

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 16:13
Date Of Accident 31/08/2020 14:05
Exact Location Of Accident SOO CHOW GARDEN ROAD (NEXT TO HOUSE 67)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGH1597M
Insured/Policyholder
Name Of Registered Owner HUI SHOON CAR RENTAL
Co Reg No 5XXXX461J
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64531473

Vehicle Particulars

Manufacturer TOYOTA
Model COROLLA ALTIS
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 THIRD PARTY
Fleet Policy YES
Policy Number 5113763568 (TP)
Cover Note Number

Driver

Name of Driver TANN YEW LIANG, BENJAMIN
NRIC No SXXXX612I
Date Of Birth 02/06/1958
Occupation OUTDOOR
Date Of Driving Pass 04/04/2014
Driving Experience 6 YEARS AND 4 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96161462
Fax Number
Contact Number OTHERS-96161462
Email Address NOEMAIL

Address 6 GLADNOLA DRIVE
Postcode 570006
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
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? 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 STATEMENT ATTACHED.

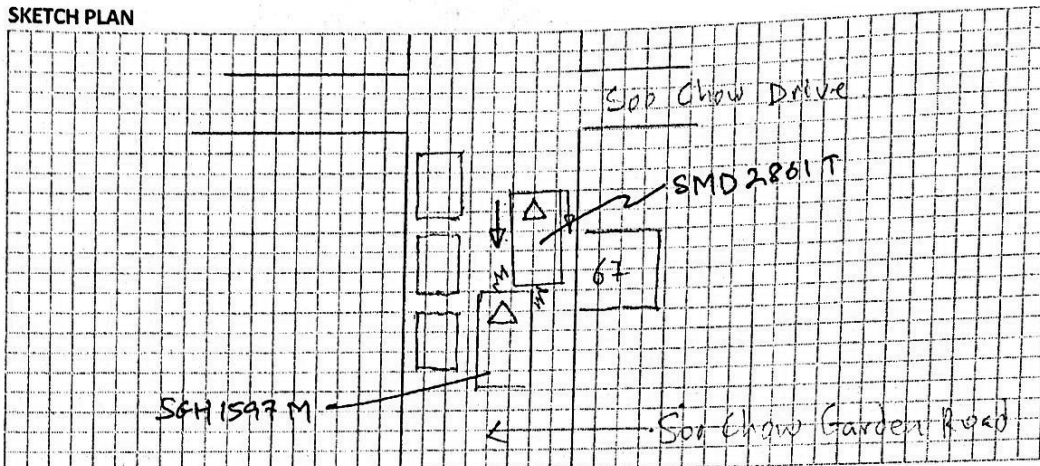
Attachment(s)

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 SMD2861J
Vehicle Make/Model/Colour NISSAN SYLPHY
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIM CHYE NEO
NRIC/Passport Number SXXXX979B
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On the 31st Aug 2020 at approximately 2.05pm, I was driving along Soo Chow Garden Road. Vehicle SMD 2861 T stopped in front of my vehicle S6H1597 M next to house #67. I stopped behind SMD 2861 T and waited for it to proceed. Instead of moving forward, SMD 2861 T started to reverse and hit the right side front bumper of my stationary vehicle.


Myself and the driver of SMD 2861 T Lim Chye Neo NAIK (S0077979 B) got down to inspect the damage to both cars. She verbally admitted that she reversed into my vehicle and requested that we both file reports with our respective insurance companies.

Nobody was injured in the accident.

DECLARATION

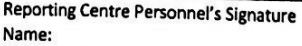
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 1.9.2020

01 SEP 2020




Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: