

## 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	10/09/2020 10:37
Date Of Accident	09/09/2020 19:05
Exact Location Of Accident	CTE TOWARDS ORCHARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ4561M
-----------------------------	----------

### Insured/Policyholder

Name Of Registered Owner	LEE DONG, ALVIN(LI DONG, ALVIN)
NRIC No	SXXXX283F
Email Address	LEEDONGALVIN82@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98508875
Alternative Phone No	OFFICE-98508875

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	HD AVANTE 1.6 A
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	5103273664-02
Cover Note Number	25/05/2020 TO 24/05/2021

### Driver

Name of Driver	LEE DONG, ALVIN(LI DONG, ALVIN)
NRIC No	SXXXX283F
Date Of Birth	01/11/1982
Occupation	INDOOR
Date Of Driving Pass	11/11/2002
Driving Experience	17 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98508875
Fax Number	
Contact Number	OFFICE-98508875
EMail Address	LEEDONGALVIN82@GMAIL.COM

Address	BLOCK 980D BUANGKOK CRESCENT #05-57
Postcode	536980
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER 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

On 09.09.2020 at about 1905hrs, I was driving my vehicle (A: SJQ4561M) along the 1st lane of CTE towards city direction. Vehicles ahead of me stopped and I followed suit. Suddenly, an impact from behind, pushes my vehicle forward and hit onto the front vehicle. Upon alighting from my vehicle, I realized it was a chain collision involved total of 3 vehicles. Vehicle (B: SML3885B) had hit onto the rear portion of my vehicle and the impact pushed my vehicle forward and hit the rear left portion of vehicle (C: SMG5294U). My vehicle damaged on the rear and front portion. Vehicle A (SJQ4561M): 3 female passengers on board. Vehicle B (SML3885B): 1 female passenger on board. Vehicle C (SMG5294U): 1 female passenger on board.

#### Attachment(s)

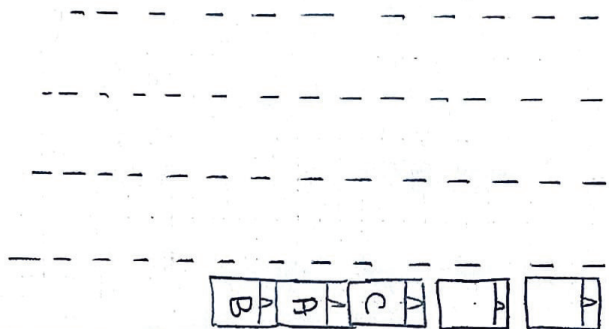
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML3885B
Vehicle Make/Model/Colour	
Details Of Properties	



SKETCH PLAN



A: 83Q456M

B: 8ML3885B.

C: 8MG5294U.

CTE towards orchard.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GMA Report.

DECLARATION

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

Policyholder's Signature

Date & Time: 10/09/20  
0950

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

anyun  
a05B.