

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 willful 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	07/04/2020 17:02
Date Of Accident	07/04/2020 12:40
Exact Location Of Accident	JUNCTION OF JURONG WEST AVE 2 & JURONG WEST AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5792G
Insured/Policyholder	
Name Of Registered Owner	MIRA PACIFIC PTE. LTD.
Co Reg No	2XXXXX321G
Email Address	BEEWAH.TSMOTORSERVS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97112341
Alternative Phone No	OFFICE-97112341

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5110929868-01 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	TA'ZHIM BIN MD IBRAHIM
NRIC No	SXXXX853A
Date Of Birth	28/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2001
Driving Experience	19 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97112341
Fax Number	
Contact Number	OTHERS-97112341
EEmail Address	123TAZHIM@GMAIL.COM

Address BLK 692B CHOA CHU KANG CRESCENT #01-26
 Postcode 682692
 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) 1

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE
 Police Station Address **ROAD:** 50 SERANGOON AVE 2 #01-02 , **POSTCODE:** 556129 , **COUNTRY:** SINGAPORE
 Police Station Contact **TEL NO:** 1800-4880999 - **FAX NO:** 64883561
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200407/2068 ATTACHED.

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 SHD3135J
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver SA'AT BIN SULAIMAN
 NRIC/Passport Number SXXXX623Z
 Contact Number 85997646
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

3. Of Passenger (Including Driver)

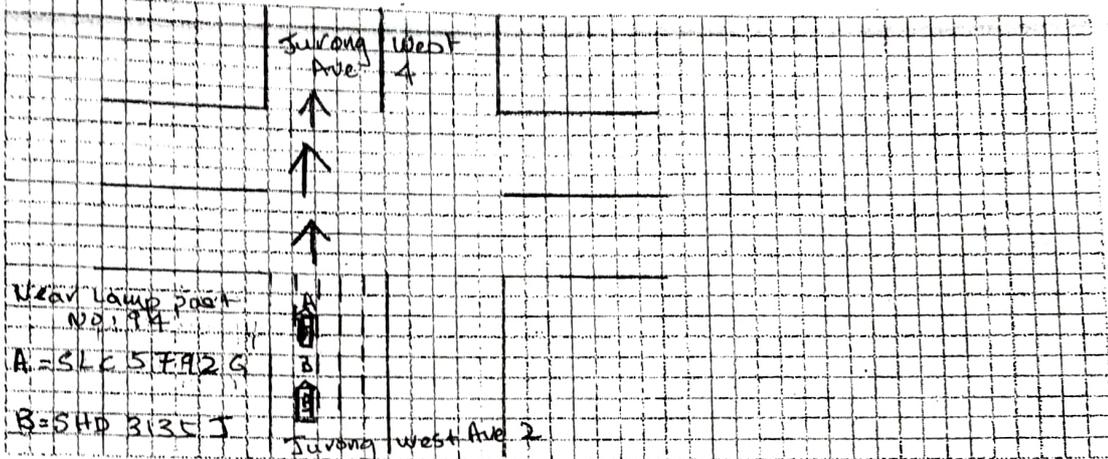
DETAILS OF INJURED PERSON 1

Name	TA'ZHIM BIN MD IBRAHIM
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	SLC5792G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan #2 Pg. 1

Produced by Symantec

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report No: T/20200407/2068

DECLARATION

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



Policyholder's Signature
Date & Time:

Joel

Driver's Signature
(if driver is not the policyholder)
Date & Time:

07 APR 2020



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