

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	12/09/2019 16:01
Date Of Accident	11/09/2019 18:15
Exact Location Of Accident	BLK 124D 3A CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW8938C
Insured/Policyholder	
Name Of Registered Owner	TAN TENG SUN
NRIC No	S6815861C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91690321
Alternative Phone No	OTHERS-91690321
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	

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	NO
Policy Number	5106375521
Cover Note Number	

Driver

Name of Driver	TAN TENG SUN
NRIC No	S6815861C
Date Of Birth	20/04/1968
Occupation	INDOOR
Date Of Driving Pass	16/12/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91690321
Fax Number	
Contact Number	OTHERS-91690321
Email Address	NOEMAIL

Address	BLK 124B #16-213 RIVERVALE DRIVE
Postcode	542124
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	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	SKA4461R
Vehicle Make/Model/Colour	PEUGEOT / 3008 1.6A STD
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)	

44-38861-1

1. These reports correctly the record in the accident report by the driver involved.

2. The Form may be completed by the Policyholder and/or the Authorized Driver.

3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or a knowing omission of material facts may allow insurance companies to rescindate policy liability.

4. The true and correctness of the Form of insurance is considered as an admission or approval of the truthfulness of the statements.

5. Any false reporting may be referred to the Police for investigation.

6. The report will be forwarded to the insured in the G.A. Records Management Centre established by the General Insurance Association of Singapore (G.A.) for recording and that it is for their records. Any false information will be reported to the relevant authorities.

7. The completion of this report by the insured is a condition for the validity of the report at the time of an accident or a claim.

8. Insurance companies will not be liable for any false information.

9. Consent under the Personal Data Protection Act 2012.

... working with individuals in a business who are not working with us directly and we have to
be aware of that.

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

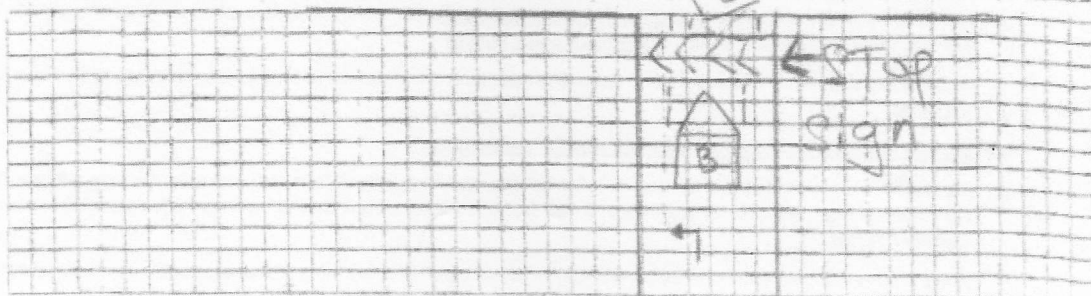
100-443887-100

Subject: Signature
 All pages are not the same size
 Date & Time:

IDAC KAKI BUKITAYAS
KAKI BUKITAYAS
 From the Landmark of 90's
 Tel: 67410607
 FAX: 67492305
 E-mail: vack@air.sinarctc.com.sg

A: SJW 89386

B: SKA 4461R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time, I was exiting from my car park. I was traveling straight as it was my right of way, when suddenly vehicle B came out from my left wanting to turn right without checking and collided on to my vehicle front left portion. There fore my vehicle swirled to the right.

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)

IDAC KAKI BUKIT (VA)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Personnel's Signature
Name:
Fax: 67492305
Email: enquiry@idac.com.sg