

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	30/08/2019 10:10
Date Of Accident	30/08/2019 08:40
Exact Location Of Accident	LENG KEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH1179R
Insured/Policyholder	
Name Of Registered Owner	NGEE BINGHUA
NRIC No	S8200443B
Email Address	TENIOD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82826582
Alternative Phone No	OFFICE-82826582

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0000557
Cover Note Number	

Driver

Name of Driver	NGEE BINGHUA
NRIC No	S8200443B
Date Of Birth	14/01/1982
Occupation	INDOOR
Date Of Driving Pass	12/08/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82826582
Fax Number	
Contact Number	OFFICE-82826582
Email Address	TENIOD@GMAIL.COM

Address	BLK 238 JURONG EAST STREET 21 #11-384
Postcode	600238
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?	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: : STEPHANIE SOO GENDER: : FEMALE

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 30/08/2019 AT ABOUT 8.40AM, I WAS TRAVELLING AT ALONG LENG KEE ROAD. OUT OF SUDDEN, TAXI (B) SH9180L FROM OPPOSITE DIRECTION MAKE A RIGHT TURN AND HIT ONTO MY VEHICLE (A) SMH1179R FRONT PORTION AND CAUSED DAMAGE. AFTER ACCIDENT, MY PASSENGER CLAIMED THAT SHE WAS FELT PAIN AND BRUISE ON THE RIGHT SHIN.

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	SH9180L
Vehicle Make/Model/Colour	TAXI / BLUE
Details Of Properties	FRONT LEFT
Vehicle Category	TAXI
Name of Driver	MAHENDRAN
NRIC/Passport Number	S1535343J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

STEPHANIE SOO

Approximate Age

30

Injuries Sustain

FELT PAIN AND BRUISE ON THE LEFT SHIN

Injured person in which vehicle?

SMH1179R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

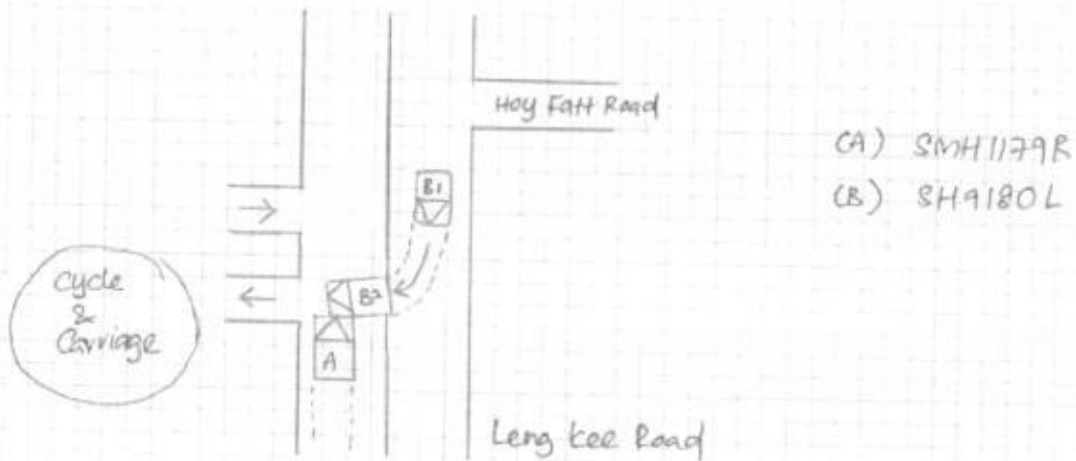
Address

Postcode

602286

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to statement

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: 20/8/19
10am


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