

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	17/09/2020 15:22
Date Of Accident	15/09/2020 14:00
Exact Location Of Accident	WOODLANDS AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD8462X
Insured/Policyholder	
Name Of Registered Owner	GUNASEKARAN S/O KAUANDIAPPAN
NRIC No	SXXXX837E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65 [REDACTED]
Alternative Phone No	OTHERS [REDACTED]

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?	YES
If No, Please state action to be taken	
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	5091284646-03 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	GUNASEKARAN S/O KAUANDIAPPAN
NRIC No	SXXXX837E
Date Of Birth	14/10/1960
Occupation	INDOOR
Date Of Driving Pass	06/11/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65 [REDACTED]
Fax Number	
Contact Number	OTHERS [REDACTED]
EMail Address	NOEMAIL