

# 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 ..... 07/12/2020 20:31 (SGT)  
Date of Accident ..... 05/12/2020 13:40 (SGT)  
Exact Location of Accident ..... 613A Tampines North Dr. 1, Singapore 521613  
Additional Location Information ..... LOADING/UNLOADING BAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGV4701K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PRESTIGE KARZ LEASING PTE LTD  
Company Reg No ..... 2XXXXX085E  
Email Address ..... GERINE@ABWINM9.COM  
Mobile Phone No ..... (Phone) +65-88793777  
Alternative Phone No ..... (Office) +65-88793777

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
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 ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... 5119625576  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TIN SWEE MING  
NRIC No ..... SXXXX573B  
Date Of Birth ..... 15/09/1968  
Occupation ..... Indoor

Date Of Driving Pass .....	20/04/1989
Driving experience .....	31 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88793777
Alt. Phone Number .....	-
Email Address .....	GERINE@ABWINM9.COM
Address .....	BLK 613A TAMPINES NORTH DRIVE 1
Address complement .....	#04-194
Postcode .....	521613
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Collided into Parked Vehicle
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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) .....	0
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 SKETCH PLAN ATTACHED

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YP9772R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	3

PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

PASSENGER 2

Name .....	PASSENGER
Gender .....	Male



SKETCH PLAN

Vehicle A: SEVENTH F  
Vehicle B: TP4122F

(Big Unit  
"Impress, North N 1")

INCIDENT CIRCUMSTANCES OF THE ACCIDENT

On the street, after a time, I, vehicle A, saw vehicle B, which was driving along the street, about 100 ft. north of the intersection, from my vehicle, suddenly, I heard a sound and noticed that vehicle B, TP4122F, had stopped, and was vehicle's front impact direction.

Signature: [Signature]

Signature: [Signature]

Signature: [Signature]



























