

## 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 14:19  
 Date Of Accident 10/11/2020 14:00  
 Exact Location Of Accident PIE TWDS PAYA LEBAR  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD9587U  
**Insured/Policyholder**  
 Name Of Registered Owner JGJ ENGINEERING PTE LTD  
 Co Reg No 2XXXXX521W  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-62536682  
**Vehicle Particulars**  
 Manufacturer NISSAN  
 Model CABSTAR  
 Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE  
 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 COMMERCIAL VEHICLE  
**Insurance Company**  
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5118282488 (COMP)  
 Cover Note Number  
**Driver**  
 Name of Driver LAU KANG CHAI  
 NRIC No GXXXX565W  
 Date Of Birth 08/11/1979  
 Occupation OUTDOOR  
 Date Of Driving Pass 31/05/2001  
 Driving Experience 19 YEARS AND 5 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91766882 ✓  
 Fax Number  
 Contact Number

Address

Postcode

60 MANDAI ESTATE #10-12

729938

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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) 2

Passenger 1 NAME: : FRIEND

GENDER: : MALE

### 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

MY VEHICLE WAS STATIONARY AT THE SLIP ROAD FROM PIE LEADING TO PAYA LEBAR, GIVING WAY TO APPROACHING TRAFFIC. SUDDENLY VEHICLE B CAME FROM BEHIND AND COLLIDED INTO THE REAR OF MY STATIONARY 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

SGR4074H

Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

PAN QI

NRIC/Passport Number

SXXXX913D

Contact Number

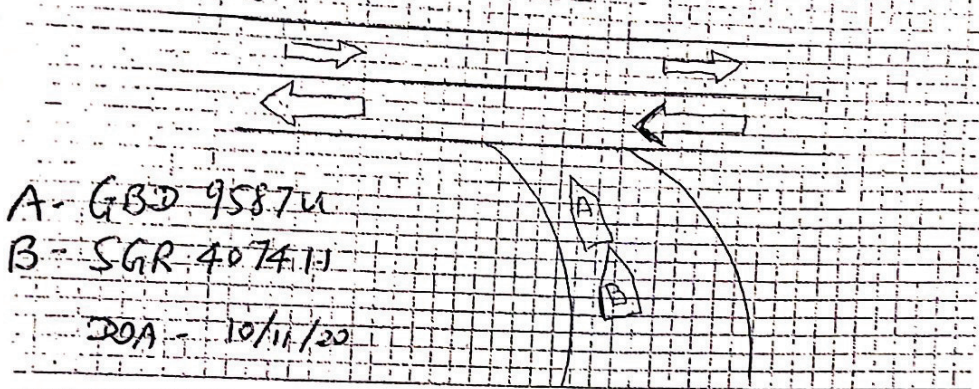
94701859

Address

Postcode

### SKETCH PLAN

Pay a Leber



A-GBD 9587u

B-SGR 407411

DOA - 10/11/20

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

### DECLARATION

I/We declare the foregoing particulars are true in every respect. 10 Nov 2014



Policyholder's Signature: \_\_\_\_\_  
Date & Time: \_\_\_\_\_ PTE, LTD.

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

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

