

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	27/05/2020 17:01
Date Of Accident	23/05/2020 15:50
Exact Location Of Accident	LOADING BAY OF BLK 303/304 CLEMENTI AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5276L
Insured/Policyholder	
Name Of Registered Owner	ABWIN LEASING PTE LTD
Co Reg No	2XXXXX082Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90222429

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109570162-000077
Cover Note Number	

Driver

Name of Driver	PHUA JIAN CONG ALEX
NRIC No	SXXXX967D
Date Of Birth	22/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2013
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90222429
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 7, COMMONWEALTH AVE #14-652
Postcode	S140007
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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	1
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 WAS STATIONARY AT THE LOADING BAY IN BETWEEN BLOCK 303 AND 304 CLEMENTI AVE 4 A TAXI SHC8550R WAS AT THE HANDICAPPED LOT AND IT REVERSE ITS VEHICLE AND HIT MY VEHICLE ON THE REAR LHS PORTION, MY PASSENGER ALIGHTED THE VEHICLE AND STOPPED THE TAXI FROM MOVING AFTER WHICH THE TAXI DRIVER ALIGHTED AND TRIED TO SECURE BACK MY REAR BUMPER WHICH WAS DISLODGED HE TOLD ME IT WAS SMALL MATTER AND ESCAPED

Attachment(s)

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

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[illegible]

Notes by Henry May

Sketch Plan

BK 304 Clement Ave H

handicap
lot. —

Love

Block 305 Clement Ave 3

6185 5276L
A:

13. SHC 8550E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE 16 Dec 2013

NP 428A

Licence No: S9405967D

NRIC No. S9405967D

Date of issue 01-04-2009

Address
APT BLK 7 COMMONWEALTH AVENUE
#14-652
SINGAPORE 140007

4380973

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



License Number: **S 9 4 0 5 9 6 7 D**
Name: **PHUA JIAN CONG ALEX**
Birth Date: **22 Feb 1994**
Issue Date: **18 Dec 2013**



002256845D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9405967D**



Name: **PHUA JIAN CONG ALEX**



潘 健 聰
Race: **CHINESE**
Date of birth: **22-02-1994** Sex: **M**
Country of birth: **SINGAPORE**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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