

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	21/12/2020 10:10 (SGT)
Date of Accident	20/12/2020 10:40 (SGT)
Exact Location of Accident	Near CTE, Singapore
Additional Location Information	CTE towards City before Ang Mo Kio Avenue 5 exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9813B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ENTI PTE.LTD.
Company Reg No	2XXXXX987G
Email Address	eswoo@entsgp.com
Mobile Phone No	(Phone) +65-93360735
Alternative Phone No	(Office) +65-64595241

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119440699
Cover Note Number	-

DRIVER

Name of Driver	Woo Eun Suk
NRIC No	SXXXX763J
Date Of Birth	05/08/1968
Occupation	Indoor

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Woo Eun Suk
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SMF9813B
Was this injured conveyed to hospital by ambulance?	Yes
	No

INJURED 2

Name of injured person	Yoon Maria
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	SMF9813B
Was this injured conveyed to hospital by ambulance?	Yes
	No

Describe Circumstances of the Accident

Refer to G/A report

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

21/12/2020 1945h

Witnessed by Reporting Centre Personnel

Cam WPI 5/10/21