

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	14/12/2020 15:35 (SGT)
Date of Accident	13/12/2020 22:00 (SGT)
Exact Location of Accident	Alexandra Rd, Singapore
Additional Location Information	TOWARDS DEPOT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFY1315H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG SOON CHEONG
NRIC No	S0108150J
Email Address	SCNGVIC@GMAIL.COM
Mobile Phone No	(Phone) +65-98334345
Alternative Phone No	+65-98334345

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	NG SOON CHEONG
NRIC No	S0108150J
Date Of Birth	25/08/1952
Occupation	Indoor

Date Of Driving Pass	08/07/1975
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98334345
Alt. Phone Number	+65-98334345
Email Address	SCNGVIC@GMAIL.COM
Address	10 BEDOK RIA WALK
Address complement	-
Postcode	-
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 - Major/Minor Rd
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

PLEASE REFER TO THE SKETCH PLAN

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	SHD3286G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH KAY KHIANG
NRIC No	S8303768G
Contact Number	(Phone) +65-92225771
Address	-
Address complement	-
Postcode	-

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

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8. **Consent under the Personal Data Protection Act (PDPA)**

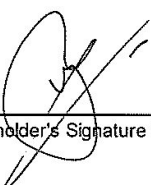
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Describe Circumstances of the Accident

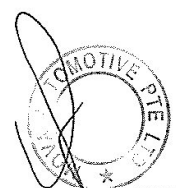
LICENSE PLATE:	SFY 1315-H	ACCIDENT DATE & TIME:	13/12/20 10:00 PM
CONTACT NUMBER:	98334345	E-MAIL ADDRESS:	scgvic@gmail.com
LOCATION:	Alexander Road to Depot Rd.		
<p>I was travelling on Alexander Road moving forward to turn right to Depot Road. Alexander Road travel light turn green when I was travelling and turn right.</p> <p>Half way turning to Depot Rd, the car along Alexander Road started to move. Suddenly one taxi (SHD 3286 G) on the left lane speeding over & hit my left side back wheel.</p> <p>I check this car was slight stain with mark no deated. My car also no deated.</p>			
<p>Mr. Koh Kay Kheng. 58303768 G. Tel: 92225771 Taxi No: SHD 3286 G.</p>			
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>			
Please state:			
<input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only			

Declaration

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


 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel



















