

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	26/11/2019 14:29
Date Of Accident	22/11/2019 16:20
Exact Location Of Accident	8A ADMIRALTY STREET LEVEL 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4399T
Insured/Policyholder	
Name Of Registered Owner	BIZWHEEL LEASING LLP
Co Reg No	T18LL2036A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81811210

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5
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	COMMERCIAL VEHICLE

Insurance Company

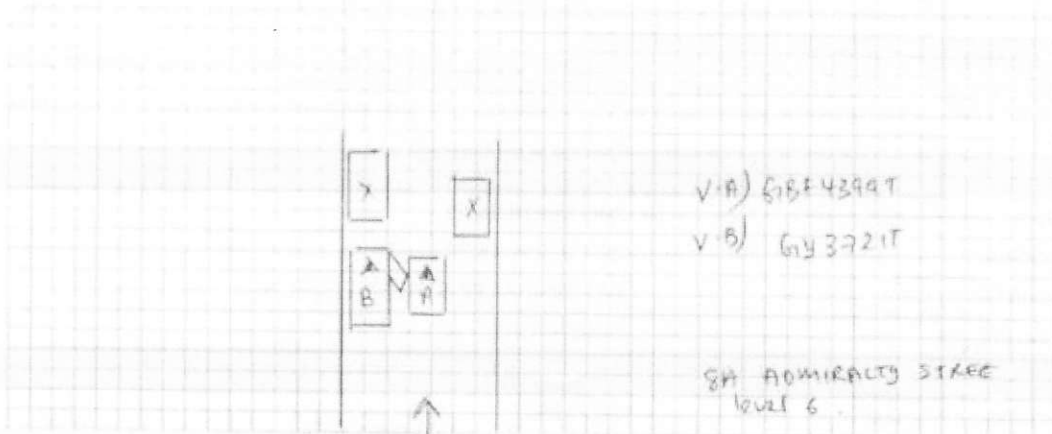
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111215069
Cover Note Number	

Driver

Name of Driver	ZHANG WANG
NRIC No	S8673779E
Date Of Birth	07/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81811210
Fax Number	
Contact Number	
Email Address	NOEMAIL

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' GIBF4399T was travelling on the stated venue I was travelling straight in my lane, suddenly vehicle 'B' just opened it's door from the driver side and collided against my vehicle front left portion. I shortly got out of my vehicle and realised there was damage found on my front bonnet, front left door side mirror. Due to this accident, I had to cancel all my jobs.

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]

IDAC SIN MING (PAC)
385 Sin Ming Drive
Singapore 575718
Tel: 6455 5358 (ARC)
Fax: 6452 6621

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