

## 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	20/12/2019 12:01
Date Of Accident	19/12/2019 22:30
Exact Location Of Accident	WOODLANDS CROSSING TWDS SINGAPORE CUSTOM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML3190Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG SENG KIT
NRIC No	SXXXX617Z
Email Address	VINCENTCHONGSK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98512475
Alternative Phone No	OTHERS-98512475

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	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	5109920162
Cover Note Number	

### Driver

Name of Driver	CHONG SENG KIT
NRIC No	SXXXX617Z
Date Of Birth	24/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/04/1996
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512475
Fax Number	
Contact Number	OTHERS-98512475
Email Address	VINCENTCHONGSK@YAHOO.COM

Address	BLK 623 BEDOK RESERVOIR RD #12-1538
Postcode	470623
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)	4
Passenger 1	NAME: : MOTHER-IN-LAW GENDER: : FEMALE
Passenger 2	NAME: : NIKOLIA GENDER: : FEMALE
Passenger 3	NAME: : JANEN ELLEN 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

PLS REFER TO THE ATTACHED 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	SJN7137B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM PANG SENG
NRIC/Passport Number	SXXXX614Z

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN

A - SML 31904  
B - SJN 7137B

WOODLANDS  
CROSSING TUNNEL  
SINGAPORE CUSTOM



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

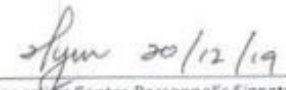
Pls refer to the attached statement.

## DECLARATION

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

  
Policyholder's Signature  
Date & Time: 20/12/19

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Individual Statement

I WAS TRAVELLING FROM WOODLANDS CROSSING TWDS SINGAPORE CUSTOM.SUDDENLY VEH B  
FROM MY RIGHT CUT INTO MY LANE AND COLLIDED ONTO MY VEH.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



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