

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 Submission	01/12/2020 15:55 (SGT)
Date of Accident	28/11/2020 23:50 (SGT)
Exact Location of Accident	Sungei Kadut Ave, Singapore
Additional Location Information	TOWARDS WOODLANDS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6987C
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG LAY KHENG
NRIC No	SXXXX610E
Email Address	derrick9969@gmail.com
Mobile Phone No	(Phone) +65-93672903
Alternative Phone No	(Home) +65-93672903

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5100151205-02
Cover Note Number	-

DRIVER

Name of Driver	CHENG LAY KHENG
NRIC No	SXXXX610E
Date Of Birth	14/01/1966
Occupation	Outdoor

Date Of Driving Pass	09/06/2001
Driving experience	19 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93672903
Alt. Phone Number	(Home) +65-93672903
Email Address	derrick9969@gmail.com
Address	7 JALAN KELULUT
Address complement	-
Postcode	809026
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

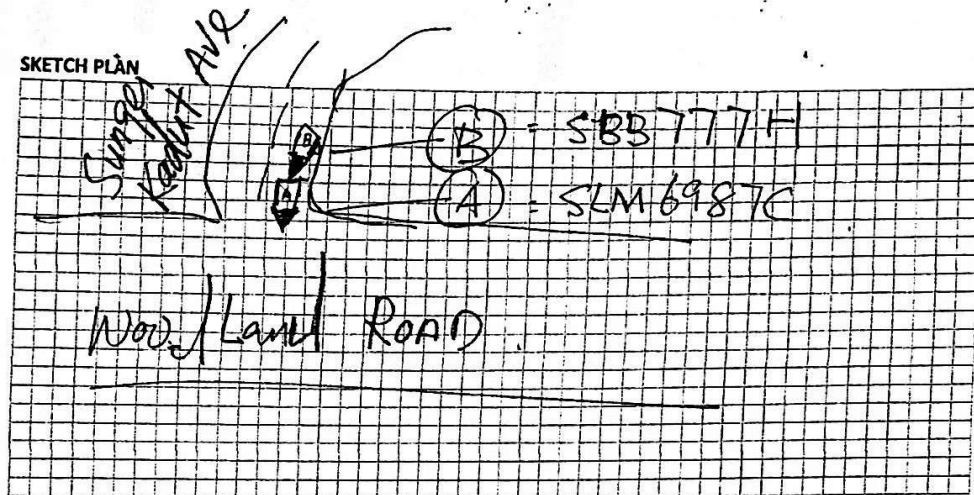
REFER TO ATTACHED ; REMARKS :TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND ATTACHED STATEMENT

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	SBB777H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90104200
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


28/11/2020. 23:50 I was waiting exit
Sungei Kadut Ave towards Wood/Land Rd.
Suddenly a vehicle collided on to my
vehicle.


DECLARATION

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


Policyholder's Signature
Date & Time:

CHARM SketchPlanForm V3


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


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