

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	31/08/2020 15:08
Date Of Accident	30/08/2020 16:50
Exact Location Of Accident	ROUNDAABOUT STADIUM DR / STADIUM WALK, BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS6817S
Insured/Policyholder	
Name Of Registered Owner	WANG JIAYI
NRIC No	SXXXX584A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89381366
Alternative Phone No	OTHERS-89381366

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA / HARRIER PREMIUM 2.0 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5118719926
Cover Note Number	

Driver

Name of Driver	SUN LUFANG
NRIC No	SXXXX214F
Date Of Birth	27/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2019
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98169333
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	124 TANJONG ROAD #06-05
Postcode	436916
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	2
Passenger 1	NAME: : RODDY EVAN MACNAB 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 ATTACHED;

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	SJV3172H
Vehicle Make/Model/Colour	TOYOTA / VIOS E AUTO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

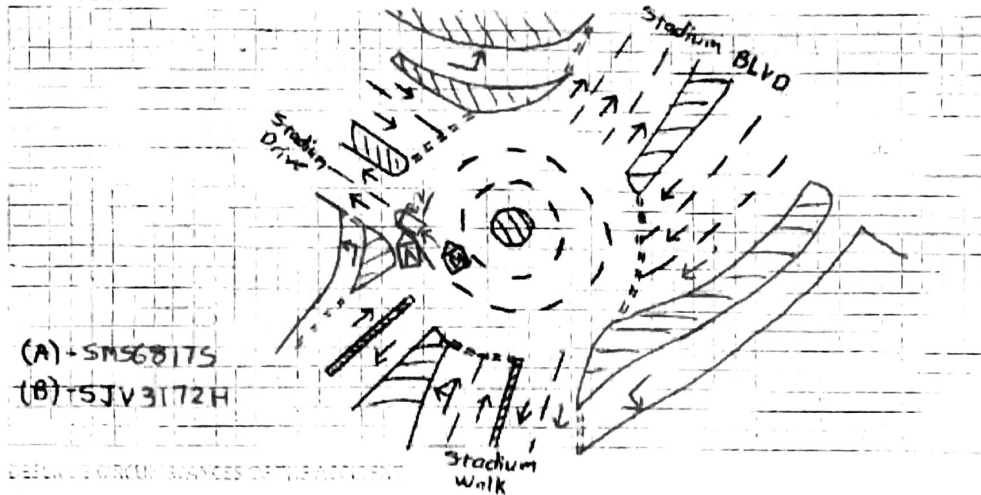
1000

1994, p. 175.

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Accident Sketch Plan

SKETCH PLAN




DESCRIPTION OF CIRCUMSTANCES OF THE ACCIDENT

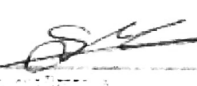
On the 30/05/2020 @ about 1660HRS, at the round about of Stadium Drive / Stadium Walk / Stadium Blvd. I was driving my Vehicle (A) along the extreme left lane of the above mentioned round about, and I was about to pass by Stadium Drive Exit from the round about. Suddenly, a Vehicle (B) on my right, on the centre lane, made an abrupt left turn without cautious and proper lookout, to turn into Stadium Drive, and collided into the right front portion of my Vehicle (A), causing damages to my vehicle. I have 1 other passengers in my vehicle during the accident.

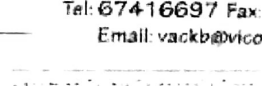
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please refer your policy for more information.

DECLARATION:

I hereby declare that the above information is true and correct.


Name: [Signature]
Date: [Signature]


Name: [Signature]
Date: [Signature]


Name: [Signature]
Date: [Signature]

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