

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	19/03/2020 09:50
Date Of Accident	14/03/2020 16:40
Exact Location Of Accident	BUKIT BATOK RD TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA5545M
Insured/Policyholder	
Name Of Registered Owner	SEEKTOP PTE LTD
Co Reg No	2XXXXX868E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5 A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5116211696
Cover Note Number	

Driver

Name of Driver	WANG XUN BIN (HUANG XUNBIN)
NRIC No	SXXXX610B
Date Of Birth	23/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81137467
Fax Number	
Contact Number	OFFICE-81137467
EEmail Address	NOEMAIL

Address	BLK 175C PUNGGOL FIELD #05-551
Postcode	823175
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC6685P
Vehicle Make/Model/Colour	NISSAN LATIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98003090
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

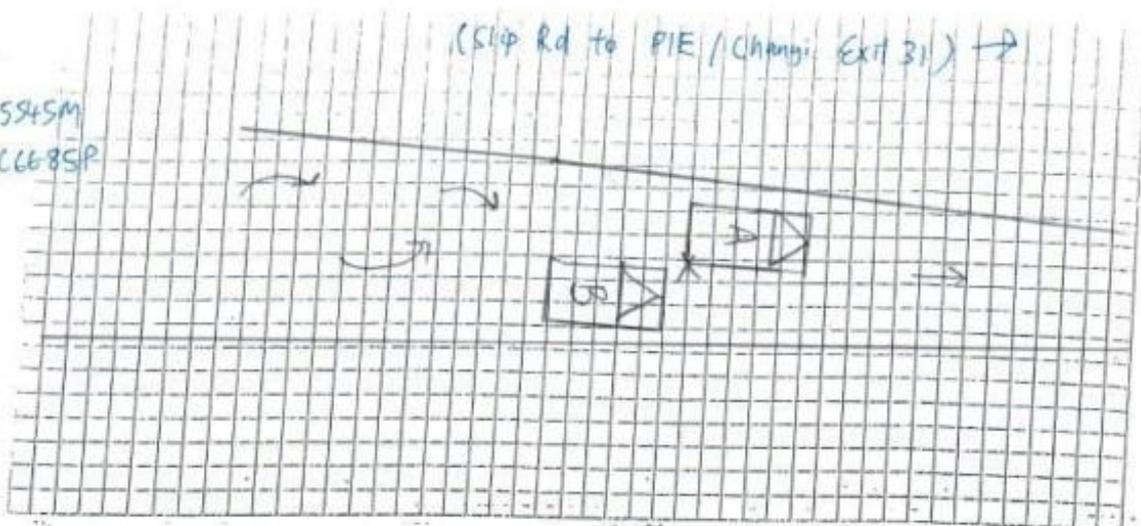
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	WANG XUN BIN (HUANG XUNBIN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJA5545M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

Vehicle A - SJ45545M
 Vehicle B - SMC668SP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in my vehicle (SJ45545M) along Bukit Batok Rd and turn left into the Slip Road exiting to (PIE / Changi). Along the Slip Road, I suddenly felt a impact coming from the back of my car. Then I realised vehicle B (SMC668SP) had hit my car on the right rear of my vehicle. I felt pain from my back of my body and visited a doctor and was given 02 days MC.

DECLARATION

(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 Person's Signature
 Name: _____
 NRIC/PRN No.: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

