

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	30/04/2020 11:21
Date Of Accident	28/04/2020 21:15
Exact Location Of Accident	BLK 215 ANG MO KIO AVENUE 1 (CARPARK)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9449T
Insured/Policyholder	
Name Of Registered Owner	TW PREMIUM AUTOMOBILE PTE LTD
Co Reg No	2XXXXX430G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87488980

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6

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	5103350808-01 CLASSIC
Cover Note Number	

Driver

Name of Driver	CHEW TEE HENG
NRIC No	SXXXX954C
Date Of Birth	31/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/04/1984
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86416858
Fax Number	
Contact Number	
Email Address	JCKOLE66@GMAIL.COM

No. Of Passenger (Including Driver)

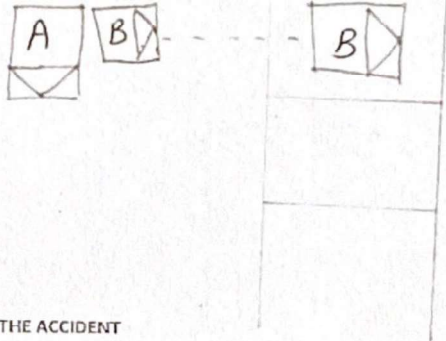
DETAILS OF INJURED PERSON 1

Name	CHEW TEE HENG
Approximate Age	53
Injuries Sustain	MUSCLE SORENESS ON RIGHT NECK/SHOULDER REGION
Injured person in which vehicle?	SLR9449T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 308 CLEMENTI AVENUE 4 #10-347
Postcode	120308

Sketch Plan #2

SKETCH PLAN

131K 215
Ang mo Rio me i
Car park.



A - SLR 9449 I
B - CHD 4842 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report F/20200439/2059

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:

30 APR 2020

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg

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



1, Ng Ban Leng

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SLR 94497

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