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## 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 12/11/2020 11:47  
Date Of Accident 11/11/2020 16:50  
Exact Location Of Accident CTE TO ANG MO KIO AVE 1  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF9177P  
**Insured/Policyholder**  
Name Of Registered Owner BEH PENG HUAN  
NRIC No SXXXX183F  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-84443783  
Alternative Phone No OFFICE-84443783

### Vehicle Particulars

Manufacturer MITSUBISHI  
Model LANCER 2.0L MIVEC GT 6-CVT SUNROOF  
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 5101139687-02  
Cover Note Number

### Driver

Name of Driver TAN TENG WOO  
NRIC No SXXXX307B  
Date Of Birth 17/04/1978  
Occupation OUTDOOR  
Date Of Driving Pass 08/07/2002  
Driving Experience 18 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91380999  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address APT BLK 783D WOODLANDS RISE  
 #06-27  
 Postcode 734783  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SIBLING  
 Vehicle Registration Number of Driver's Own 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

I WAS DRIVING ALONG CTE. MY VEHICLE STAY STATIONARY, SUDDENLY VEHICLE B HIT ON MY VEHICLE

#### Attachment(s)

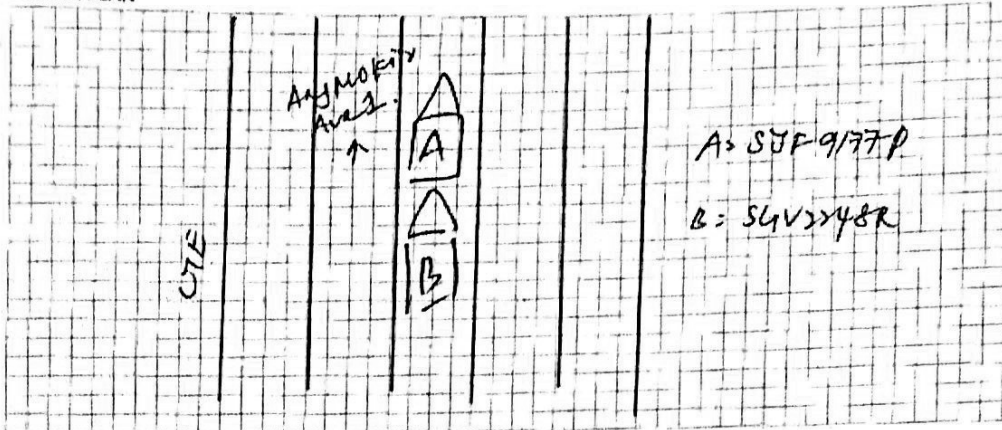
Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGV2248R  
 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)

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along LTE. My vehicle stay stationary, suddenly vehicle B hit on my vehicle.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/11/2020

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