

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	12/12/2019 12:07
Date Of Accident	11/12/2019 18:45
Exact Location Of Accident	PIE (CHANGI) BEFORE GEYLANG BAHRU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV524J
Insured/Policyholder	
Name Of Registered Owner	RAYMOND PHANG LEI MING (PENG LEIMING)
NRIC No	S8416325B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92386325
Alternative Phone No	OFFICE-92386325

Vehicle Particulars

Manufacturer	MAZDA
Model	BIANTE 5-DOOR WAGON 2.0L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5103119227-01
Cover Note Number	

Driver

Name of Driver	RAYMOND PHANG LEI MING (PENG LEIMING)
NRIC No	S8416325B
Date Of Birth	05/06/1984
Occupation	INDOOR
Date Of Driving Pass	21/05/2004
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92386325
Fax Number	
Contact Number	OFFICE-92386325
Email Address	NOEMAIL

Address	8 LORONG 7 GEYLANG #07-117
Postcode	388792
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	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	3
Was any body injured in the Accident?	YES
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)	5
Passenger 1	NAME: : ALORA PHANG QI XUAN GENDER: : FEMALE
Passenger 2	NAME: : ADORA PHANG XUAN EN GENDER: : FEMALE
Passenger 3	NAME: : HU HUIFEN GENDER: : FEMALE
Passenger 4	NAME: : THIAN NEI PAR 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

REFER TO STATEMENT.

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	SJM9363G
Vehicle Make/Model/Colour	
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDK8069U
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name RAYMOND PHANG LEI MING (PENG LEIMING)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKV524J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ALORA PHANG QI XUAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKV524J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ADORA PHANG XUAN EN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKV524J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name HU HUIFEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKV524J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name THIAN NEI PAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKV524J

Were seat belts worn? YES

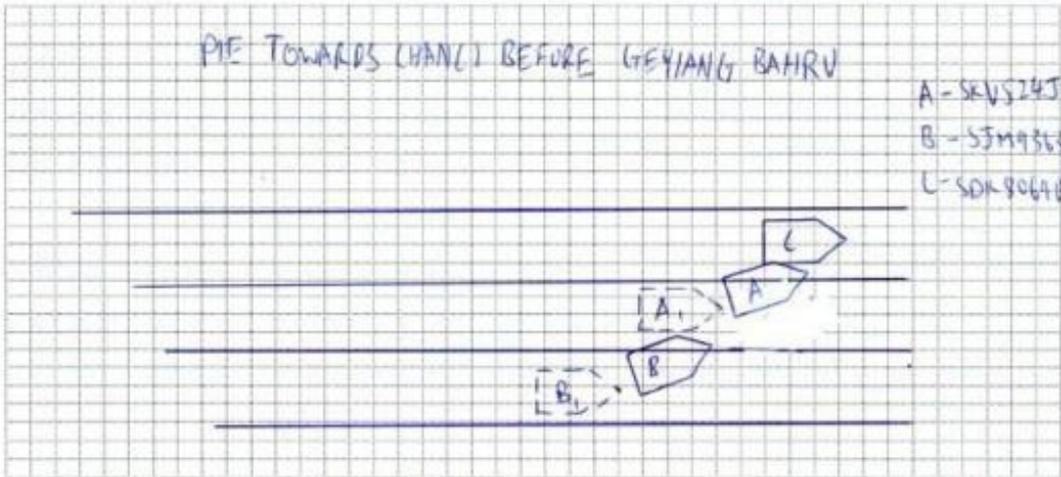
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG PIE TWDS CHANGI BEFORE GEYLANG BAHRU, SUDDENLY VEHICLE B ABRUPTLY CUT INTO MY LANE HITTING ONTO THE RIGHT SIDE OF MY VEHICLE. FORCING MY VEHICLE ONTO THE LANE NEXT TO MINE, HITTING ONTO VEHICLE C.

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:

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

Accident Photo



Accident Photo



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