

## 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	11/11/2020 14:16
Date Of Accident	10/11/2020 17:00
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7965D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CRESTAR ENTERPRISE PTE LTD
Co Reg No	2XXXXX761H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62549483

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 DX-2 1.6 AUTO
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	5111918930-01
Cover Note Number	

### Driver

Name of Driver	TAN CHOON BENG (CHEN JUNMING)
NRIC No	SXXXX358J
Date Of Birth	05/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1999
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85221557
Fax Number	
Contact Number	OFFICE-85221557
Email Address	NOEMAIL

Address	BLK 662 HOUGANG AVENUE 4 #06-405
Postcode	530662
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?	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 STATEMENT.

#### 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	SMM5934A
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 INJURED PERSON 1

Name	TAN CHOON BENG (CHEN JUNMING)
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Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	GBH7965D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

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I understand, acknowledge, agree and consent that:

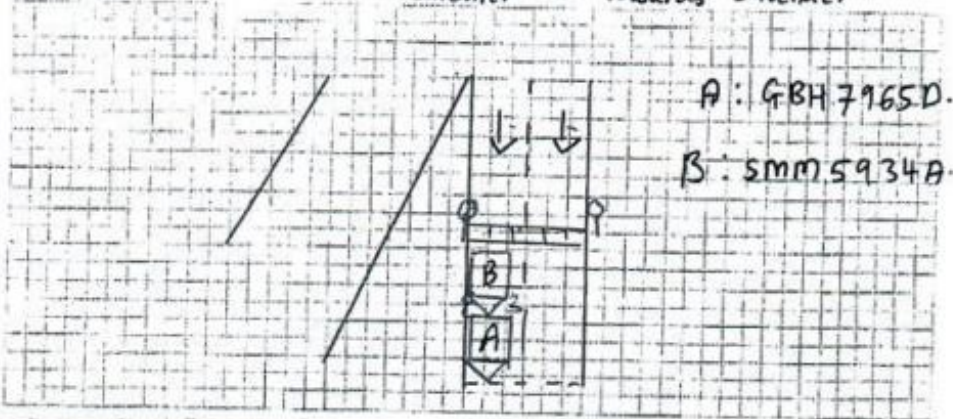
- CRESTAR ENTERPRISE PTE LTD  
200918761H

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

# Accident Sketch Plan

SKETCH PLAN

Balestier Rd towards Lavender



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Balestier Rd towards Lavender. I was waiting for the traffic to be clear, suddenly I felt an impact from the rear of my vehicle A. I got down and see, vehicle B had collide into me.

## DECLARATION

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

CRESTAR ENTERPRISE PTE LTD

200918761H

Policyholder's Signature

Date & Time:

Signature of Policyholder

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

