

## 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	30/07/2019 17:49
Date Of Accident	30/07/2019 16:45
Exact Location Of Accident	TANJONG KATONG RD SOUTH TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3343Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Co Reg No	53359119L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96233308
Alternative Phone No	OFFICE-96233308

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8 X CVT
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108614334
Cover Note Number	

### Driver

Name of Driver	LIM JOSEPH
NRIC No	S8609727C
Date Of Birth	21/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92280569
Fax Number	
Contact Number	OFFICE-92280569
Email Address	NOEMAIL

Address	BLK 223 SERANGOON NORTH AVENUE 4 #09-181
Postcode	550223
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	- - -
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?	YES
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: : SHIVA 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 STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG LANE 1 CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC1977L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KANDASAMY KAVIARASAN
NRIC/Passport Number	G2567102W
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name LIM JOSEPH

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SML3343Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name SHIVA

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SML3343Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

### SKETCH PLAN

## Accident Sketch Plan

### SKETCH PLAN

Turning left into E. of Smith

A

B

A: JML 32432  
B: WCI 9776

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Attachment.

### DECLARATION

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

**SUPER STAR LIMO & CAR RENTAL**  
Reg. No.: 53359119L

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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