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 witholding 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.
- 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 01/09/2020 07:20

Date Of Accident

Country/State of Loss

BKE TWDS SLE

Exact Location Of Accident

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJU3797K

Insured/Policyholder

Name Of Registered Owner

LIM CHIN CHAI SXXXX106D

NRIC No

NOEMAIL

Email Address

(LOCAL) +65-83388043

Mobile Phone No Alternative Phone No

OFFICE-83388043

Vehicle Particulars

Manufacturer

NISSAN

Model

SUNNY

Exact Purpose for which vehicle was being used at PRIVATE USE

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5116394761

Cover Note Number

Driver

LIM CHIN CHAI

Name of Driver NRIC No

SXXXX106D

Date Of Birth

27/05/1968

Occupation

OUTDOOR 05/05/1987

Date Of Driving Pass Driving Experience

33 YEARS AND 3 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-83388043

Fax Number Contact Number

OFFICE-83388043

EMail Address

NOEMAIL

ddress

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

•

Insurance Company of Driver's Own Vehicle

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(4)

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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)

2

involved in the accident

YES

Was any body injured in the Accident?
Was any injured conveyed to hospital by

120

was any injured conve 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)

.

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

EDETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number

FBM1467M

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

EDETAILS OF INJURED PERSON 4

Name

LIM CHIN CHAI

Page 2 of 13

Accident Sketch Plan

SKETCH PLAN:	GET TOWNERS S	LE
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Policyholder's Signature	Driver's Signature	Reporting Centre Personnei's Signature Name:
Date & Time:	(if driver is not the policyholder) Date & Time:	NRIC / FIN No.: