

## 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	15/07/2020 14:32
Date Of Accident	14/07/2020 02:00
Exact Location Of Accident	BLK 7030 ANG MO KIO AVE 5 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7797H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEW PLUMBING SERVICES PTE LTD
Co Reg No	2XXXXX003D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98387797
Alternative Phone No	OFFICE-98387797
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE-3.0 D TURBO 5 DR (M)
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103785776-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	NEW ENG THIAM
NRIC No	SXXXX321G
Date Of Birth	24/07/1963
Occupation	INDOOR
Date Of Driving Pass	02/09/1981
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98387797
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 21 TERRASSE LANE  
#05-07  
544774

Postcode

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 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 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) 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP1620Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SHAHUL HAMEED ARAFATHALI

NRIC/Passport Number

Contact Number

Address

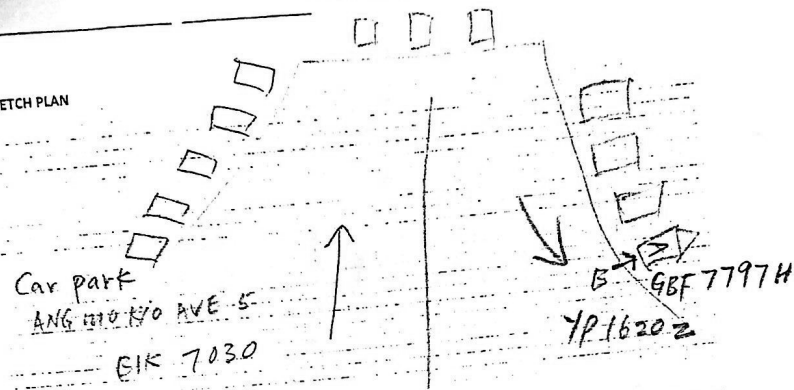
Postcode

Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 July, 2 AM, my vehicle (A) GBF 7797 H was parked at EIK 7030 Ang Mo Kio Ave 5 Carpark. Driver vehicle (B) YP 1620Z had informed me that vehicle (B) hit onto my rear portion of vehicle (A). My vehicle A's rear portion was damaged.

## 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.: