

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 07/07/2020 12:31
Date Of Accident 06/07/2020 20:50
Exact Location Of Accident EXIT TOWARD CHOA CHU KANG WAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1604K
Insured/Policyholder
Name Of Registered Owner ADI GLOBAL PTE LTD
Co Reg No -
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-96256253

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE-3.0 D TURBO 4DR (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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5097962989-02
Cover Note Number

Driver

Name of Driver LIM EU CHIAN ALVIN
NRIC No SXXXX227C
Date Of Birth 03/05/1994
Occupation OUTDOOR
Date Of Driving Pass 16/11/2012
Driving Experience 7 YEARS AND 7 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96256253
Fax Number
Contact Number
Email Address NOEMAIL

Address 99, LUXUS HILL AVE
Postcode 804884
Was driver an employee of the Insured's Company YES
If No, Relationship of the Driver with the Insured
Vehicle Registration Number of Driver's Own Vehicle -
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? 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

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL1283L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 98298118
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Chaa chue kang way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I slowed down on the Exit to CHOA CHU KANG WAY, the other party knotted into my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

ADI Global Pte Ltd

ROC No: 201005669N
15 Katong Avenue #06-145
Singapore 438893

Student's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time

~~CITY AUTO PTE LTD~~

Blk B Sin Ming Road
#01-55/062 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name _____
NRIC / ID No. _____