

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 reassess 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 submitted by the insurers of the CIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and the content of this report will, for a fee, be made available upon application by interested parties.
7. By the submission 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 allegedly.

ACCIDENT STATEMENT

Date Of Report 21/08/2020 16:25
 Date Of Accident 21/08/2020 13:45
 Exact Location Of Accident SENG POH RD
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN2753U
 Insured/Policyholder
 Name Of Registered Owner NG AH SOON
 NRIC No SXXXX048E
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-98584230
 Alternative Phone No OFFICE-98584230

Vehicle Particulars

Manufacturer TOYOTA
 Model NOAH HYBRID 1.8X CVT
 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 PRIVATE CAR

Insurance Company

Name of Insurance Company FWD SINGAPORE PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number PNCV2019-00000995
 Cover Note Number

Driver

Name of Driver NG AH SOON
 NRIC No SXXXX048E
 Date Of Birth 22/04/1961
 Occupation OUTDOOR
 Date Of Driving Pass 13/12/1983
 Driving Experience 36 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98584230
 Fax Number
 Contact Number OFFICE-98584230
 EMail Address NOEMAIL

Address	
Postcode	BLK109 RIVERVALE WALK #06-26
	540109
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.	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 TO THE SKETCH PLAN

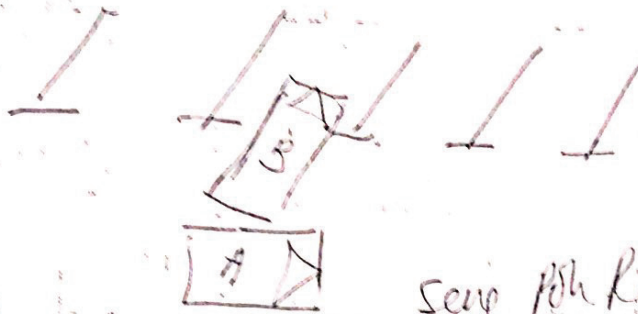
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG2731A
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)	

SKETCH PLAN



Scrp Psh Rd.

A - SMN 27534

B - GBG 2731A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary along Scrp Psh Rd
 to allow a car to exit out from a
 parking lot. Suddenly vehicle B reversed
 out from the parking lot without checking
 his blindspot collided into the left
 portion of my vehicle.

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.:

