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MSMA20055280 / Sin Ming Autocare BFG Pte Ltd - HQ
ENTRY DATE & TIME: 29/06/2020 16:04
SUBMITTED BY: Fook Kang Jing

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	29/06/2020 16:04
Date Of Accident	29/06/2020 08:40
Exact Location Of Accident	AYE TOWARDS CITY AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1452M
Insured/Policyholder	
Name Of Registered Owner	APPLE CAR RENTAL & LEASING PTE LTD
Co Reg No	2XXXXX343H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97460564
Alternative Phone No	OFFICE-97460564

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5106984673-01
Cover Note Number	

Driver

Name of Driver	THAY TEE YONG
NRIC No	SXXXX798J
Date Of Birth	24/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	25/10/1986
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97460564
Fax Number	
Contact Number	
Email Address	TONYTHAY@GMAIL.COM





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Address BLK 775 PASIR RIS STREET 71
#12-400
Postcode 510775
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
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? 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) 2
Passenger 1
NAME: : MS.NIDHI
GENDER: : FEMALE

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

Details of Witness 1

Name MS.NIDHI
Phone Number 94511664
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLA8217S
Vehicle Make/Model/Colour NISSAN ALMERA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 97318564





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Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/6/20 about 8:40am, I was driving on N/E toward city area.
 The cars in front of me ~~brakes~~ broke and I also broke accordingly.
 Then suddenly the car behind ~~me~~ banged into my back.

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: 29/6/20, 09:40 am

Reporting Officer's Signature
 Name:
 NRIC/ID No.:

