

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 14:22 (SGT)
Date of Accident	05/12/2020 14:35 (SGT)
Exact Location of Accident	Killiney Rd, Singapore
Additional Location Information	ALONG KILLINERY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5204R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VFM PTE LTD (DRIVETHRU)
Company Reg No	2XXXXX773K
Email Address	clifford@drivethru.com.sg
Mobile Phone No	(Phone) +65-90600933
Alternative Phone No	+65-90600933

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
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	5113976574-000034
Cover Note Number	-

DRIVER

Name of Driver	TAN HAI HEOK
NRIC No	SXXXX850Z
Date Of Birth	03/06/1964
Occupation	Outdoor

Date Of Driving Pass	09/10/2017
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90600933
Alt. Phone Number	-
Email Address	CLIFFORD@DRIVETHRU.COM.SG
Address	BLK 617A PUNGGOL DRIVE
Address complement	#12-797
Postcode	821617
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	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)	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 VEH STATIONERY

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	SHC8841B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SONG YI YEE JOANNA
NRIC No	SXXXX475B
Contact Number	(Phone) +65-93366580
Address	-
Address complement	-

SKETCH PLAN

Along Killiney Road

Vehicle A - SME 3004R
Vehicle B - SHC 8841B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/12/20 @ 14:35hrs, my vehicle A (SME 3004R) was parked in the parking lot along Killiney Road. I am standing near my vehicle A. I saw vehicle B (SHC 8841B) which was behind my vehicle A move forward & hit onto the rear of my vehicle A.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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