

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 11/06/2020 11:46
Date Of Accident 10/06/2020 22:15
Exact Location Of Accident TRAFFIC JUNCTION OF PAYA LEBAR RD & GEYLANG RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU7498Z
Insured/Policyholder
Name Of Registered Owner TAN HOW MENG
NRIC No SXXXX457Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-98523365
Alternative Phone No OTHERS-98523365

Vehicle Particulars

Manufacturer MITSUBISHI
Model LANCER-1.6 (M)
Exact Purpose for which vehicle was being used at time of accident PTE USE
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 5103582613-01
Cover Note Number 29/09/19 - 28/09/20

Driver

Name of Driver TAN HOW MENG
NRIC No SXXXX457Z
Date Of Birth 29/04/1955
Occupation OUTDOOR
Date Of Driving Pass 14/06/1977
Driving Experience 42 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98523365
Fax Number
Contact Number OTHERS-98523365
EMail Address NOEMAIL

Address 50 LORONG 40 GEYLANG #07-43
 Postcode 398074
 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 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? 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 waiting for traffic light to turn green. Out of sudden, I felt an impact on my rear and realised m/taxi (B) had collided onto my rear. Both drivers alighted to check. The taxi driver apologised and he left the scene shortly. I was alone at that time. Due to the impact, I felt back pain and will consult the doctor later.

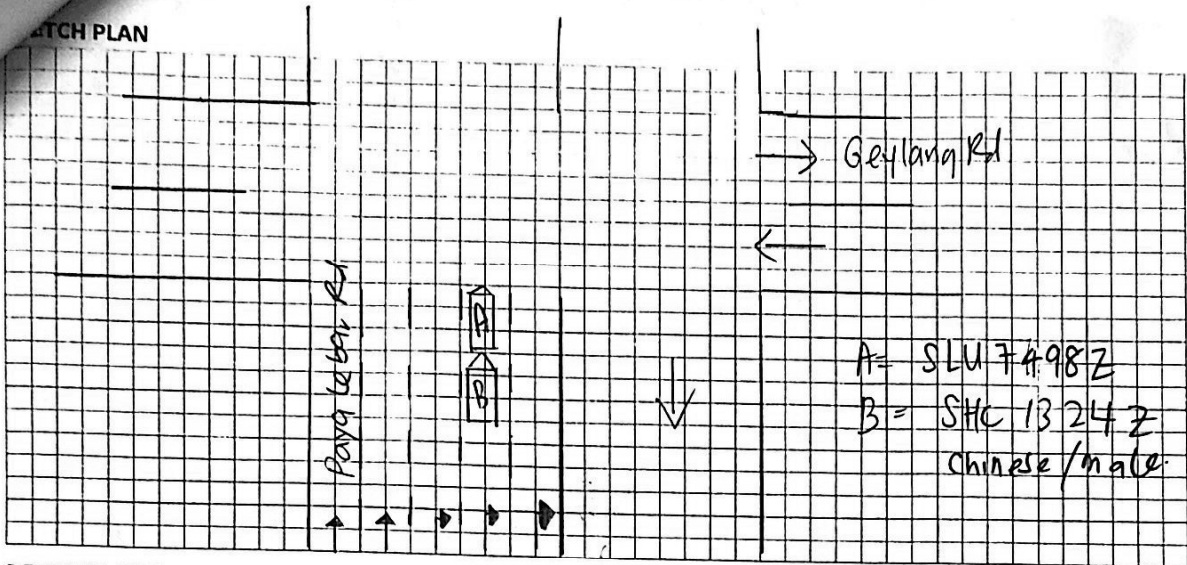
Attachment(s)

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 SHC1324Z
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver CHINESE MALE
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was stationary waiting for traffic light to turn green. Out of sudden, I felt an impact on my rear and realized M/taxi (B) had collided onto my rear.

Both drivers alighted to check. The taxi driver apologized and he left the scene shortly.

I was alone at that time. Due to the impact, I felt back pain and will consult the doctor later.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: *Steven*
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop