

## 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 10:38
Date Of Accident	09/09/2020 17:40
Exact Location Of Accident	OPEN CARPARK OF SERANGOON CENTRAL BESIDE NEX
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8604C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AZRI BIN AZMAN
NRIC No	SXXXX579E
Email Address	AXZRYIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94594954
Alternative Phone No	OTHERS-94594954

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	GETZ-1.4 (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	5116876017
Cover Note Number	15/04/2020 TO 14/04/2021

### Driver

Name of Driver	NUR KHAIRIYAH BINTE MOHAMAD AZMAN
NRIC No	SXXXX465A
Date Of Birth	30/01/1993
Occupation	INDOOR
Date Of Driving Pass	18/07/2011
Driving Experience	9 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91681404
Fax Number	
Contact Number	
EEmail Address	KHAIRIYAH.AZMAN@HOTMAIL.COM

Address	BLOCK 997A BUANGKOK CRESCENT #02-813
Postcode	531997
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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: : MUHAMMAD AZZAM BIN MUHAMMAD AZRI GENDER: : MALE
Passenger 2	NAME: : ROHAYATI 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 to sketch plan

#### 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	SMT1062E
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	CONTINENTAL CAR
Vehicle Category	PRIVATE CAR
Name of Driver	HASKEL LIM XING YANG
NRIC/Passport Number	TXXXX079Z
Contact Number	8448 1411
Address	BLOCK 165 HOUGANG AVENUE 1 #02-1600

## SKETCH PLAN

As Attached  
Scene photo.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/9/20 @ 5:40 pm, I was driving my vehicle (A: SJP 8604C) on the public carpark (BSE 24). A vehicle (B: SMT 1062E) which came out from the stop line travelled in front of me and keep to the right (opposite direction) with hazard light on. So I continued my journey, the said vehicle slowed down as there was another car in front of him. Suddenly, the said vehicle swerved out and hit the right front portion of my vehicle. I checked on my son and my helper. We exchanged particulars. I felt aching on my back and went to Honggang poly clinic.

## 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: 10/9/20 @ 10.25am

Reporting Centre Personnel's Signature  
Name: TAN HAN CAN  
NRIC/FIN No: 7142\*

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

to check. I was given 2 days me and was  
asked to monitor.  
That's all!

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: 10/9/20 2.10.55 pm

Reporting Centre Personnel's Signature  
Name: TAN AR LAM  
NRIC/FIN No.: 142A

Accident Scene Photo

