

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	24/02/2020 15:10
Date Of Accident	22/02/2020 12:50
Exact Location Of Accident	ALONG SENG POH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1051P
Insured/Policyholder	
Name Of Registered Owner	CLASSIC CONCEPT SERVICES
Co Reg No	5XXXX801B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92768810
Alternative Phone No	OFFICE-92768810

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE SERVICE
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	5086993138-03
Cover Note Number	

Driver

Name of Driver	TEE KOK PING
NRIC No	SXXXX573J
Date Of Birth	25/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92768810
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 263 TAMPINES ST 21 #03-144
Postcode	520263
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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

ON 22.02.2020 I WAS PARKING IN THE PARKING LOT WHEN CAR B PASSED BY CAR A AND HIS CAR'S MIRROR HIT MY RIGHT MIRROR AND CAUSED MY RIGHT SIDE MIRROR BROKEN. THEN HE DROVE TO THE FRONT AND STOPPED.

Attachment(s)

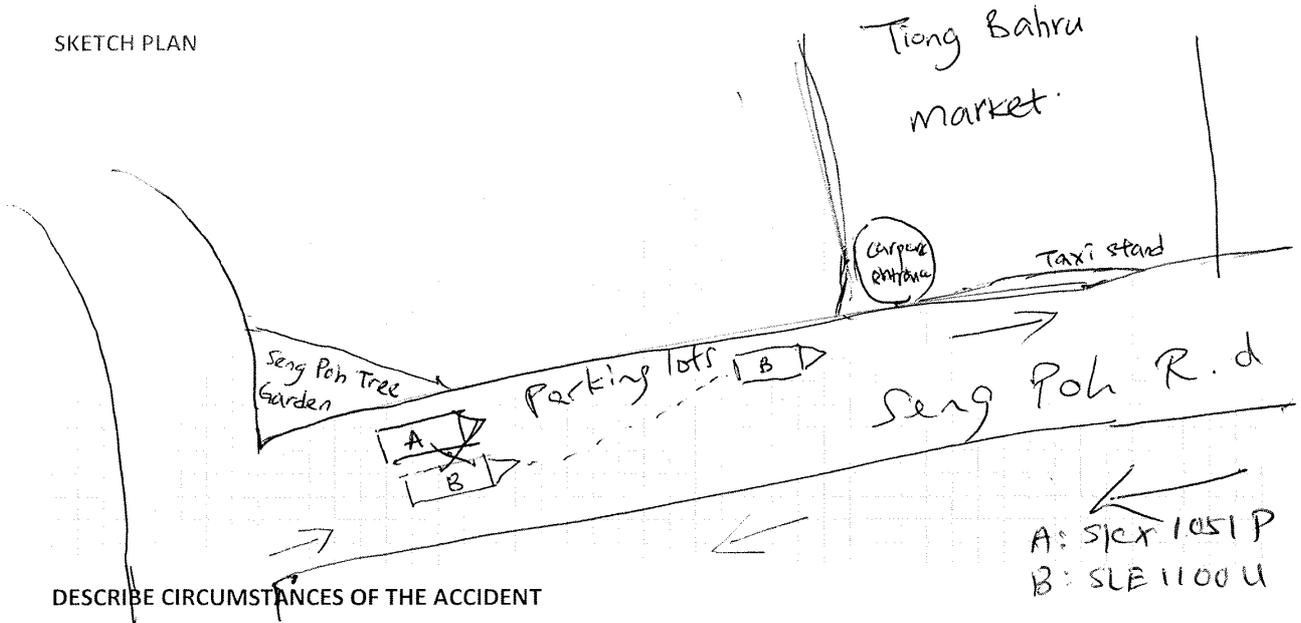
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE1100U
Vehicle Make/Model/Colour	TOYOTA VELLRIRE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR TAN
NRIC/Passport Number	
Contact Number	94368766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/02/2020, I was parking in the parking lot when Car B passed by Car A and his car's mirror hit my right side mirror and caused my right side mirror broken, Then he drove to the front and stopped.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/2/2020

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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