

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 01/09/2020 17:26
Date Of Accident 01/09/2020 07:20
Exact Location Of Accident BKE TWDS SLE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU3797K
Insured/Policyholder
Name Of Registered Owner LIM CHIN CHAI
NRIC No SXXXX106D
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-83388043
Alternative Phone No OFFICE-83388043

Vehicle Particulars

Manufacturer NISSAN
Model SUNNY
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 5116394761
Cover Note Number

Driver

Name of Driver LIM CHIN CHAI
NRIC No SXXXX106D
Date Of Birth 27/05/1968
Occupation OUTDOOR
Date Of Driving Pass 05/05/1987
Driving Experience 33 YEARS AND 3 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-83388043
Fax Number
Contact Number OFFICE-83388043
EMail Address NOEMAIL

Address BLK 546 WOODLANDS DR 16 #07-209
Postcode 730546
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 -
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) 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 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 FBM1467M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM CHIN CHAI

FREE TOWERS SLE

VEHICLE A - STREET CAR
VEHICLE B - TRUCK

144

I WAS TRAVELLING ALONG BKE TOWARDS SLE VEHICLE AHEAD BRAKED AND STOPPED AND I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

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

x 1/2 1/2

8/2 11/1/2020

