

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	03/12/2019 16:03
Date Of Accident	02/12/2019 17:05
Exact Location Of Accident	CHOA CHU KANG EAST FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4238T
Insured/Policyholder	
Name Of Registered Owner	KUA CHENG HWA
NRIC No	S6809714B
Email Address	KELVIN_323@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98459911
Alternative Phone No	OTHERS-98459911

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078185855-03
Cover Note Number	

Driver

Name of Driver	KUA CHENG HWA
NRIC No	S6809714B
Date Of Birth	24/02/1968
Occupation	INDOOR
Date Of Driving Pass	05/08/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98459911
Fax Number	
Contact Number	OTHERS-98459911
Email Address	KELVIN_323@YAHOO.COM.SG

Address	BLK 542 CHOA CHU KANG STREET 52 #09-60
Postcode	680542
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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

PLEASE REFER TO SKETCH PLAN

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

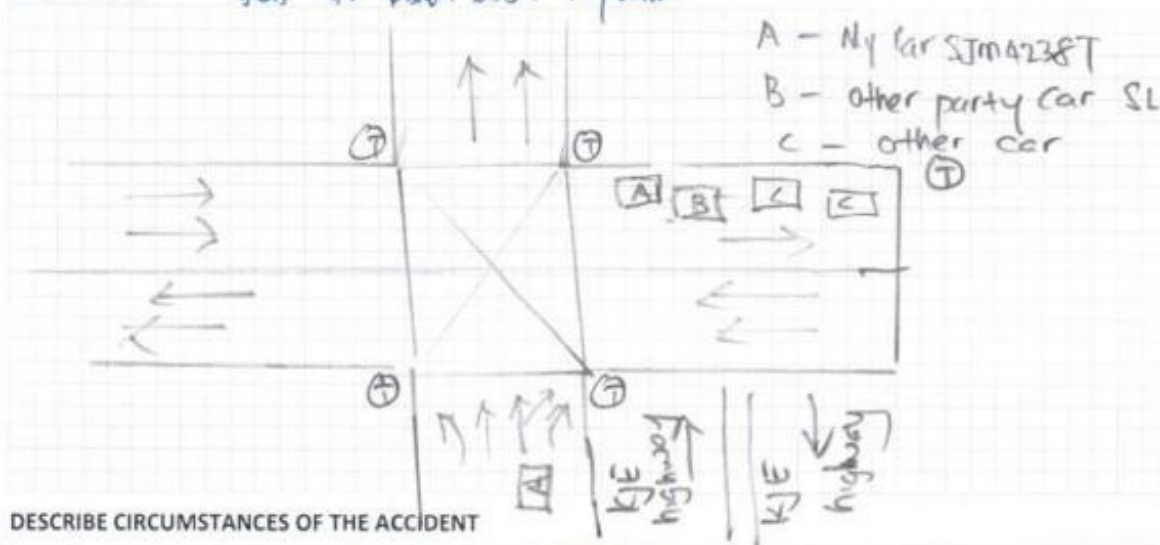
Vehicle Registration Number	SLK3872E
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG TECK KENG
NRIC/Passport Number	S1427391C
Contact Number	92789176
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See report attached.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/12/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No: [Signature]

STATEMENT

On 2 Dec 2019, Monday about 1704h, the weather condition was having dizzy rain. I was driving Toyota Camry, car plate no. SJM 4238T on the way to my home.

After exit from Kranji Expressway when make the right turn toward Choa Chu Kang East Flyover. I was unable to brake in time and light hit on the rear bumper of other car SLK3872E make Mitsubishi (Lancer) when both car trying to stop toward in front having red traffic light.

There was a sign of dented on the left of rear bumper and caused the left side of same bumper loosen from the mounting of other car SLK3872E after light hit.

My front right damper has a small dent too after hit.

The driver, Mr Pang Teck Keng, NRIC No. 391C (mobile no. 92789176) and myself exchanged the driving licence and contact no. and took some picture of the situation.

We both decided let the insurance company to further to follow up on both car incident.

After that we left the sight since none of driver and his passenger and myself were injured.

Thank you.

Regards,

Kelvin Kua

98459911 (mobile)

03/12/2019
Resh Norton

Accident Photo



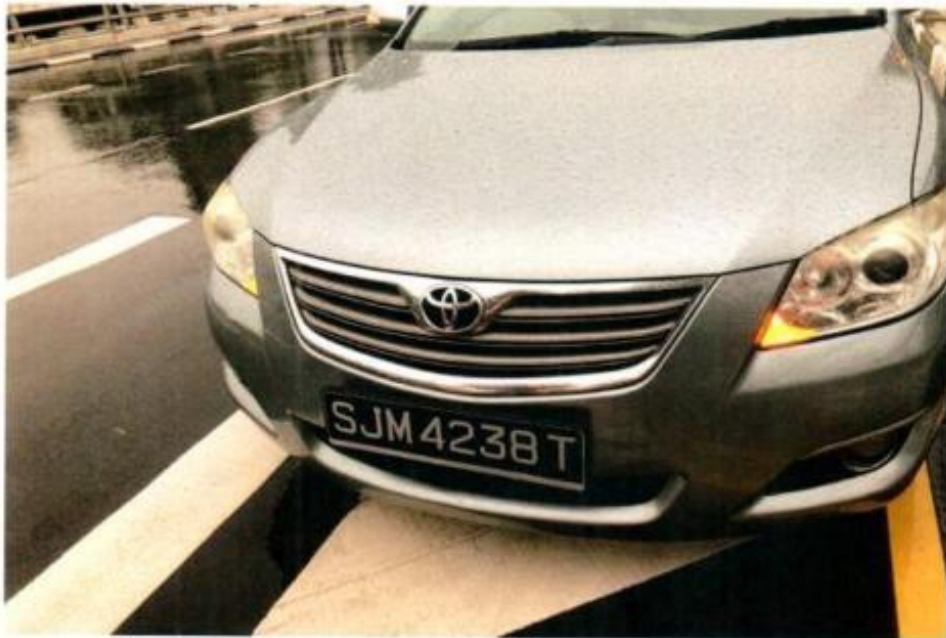
Accident Photo



ad 03/12/2018



Accident Photo



av 02/12/2018



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ad 02/11/2019



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03/12/2019



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on 03/12/2018



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