

## 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	13/08/2019 12:14
Date Of Accident	10/08/2019 18:30
Exact Location Of Accident	932A HOUGANG ST 91 RUBBISH CHUTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBE49K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZHUQI RUIEN
NRIC No	S8812017E
Email Address	ZHUQI_RUIEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-87489910
Alternative Phone No	OTHERS-87489910

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109922237
Cover Note Number	

### Driver

Name of Driver	ZHUQI RUIEN
NRIC No	S8812017E
Date Of Birth	07/04/1988
Occupation	INDOOR
Date Of Driving Pass	06/09/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87489910
Fax Number	
Contact Number	OTHERS-87489910
E-Mail Address	ZHUQI_RUIEN@YAHOO.COM

Address	BLK 813B YISHUN RING RD #02-4435
Postcode	762813
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	COLLIDED INTO PARKED VEHICLE
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

I WAS REVERSING MY VEH AT 932A HOUGANG ST 91 RUBBISH CHUTE. THERE'S A SLOPE SO I ACCIDENTALLY PRESS THE ACCELERATE TOO HARD AND MY VEH HIT ONTO THE PARKED VEH.

#### Attachment(s)

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

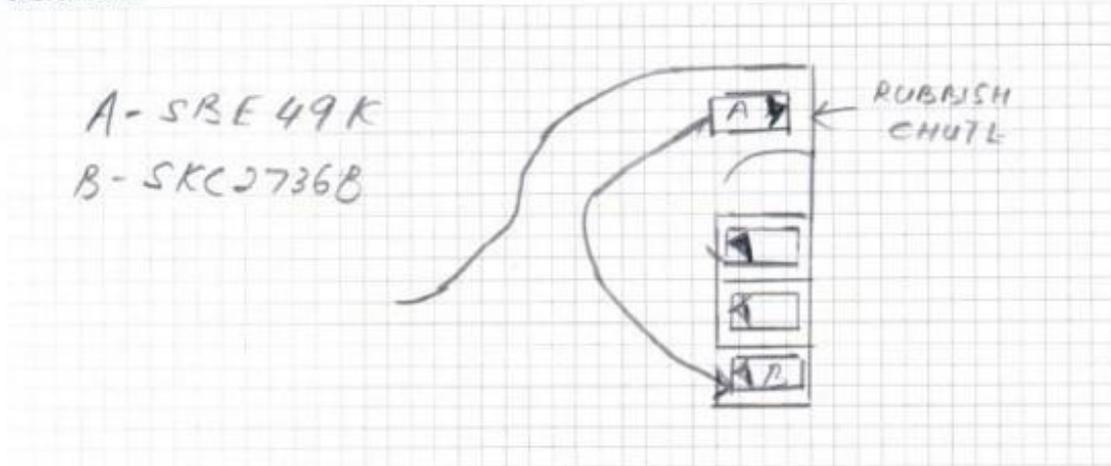
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC2736B
Vehicle Make/Model/Colour	MERC
Details Of Properties	
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)	



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the statement.*

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 13/08/19

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

*[Signature]* 13/08/19  
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



Accident Photo

