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.
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	03/09/2020 15:31
Date Of Accident	03/09/2020 10:30
Exact Location Of Accident	CTE(SLE) AFTER BRADELL ROAD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLC8786E
Insured/Policyholder	
Name Of Registered Owner	LIM YEW PENG
NRIC No	SXXXX550D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90212599
Alternative Phone No	OTHERS-90212599
Vehicle Particulars	
Manufacturer	HONDA
Model	HONDA / VEZEL 1.5X 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110001918-01
Cover Note Number	
Driver	
Name of Driver	LIM YEW PENG
NRIC No	SXXXX550D
Date Of Birth	21/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1989
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90212599
Fax Number	
Contact Number	OTHERS-90212599
EMail Address	NOEMAIL

Address	BLK 465 #09-1078 ANG MO KIO AVENUE 10 TECK GHEE HORIZON
Postcode	560465
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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: : NICOLE GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN FEMALE GENDER: : FEMALE

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	SKS6803E
Vehicle Make/Model/Colour	HONDA / FIT 1.3G F- PACKAGE
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE7370K
Vehicle Make/Model/Colour	TOYOTA / TOYOTA HIACE VAN TURBO 5 DR MANUAL
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)	

DETAILS OF INJURED PERSON 1

Name	LIM YEW PENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLC8786E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

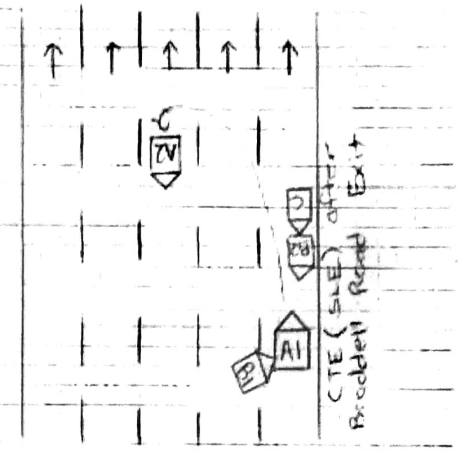
Name	NICOLE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLC8786E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

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

Accident Sketch Plan

(A) - SLC8796E
(B) - SKS6808E
(C) - GBE7310K



On the 03/09/2020 @ about 1030 HRS, along CTE (SLE) after Braddell Road Exit I was travelling on the Lane 1 of the above mentioned expressway and suddenly I felt a huge impact from the left rear portion of my Vehicle (A). The impact caused my Vehicle (A) to skid and spin and ended up facing the opposite direction in Lane 3. I alighted my Vehicle and realised that ~~a~~ Vehicle (B) and Vehicle (C) was also facing the opposite direction in Lane 1. It was Vehicle (B) who has caused the collision with my Vehicle (A), and the Vehicle (B) hit Vehicle (C). I have 2 other passengers in my Vehicle

Note: Please state that your insurance company shall have no liability to pay any claim under this policy if you make any false or misleading statement or claim in respect of any matter herein or omit to state any material fact. Please attach your story to this form.

DECLARATION.

Signature of Insured

Signature of Witness

Signature of Insured's Representative

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