

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	10/11/2020 14:29
Date Of Accident	10/11/2020 09:00
Exact Location Of Accident	PIE TOWARDS CHANGE AFTER THOMSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV6097K
Insured/Policyholder	
Name Of Registered Owner	BADUSHAH MOHIDEEN S/O BARAKAT ALI
NRIC No	SXXXX941B
Email Address	SHARINABEGUM93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98205087
Alternative Phone No	OFFICE-98205087

Vehicle Particulars

Manufacturer	AUDI
Model	A1 5DR
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	5118137004
Cover Note Number	

Driver

Name of Driver	SHARINA BEGUM BINTE MOHD SALLEM
NRIC No	SXXXX171B
Date Of Birth	24/04/1993
Occupation	INDOOR
Date Of Driving Pass	14/11/2013
Driving Experience	6 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98169041
Fax Number	
Contact Number	
Email Address	SHARINABEGUM93@GMAIL.COM

Address APT BLK 274C JURONG WEST ST 25 #10-31
Postcode 643274
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION
Weather Conditions AFTER RAIN
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) 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 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 SGD9210Y
Vehicle Make/Model/Colour
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 SHC3410U

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

TAXI

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

SHARINA BEGUM BINTE MOHD SALLEM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKV6097K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

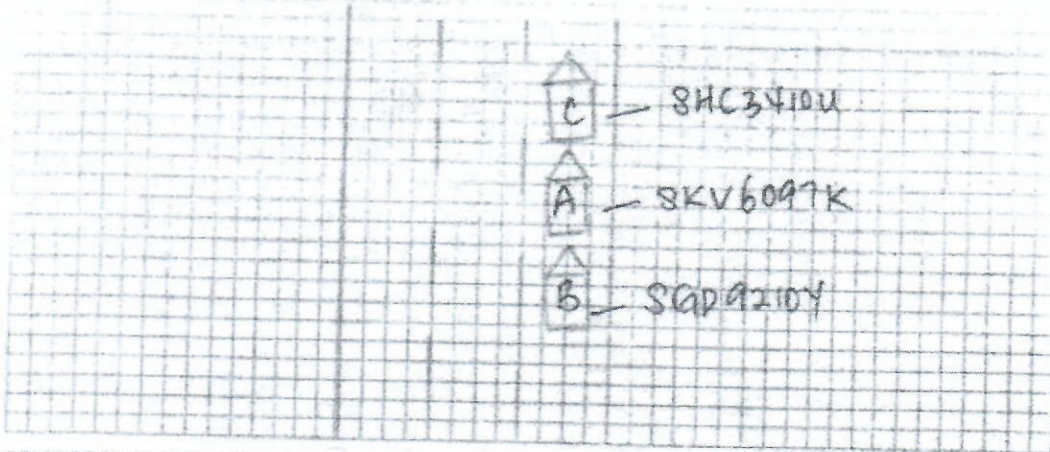
APT BLK 274C JURONG WEST ST 25 #10-31

Postcode

643274

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When front car start to slow down, I slow down my vehicle as well. Out of sudden, I felt a strong impact from my rear and the strong impact push my vehicle to move forward and collided into car C.

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:

Reporting Centre Personnel's Signature
Name:
NPICA No.:

WITHOUT PREJUDICE