

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	07/08/2020 12:42
Date Of Accident	06/08/2020 20:45
Exact Location Of Accident	T-JUNCTION OF STADIUM WALK & STADIUM CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU1253B
Insured/Policyholder	
Name Of Registered Owner	CHAN LYE HENG PATRICK
NRIC No	SXXXX695B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98160598
Alternative Phone No	OFFICE-98160598

Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5112044064
Cover Note Number	

Driver

Name of Driver	CHAN LYE HENG PATRICK
NRIC No	SXXXX695B
Date Of Birth	03/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	14/12/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98160598
Fax Number	
Contact Number	OFFICE-98160598
E-Mail Address	NOEMAIL

Address	5A LIM TUA TOW ROAD SINGAPORE
Postcode	547716
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?	
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)	3
Passenger 1	NAME: : NA GENDER: : FEMALE
Passenger 2	NAME: : MICHAEL DAVID GENDER: : MALE

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 ATTACHED ; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

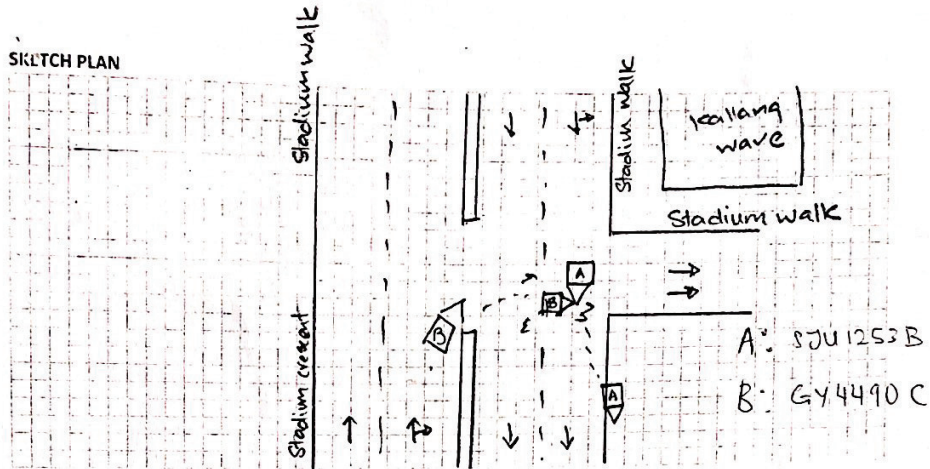
Attachment(s)

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	GY4490C
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO ATTACHED
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN WONG MING
NRIC/Passport Number	SXXXX036H
Contact Number	97467348
Address	
Postcode	

SKETCH PLAN



A: SJU1253B

B: GY4490C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling along stadium walk toward amber Road with 2 passenger in my vehicle. As I drove past the T junction (I have right of way) veh B which was along stadium crescent make a right turn or possibly a u-turn which that road was not suppose to make a turn. Turn abruptly without giving way to my vehicle A and rammed into the RH front portion of my veh. The big impact pushed my veh toward the left and my veh mounted the kerb along the road. Driver of veh B complaint of injury but did not convey to the hospital when police and ambulance attended the incident. I am filing this report for insurance claim purposes.

I wished to stated that there is no traffic control along the T junction and I have the right of way.

No one is injured for my passengers and myself in this accident.

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.: