

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 Authorized 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 lodging 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 09:00
Date Of Accident 17/07/2020 11:30
Exact Location Of Accident ANG MO KIO AVE 10
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV133L
Insured/Policyholder
Name Of Registered Owner SEK SONG HENG
NRIC No SXXXX690C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90666393
Alternative Phone No OTHERS-90666393

Vehicle Particulars

Manufacturer TOYOTA
Model HARRIER
Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
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 CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 5082053357-04 (CLASSIC)
Cover Note Number

Driver

Name of Driver SEK SONG HENG
NRIC No SXXXX690C
Date Of Birth 21/05/1957
Occupation OUTDOOR
Date Of Driving Pass 08/02/1979
Driving Experience 41 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90666393
Fax Number
Contact Number OTHERS-90666393
Email Address NOEMAIL

Address BLK 441A #31-07 CLEMENTI AVENUE 3
Postcode 121441
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 COLLISION - MAJOR/MINOR RD
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 STATEMENT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: CANNOT BE UPLOADED
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE'S PROPERTY

Vehicle Registration Number GBE1145J
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver LOR KEE MOON
NRIC/Passport Number SX00X579H
Contact Number 82339917
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th Jul. 2011 at around 11.30 am, I was
travelling at Ang Mo Kio Ave 10, and I was
stationary at the road and the Van came out
from the car park. The Van GBE 11451 Side
brushed me and cause dent and scratch to
front car bumper. More detail can be
available in the Video

DECLARATION

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

Policyholder's Signature
Date & Time:

18/7

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

IDAC BUREAU (PVT) LTD.
511 Belfair Road, Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6560 0722
Email: vaohb@idacnet.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: