

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 01/02/2021 15:35 (SGT)
Date of Accident 30/01/2021 11:00 (SGT)
Exact Location of Accident 163 Bukit Batok Street 11, Block 163, Singapore 650163
Additional Location Information BLK 163 BUKIT BATOK STREET 11 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN440K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 1NSPIRED AUTO LEASING PTE LTD
Company Reg No 2XXXXX227K
Email Address winnieinspired2@gmail.com
Mobile Phone No (Phone) +65-93403154
Alternative Phone No (Office) +65-93403154

VEHICLE PARTICULARS

Manufacturer Toyota
Model Voxy
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 Yes
Policy Number 5110146618-01
Cover Note Number -

DRIVER

Name of Driver AHMAD MURTADZA BIN MOHAMAD HASHIM
NRIC No SXXXX993I
Date Of Birth 12/02/1963
Occupation Outdoor

Date Of Driving Pass	28/05/2002
Driving experience	18 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93659783
Alt. Phone Number	-
Email Address	ahmadmurtadza55@gmail.com
Address	BLK 448B BUKIT BATOK WEST AVENUE 9 #04-30
Address complement	-
Postcode	652448
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	Side Swipe
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 ACCIDENT STATEMENT AS ATTACHED.

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	SMF9897J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO CHEE KENG
NRIC No	SXXXX013D
Contact Number	(Phone) +65-97779980
Address	-
Address complement	-
Postcode	-

BLK 164 BUKIT BATOK ST 11

BLK 163 BUKIT BATOK ST 11

REFER TO STATEMENT.

AME AUTOPUNT PRE 40
01.02.2021