

For Sunweyer
10.06.2020 9.30pm

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 13/02/2020 16:19
Date Of Accident 12/02/2020 18:25
Exact Location Of Accident FREESIA WOODS CONDO
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR4960P
Insured/Policyholder
Name Of Registered Owner TAN NGEE HUNG
NRIC No SXXXX563H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-96887716
Alternative Phone No OFFICE-96887716

Vehicle Particulars

Manufacturer SUBARU
Model IMPREZA-2.0 WRX (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 REPORTING ONLY
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 5086486932-03
Cover Note Number

Driver

Name of Driver TAN NGEE HUNG
NRIC No SXXXX563H
Date Of Birth 14/10/1976
Occupation INDOOR
Date Of Driving Pass 04/09/2000
Driving Experience 19 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96887716
Fax Number (LOCAL) +65-96887716
Contact Number OFFICE-96887716
Email Address NOEMAIL

Address 67 SUNSET WAY FREESIA WOODS
#03-19
Postcode 597092
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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) 0

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?

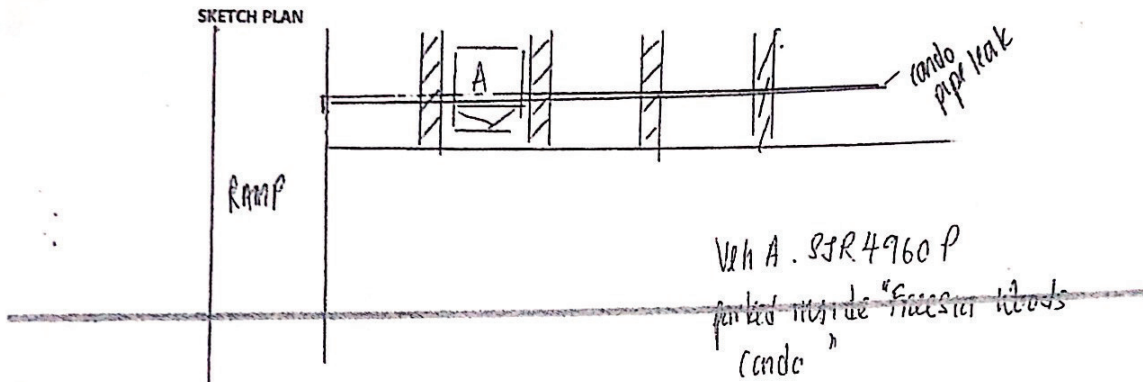
Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was alerted by security guard to shift my parked vehicle A as the condo pipe leakage. After I shifted out my car, I went for car wash. But the leakage caused my front portion of my car part work badly damaged. Next day I approached the Management office to view my car together. I'm lodging this report for insurance claim purpose in case it require by relevant authority.

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.: