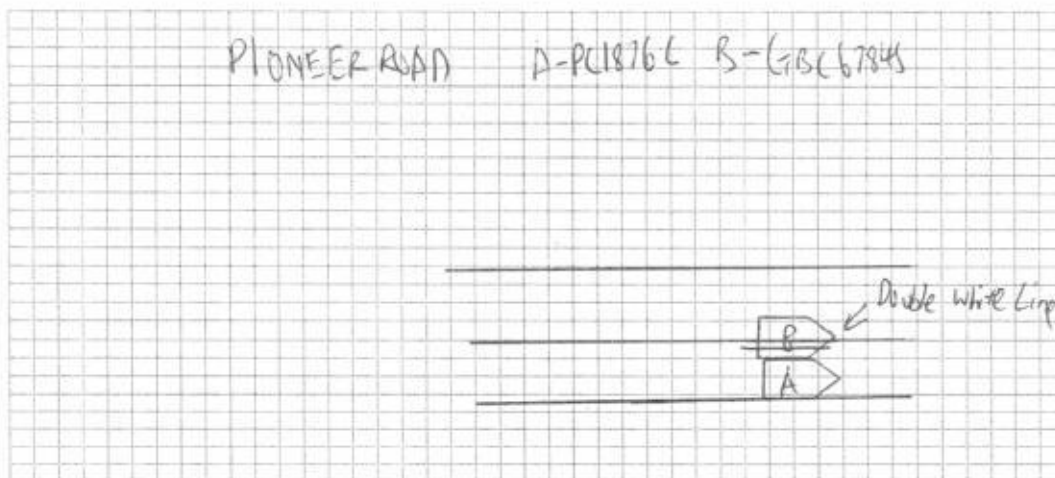
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC6784S
Vehicle Make/Model/Colour	NISSAN / NAVARA 2.5L S/CAB MT ABS D/AIRBAG TURBO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan #2 Pg. 1

## SKETCH PLAN:





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIONEER ROAD. OUT OF A SUDDEN VEHICLE B CUT INTO MY LANE CROSSING THE DOUBLE WHITE LINE AND HIT ONTO THE LEFT SIDE OF MY VEHICLE.

## 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:

IDAC KAKI BUKIT(VAC)  
 23 KAKI BUKIT AVE 4  
 Singapore 415933  
 Reporting Centre  
 Name: Personnel's Signature  
 Fax: 67492305  
 Email: vackb@singnet.com.sg  
 NRIC / FIN No.:

