

MCGM20060857 / Chew Goon Motor - AMK  
ENTRY DATE & TIME: 18/07/2020 12:34  
SUBMITTED BY: Hoak Sze Fang



#### 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 willful 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 18/07/2020 12:34  
Date Of Accident 17/07/2020 23:00  
Exact Location Of Accident SERANGOON GARDEN WAY CIRCLE  
Country/State Of Loss SINGAPORE

##### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC8645S  
Insured/Policyholder  
Name Of Registered Owner TAN POH CHEONG  
NRIC No SXXXX651A  
Email Address NELSON.TAN@CHILL-DOWN.COM  
Mobile Phone No (LOCAL) +65-97993955  
Alternative Phone No OTHERS-97993955

##### Vehicle Particulars

Manufacturer KIA  
Model CARENS-1.7 D DCT 5DR FWD (A)  
Exact Purpose for which vehicle was being used at time of accident COMMERCIAL

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 COMPREHENSIVE  
Fleet Policy NO  
Policy Number 5110613632  
Cover Note Number

##### Driver

Name of Driver TAN POH CHEONG  
NRIC No SXXXX651A  
Date Of Birth 21/09/1973  
Occupation OUTDOOR  
Date Of Driving Pass 17/04/1995  
Driving Experience 25 YEARS AND 3 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97993955  
Fax Number  
Contact Number OTHERS-97993955  
Email Address NELSON.TAN@CHILL-DOWN.COM

Address APT BLK 137 BEDOK NORTH AVENUE 3 #05-174  
Postcode 460137  
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 SIDE SWIPE  
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. YES  
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**

I WAS DRIVING ALONG KENSINGTON PARK RD TOWARD CHARTWELL RD. B CAR CAME OUT FROM SERANGOON GARDEN WAY AND HIT INTO MY CAR.

**Attachment(s)**

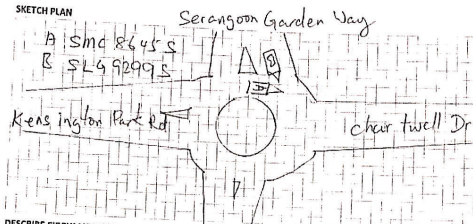
Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLG9299S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ANG YU XI  
NRIC/Passport Number TXXXX301H  
Contact Number 90173559  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Serangoon Garden Way

was driving along Kensington Park Rd toward Chartwell Rd. B car came out from Serangoon Garden Way and hit into my car.

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/PIN No.: