

SA1E2110002 / Abwin Service Pte Ltd
ENTRY DATE & TIME: 18/01/2021 13:07 (SGT)
SUBMITTED BY: Gerine Cheng
VERSION: 1 (18/01/2021 13:07 (SGT))

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 willful 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	18/01/2021 13:07 (SGT)
Date of Accident	15/01/2021 18:50 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	ECP CHANGI BEFORE BAYSHORE ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3180E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LW LIMO
Company Reg No	5XXXX680C
Email Address	lionelkc@hotmail.com
Mobile Phone No	(Phone) +65-91459338
Alternative Phone No	(Home) +65-91459338

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5097973026-02
Cover Note Number	-

DRIVER

Name of Driver	WONG KUM CHEONG
NRIC No	SXXXX159Z
Date Of Birth	22/05/1968
Occupation	Outdoor

Date Of Driving Pass	03/11/1988
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91459338
Alt. Phone Number	-
Email Address	lionelkc@hotmail.com
Address	BLK 723 TAMPINES STREET 72
Address complement	#13-01
Postcode	520723
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

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?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

VEHICLE PROPERTIES	
Vehicle Registration Number	SCQ1888Z
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
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) -

SKETCH PLAN

INCIDENT REPORT

These forms are to be completed by the driver of the vehicle involved in the accident. They are to be completed by the driver of the vehicle involved in the accident. They are to be completed by the driver of the vehicle involved in the accident.

1. Driver Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

2. Vehicle Information

Year: _____ Make: _____ Model: _____
Color: _____ VIN: _____

3. Accident Information

Date: _____ Time: _____
Location: _____
Weather: _____
Road Conditions: _____

4. Description of Accident

Describe the accident in detail. Include the names of all vehicles involved, the direction of travel, and the location of the accident. Include the names of all witnesses and their contact information.

5. Driver's Statement

Describe your version of the accident. Include the names of all vehicles involved, the direction of travel, and the location of the accident. Include the names of all witnesses and their contact information.

6. Witness Information

Name: _____ Address: _____ City: _____ State: _____ Zip: _____
Phone: _____

7. Driver's Signature

Signature: _____ Date: _____

8. Officer's Signature

Signature: _____ Date: _____

9. Notes

SKETCH PLAN #2

[illegible]