

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	17/08/2020 09:12
Date Of Accident	14/08/2020 16:10
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJ7376Z
Insured/Policyholder	
Name Of Registered Owner	LEVIN AUTO
Co Reg No	5XXXX455L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98609224
Alternative Phone No	OFFICE-98609224

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111271585-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAIZAL BIN JAMIL
NRIC No	SXXXX692G
Date Of Birth	22/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2010
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91033355
Fax Number	
Contact Number	OFFICE-91033355
Email Address	NOEMAIL

Address	BLK 289A PUNGGOL PLACE #02-887
Postcode	821289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own 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?	YES
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)	3
Passenger 1	NAME: : NORMAYA BINTE JOHARI GENDER: : FEMALE
Passenger 2	NAME: : MOHAMAD FARHAN BIN MOHAMAD SALLEH 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 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	GBG8486T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAIZAL BIN JAMIL
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJJ7376Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NORMAYA BINTE JOHARI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJJ7376Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name MOHAMAD FARHAN BIN MOHAMAD SALLEH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJJ7376Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This form must be correctly filled out by the driver involved in the accident.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information must be true, truthful and accurate as possible. It is the driver's responsibility to report any false information.
4. The driver must sign the form and provide a signature and date.
5. Any false reporting may be referred to the Police for investigation.
6. The driver must provide a copy of this form to the Police and the Insurance Company.
7. The driver must provide a copy of this form to the Insurance Company.
8. Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, hereby certify that the information provided in this form is true and accurate to the best of my knowledge and belief. I understand that any false information provided may be referred to the Police for investigation. I also understand that the information provided in this form may be used for the purpose of the investigation and for the purpose of the insurance claim.

I, the undersigned, hereby certify that the information provided in this form is true and accurate to the best of my knowledge and belief.

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Policyholder's Name
Date

Signature of the Authorized Driver

Date

Signature of the Insurance Agent

Date

Accident Sketch Plan

SKETCH PLAN


motorist's car skidded on wet pavement

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Tuesday, June 10, 1964, at 10:00 AM, I was driving north on Highway 101, near the intersection with Highway 102, when I suddenly lost control of my car and skidded on the wet pavement. I was unable to stop in time and collided with a car driven by [redacted]. The car I was driving was a 1963 Ford Mustang. The car I collided with was a 1964 Chevrolet. The collision occurred on the right side of the road. I was traveling at approximately 40 miles per hour at the time of the accident. The weather was clear and the road was wet from recent rain. I am not sure of the exact location of the accident, but it was near the intersection of Highway 101 and Highway 102. I am not sure of the exact time of the accident, but it was between 10:00 AM and 11:00 AM. I am not sure of the exact date of the accident, but it was on Tuesday, June 10, 1964. I am not sure of the exact location of the accident, but it was near the intersection of Highway 101 and Highway 102. I am not sure of the exact time of the accident, but it was between 10:00 AM and 11:00 AM. I am not sure of the exact date of the accident, but it was on Tuesday, June 10, 1964.

DECLARATION

I, the undersigned, declare that the foregoing is a true and correct statement of the facts and circumstances of the accident.



Driver's Signature
Date & Time



Witness's Signature
Date & Time



Police Officer's Signature
Date & Time

Accident Sketch Plan

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 #1 HP 91033355

16:10 PM
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