

## 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	26/05/2020 14:34
Date Of Accident	24/05/2020 17:30
Exact Location Of Accident	MAUDE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG6134C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO CHYE WAH
NRIC No	SXXXX832B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98364558
Alternative Phone No	OTHERS-98364558

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS EA-1.5 (A)
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	508182075603
Cover Note Number	

### Driver

Name of Driver	TEO CHYE WAH
NRIC No	SXXXX832B
Date Of Birth	01/06/1963
Occupation	INDOOR
Date Of Driving Pass	03/03/1981
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98364558
Fax Number	
Contact Number	OTHERS-98364558
Email Address	NOEMAIL

Address

BLK 138A LORONG 1A TOA PAYOH #24-08 SINGAPORE 311138

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident CHAIN COLLISION

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? NO

Was any other material or property damaged? NO

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

MY VEHICLE SJG6134C WAS PARKED IN A PARALLEL PARKING LOT WITH MY WIFE AS THE PASSENGER. I LEFT TO PURCHASE SOMETHING, WHEN I GOT BACK TO THE VEHICLE, I REALISE THAT SKM289K HAS MISJUDGE WHEN PARKING AND HIT ONTO THE REAR PORTION OF MY VEHICLE.

#### 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 SKM289K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KEITH WONG

NRIC/Passport Number

Contact Number 93836345

Address

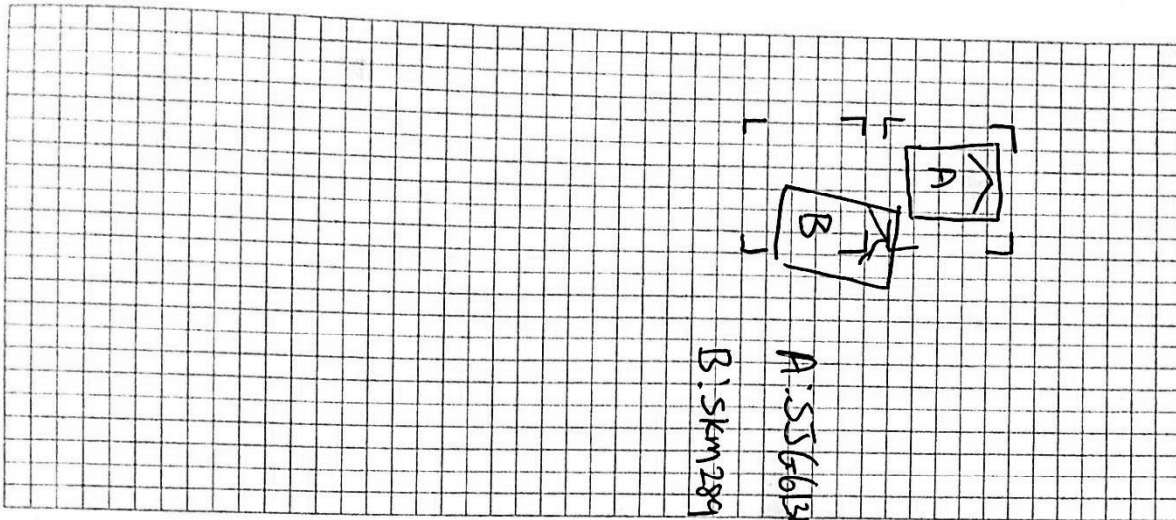
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SJG6134C was parked in a parallel parking lot with my wife as the passenger. I left to purchase something, when I got back to the vehicle, I realize that SKM289K has misjudge when parking & hit onto the rear portion of my vehicle.

## 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.: