









Save



MSMA20055390 / 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.

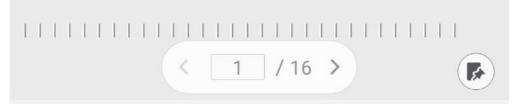
  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

  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.

- The issue and acceptance or the norm by insurance companies is not an acceptance.
   In the seporal may be referred to the Police for investigation.
   This report will be forwarded by the insurers of the GA 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.
   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
1	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	тоуота
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
NDIO N	
NRIC No	SXXXX798J
Date Of Birth	SXXXX798J 24/03/1969
Date Of Birth	24/03/1969
Date Of Birth Occupation	24/03/1969 OUTDOOR
Date Of Birth Occupation Date Of Driving Pass	24/03/1969 OUTDOOR 25/10/1986
Date Of Birth Occupation Date Of Driving Pass Driving Experience	24/03/1969 OUTDOOR 25/10/1986 33 YEARS AND 8 MONTHS
Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender	24/03/1969 OUTDOOR 25/10/1986 33 YEARS AND 8 MONTHS MALE
Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number	24/03/1969 OUTDOOR 25/10/1986 33 YEARS AND 8 MONTHS MALE

Page 1 of 16

















BLK 775 PASIR RIS STREET 71 Address 510775 Postcode 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 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 NO Was any body injured in the Accident? Was any injured conveyed to hospital by ambulance?

> NAME: : MS.NIDHI

NO

NO

NO

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

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

If Yes, against whom?

# Circumstances of Accident

REFER TO SKETCH PLAN

### Attachment(s)

Passenger 1

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

PRIVATE CAR Vehicle Category

Name of Driver NRIC/Passport Number

97318564 Contact Number

Page 2 of 16





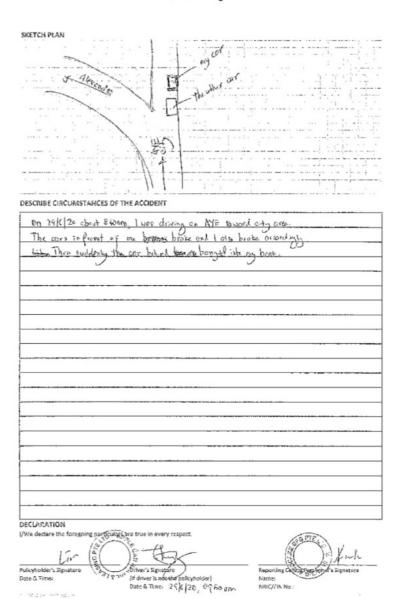






Save :

### Sketch Plan Pg. 1



Page 4 of 16

