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 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.

- 4. The issue and acceptance 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 15/02/2021 15:08 (SGT) Date of Accident 11/02/2021 11:30 (SGT) Exact Location of Accident Mandai Rd, Singapore Additional Location Information INFRONT OF CREMATORIUM Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

LOKE OI HWA (LU AIHUA)

Vehicle Registration Number SI P9080H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No SXXXX872A

Email Address xinyaauto@singnet.com.sq

Mobile Phone No (Phone) +65-98487019

Alternative Phone No +65-98487019

VEHICLE PARTICULARS

Manufacturer Kia Model Forte

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

Policy Number 5100822316-02

Cover Note Number

DRIVER

Name of Driver GOH KAH ANN (WU JIA'AN)

NRIC No SXXXX975B Date Of Birth 21/06/1973

Occupation Indoor Date Of Driving Pass 23/12/2002 Driving experience 18 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-98487019 Alt. Phone Number Email Address xinyaauto@singnet.com.sg Address **BLK 310C PUNGGOL WALK #13-590** Address complement Postcode 822310 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name LOKE OI HWA (LU AIHUA) Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE) ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PC8938L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

> Commercial vehicle KOH CHEW MENG SXXXX723C

Vehicle Category

| Contact Number | (Phone) +65-81274997 |
|---|----------------------|
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | _ |

| CETCH PLAN | | |
|--|---|---|
| | A | ₹ |
| | B | * |
| MANDAL ROAD | | _ |
| | MANONI CREMA | A) SLP 9080 H B) PC 8938 L |
| SCRIBE CIRCUMSTANCES OF T | HE ACCIDENT TORIUM | |
| I was from | ulling along Mand | ai Road. 3 |
| entered Warr | lai Rd from Up | per Thomson Rd. |
| As tallic | sac a little he | any my speed |
| sae elow | | |
| to I was | passing the ev | trance/exit |
| of Mardoi C | rematerium on | my right. A bus |
| C 99381 ex | citud and Cross | Ale to my side |
| of the rosa | d and banged | out the right |
| rand side f | rout door the 1 | wpact pucked my |
| for to a | 45 pasition. | The bus driver |
| nr Janes-Kol | sound he did no | f see blind spot |
| DECLARATION I/We declare the foregoing part | iculars are true in every respect. | mm 15/07/2021 |
| Policyholder's Signature Date & Time: | Driver's Signature (If driver is not the policyholder) Date & Time: | Reporting Centre Personnel's Signature Name: (L) Al MHT |



















