

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 11:53
Date Of Accident	07/11/2020 20:35
Exact Location Of Accident	BUKIT BATOK ROAD TOWARDS CHOA CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3716K
Insured/Policyholder	
Name Of Registered Owner	NG TECK WEE (HUANG DEWEI)
NRIC No	SXXXX740C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86998495
Alternative Phone No	OFFICE-86998495

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112707968-01 CLASSIC
Cover Note Number	

Driver

Name of Driver	NG TECK WEE (HUANG DEWEI)
NRIC No	SXXXX740C
Date Of Birth	01/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2007
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86998495
Fax Number	
Contact Number	OFFICE-86998495
Email Address	NOEMAIL

Address BLK 169C #06-669 PUNGGOL FIELD THE NAUTILUS @ PUNGGOL
 Postcode 823169
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 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) 3
 Passenger 1
 NAME: : GRAB PASSENGER
 GENDER: : FEMALE
 Passenger 2
 NAME: : GRAB PASSENGER
 GENDER: : FEMALE

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 CAR WAS STATIONARY ALONG BUKIT BATOK ROAD DUE TO RED TRAFFIC. THEN SUDDENLY A CAR(SMP3968A) CAME FROM BEHIND, HIT ONTO THE REAR LEFT OF MY CAR.

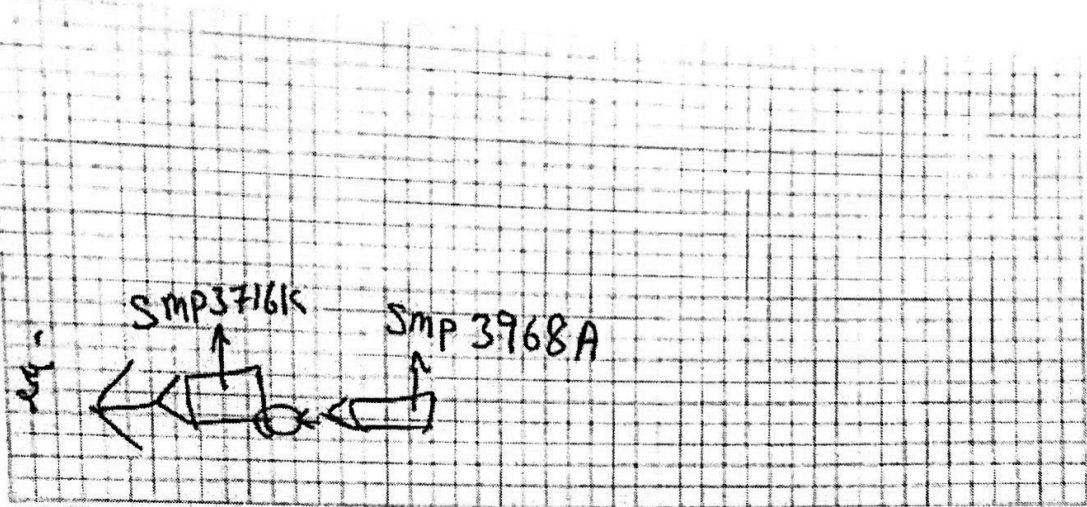
Attachment(s)

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 SMP3968A
 Vehicle Make/Model/Colour MERCEDES BENZ/GLA180 URBAN (R18 LED)
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver ALOYSIUS LIAW CHUR HAO
 NRIC/Passport Number SXXXX590J
 Contact Number
 Address
 Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer
2 file.

DECLARATION

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

Policyholder's Signature

Date & Time: 10 NOV 2020

Driver's Signature

(if driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (YAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67482305

Email: yackb@vicom.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: