

## 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	07/01/2019 14:38
Date Of Accident	04/01/2019 12:00
Exact Location Of Accident	CTE TOWARDS TOWN NEAR BENDEMEER SEC SCH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT6679D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COVE RENTALS PTE LTD
Co Reg No	201626878M
Email Address	COVERENTS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87978998
Alternative Phone No	OFFICE-87978998

### Vehicle Particulars

Manufacturer	MAZDA
Model	3
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5105091044 (TP)
Cover Note Number	

### Driver

Name of Driver	JEREMY LLOYD GOH SWEE HUAT
NRIC No	S1542380C
Date Of Birth	11/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	30/10/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84881338
Fax Number	
Contact Number	OTHERS-84881338
Email Address	LNMSINCE1985-ADM@YAHOO.COM.SG



Address	33 TERRASSE LANE #01-73
Postcode	544780
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 - HEAD TO REAR
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN 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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	UNABLE TO UPLOAD
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2550Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN HAO YU
NRIC/Passport Number	S8785699B
Contact Number	93804156
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name

JEREMY LLOYD GOH SWEE HUAT

Approximate Age

Injuries Sustain

WHIP LASH

Injured person in which vehicle?

SJT6679D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

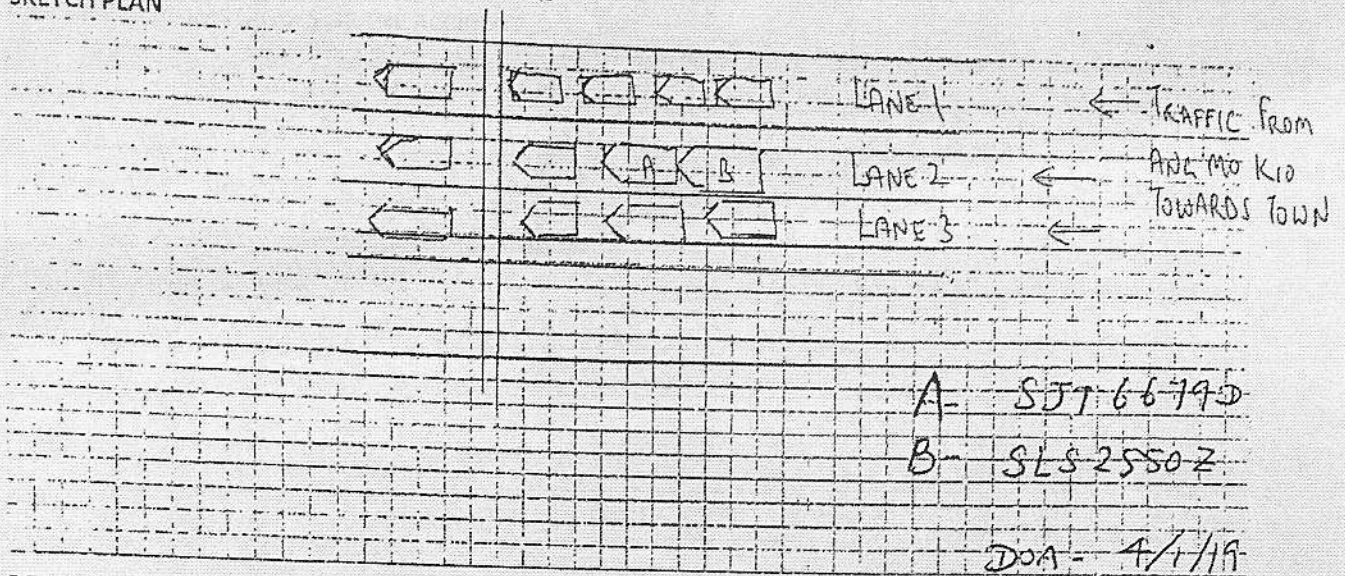
Address

Postcode



SKETCH PLAN

OVER HEAD BRIDGE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a bright sunny afternoon at around noon. I was travelling along CTE from Ang Mo Kio towards town on Lane 2, with a male passenger in my hired car. The traffic ahead was heavy and beginning to build up and I began to slow my vehicle. Eventually I had to come to a halt together with the cars in front of me. Lane 1 & 3 also had heavy traffic. When I had halted, within a few seconds the car behind me bang into the rear of my car causing me to have a sudden jerk as the car had already hit me when I was already stationary on the road.

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:

*[Signature]*

07 JAN 2019

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

