SN09212A0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/02/2021 11:17 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (10/02/2021 11:17 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

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 witholding 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 10/02/2021 11:17 (SGT) Date of Accident 10/02/2021 07:10 (SGT) **Exact Location of Accident** KJE, Singapore Additional Location Information TOWARDS PIE TUAS Country/State of Loss Singapore

#### DETAILS OF OWN VEHICLE

Private car

Vehicle Registration Number **SLH2578C** 

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LEOW BING QIAN SXXXX332Z NRIC No BQBURGER89@GMAIL.COM Email Address (Phone) +65-92321545 Mobile Phone No Alternative Phone No +65-92321545

#### VEHICLE PARTICULARS

Mazda Manufacturer 2 Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

#### INSURANCE COMPANY

Vehicle Category

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5119269970 Cover Note Number

#### DRIVER

LEOW BING QIAN Name of Driver SXXXX332Z NRIC No 01/09/1989 Date Of Birth Indoor Occupation

Date Of Driving Pass 16/09/2017 Driving experience 3 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-92321545 Alt. Phone Number +65-92321545 Email Address BQBURGER89@GMAIL.COM Address BLK 313A SUMANG LINK #03-101 Address complement Postcode 821313 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 - 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 STATEMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1

Vahiela Degistration Number	G78052C	
Vehicle Registration Number	GZ0032C	
Vehicle Manufacturer	) <del>-</del>	
Vehicle Model	-	
Vehicle Variant		
Vehicle Colour	-	
Vehicle Category	Commercial vehicle	
Name of Driver	-	
Contact Number	-	
Address	-	
Address complement	-	
Postcode		
Insurance Company Name		

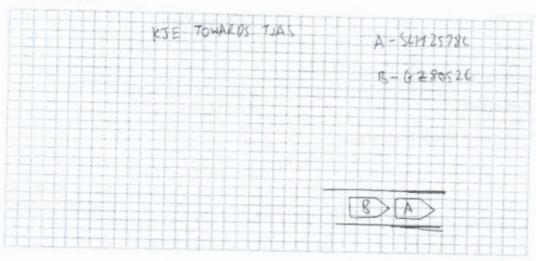
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

## INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	LEOW BING QIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	
Injuries Sustained	BODY
Injured person in which vehicle?	SLH2578C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS TRAVELLING ALONG K.IF 1	TOWARDS PIE TUAS. VEHICLE AHEAD SLOWED
OWN STOP AND LEGIT OWER S	TOWARDS FIE TOAS, VEHICLE AHEAD SLOWED
EHICLE.	OUT. MOMENT LATER VEH B REAR-ENDED MY
CHIOLE.	

#### 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: +10

Reporting Centre Personnel's Signature Name:

NRIC / FIN No.: