

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	14/02/2020 15:18
Date Of Accident	03/02/2020 14:55
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9194G
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Insured/Policyholder

Name Of Registered Owner	FALCON CHARIOT PTE. LTD.
Co Reg No	2XXXXX964E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92996125

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS

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	5111739082 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	NG YEW HONG
NRIC No	SXXXX712Z
Date Of Birth	26/04/1975
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1999
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92996125
Fax Number	
Contact Number	
EMail Address	STEVENQMORE75@GMAIL.COM

Address	659 CHOA CHU KANG CRESCENT #04-69
Postcode	S680659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200203/7030

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	SH7621U
Vehicle Make/Model/Colour	HYUNDAI AE IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH HAN HONG
NRIC/Passport Number	SXXXX823C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

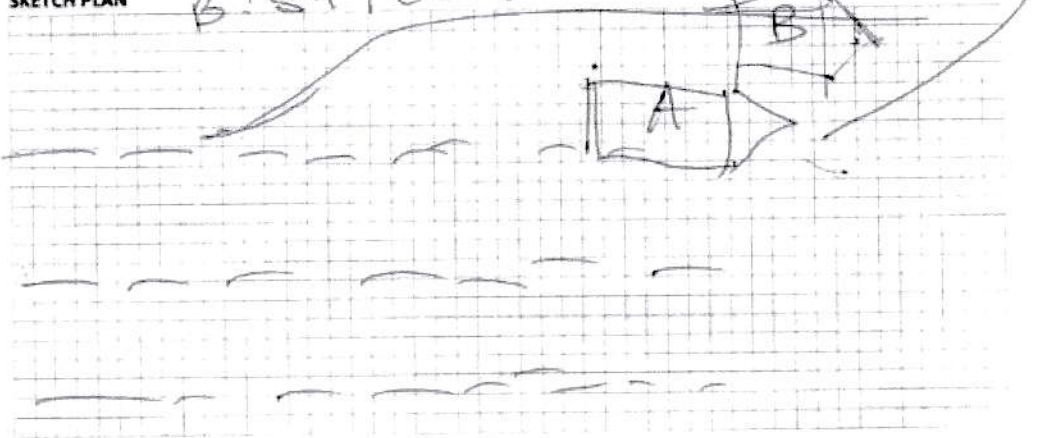
DETAILS OF INJURED PERSON 1

Name	NG YEW HONG
Approximate Age	44
Injuries Sustain	3 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SJQ9194G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	659 CHOA CHU KANG CRESCENT #04-69
Postcode	680659

Accident Sketch Plan

SKETCH PLAN

A: SJQ 9194G
B: SH7621U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO
POLICE REPORT T/2020 0203/7030

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.:

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