

# 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 .....	03/02/2021 10:29 (SGT)
Date of Accident .....	02/02/2021 17:24 (SGT)
Exact Location of Accident .....	Anson Rd, Singapore
Additional Location Information .....	TOWARDS MAXWELL ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJW5489B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	AH KOW @ TEO AH KOW
NRIC No .....	SXXXX065H
Email Address .....	goldenway.construction@gmail.com
Mobile Phone No .....	(Phone) +65-96774100
Alternative Phone No .....	+65-96774100

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
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 .....	Private hire

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5112926098-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	AH KOW @ TEO AH KOW
NRIC No .....	SXXXX065H
Date Of Birth .....	08/06/1955
Occupation .....	Outdoor

Date Of Driving Pass .....	19/08/1976
Driving experience .....	44 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96774100
Alt. Phone Number .....	+65-96774100
Email Address .....	goldenway.construction@gmail.com
Address .....	BLK 412A FERNVALE LINK #09-23
Address complement .....	-
Postcode .....	791412
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 .....	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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### 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 SKETCH PLAN

#### 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 .....	SJK8478B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MR HENG
Contact Number .....	(Phone) +65-87543582

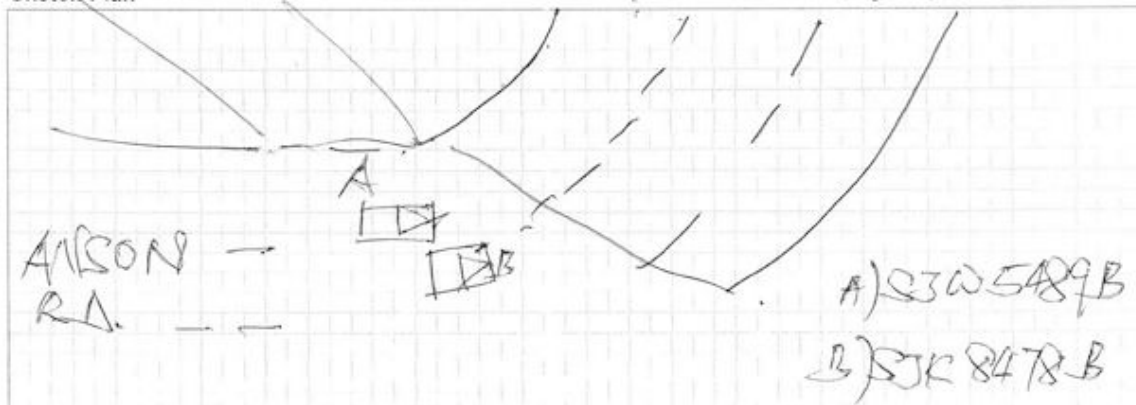
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

# SKETCH PLAN

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## Sketch Plan




## Describe Circumstances of the Accident

I had moved on from Anson Road as traffic light was green. Moving into junction slowly to turn into Maxwell Rd as usual pedestrian will be heavy I moved slowly. While moving slowly another car came from my right and hit onto my right hand front. I had a shock and stop my car.

## 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

 03/02/2021  
Witnessed by Reporting Centre Personnel















