



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 16/02/2021 11:58 (SGT)
Date of Accident 14/02/2021 13:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information tanjong beach car park 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGG6500P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KOH PECK KHENG
NRIC No SXXXX847H
Email Address PECKKHENG@YAHOO.COM
Mobile Phone No (Phone) +65-96404850
Alternative Phone No +65-96404850

VEHICLE PARTICULARS

Manufacturer Suzuki
Model S-cross
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 5113785055-01
Cover Note Number -

DRIVER

Name of Driver KOH JIN KIAT
NRIC No SXXXX584D
Date Of Birth 30/08/1995
Occupation Indoor



Date Of Driving Pass	12/04/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96404850
Alt. Phone Number	-
Email Address	KOHJINKIAT95@GMAIL.COM
Address	43,FULTON AVE
Address complement	-
Postcode	579006
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	PASSENGER
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

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	SMU8026J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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) -

IMPORTANT NOTICE

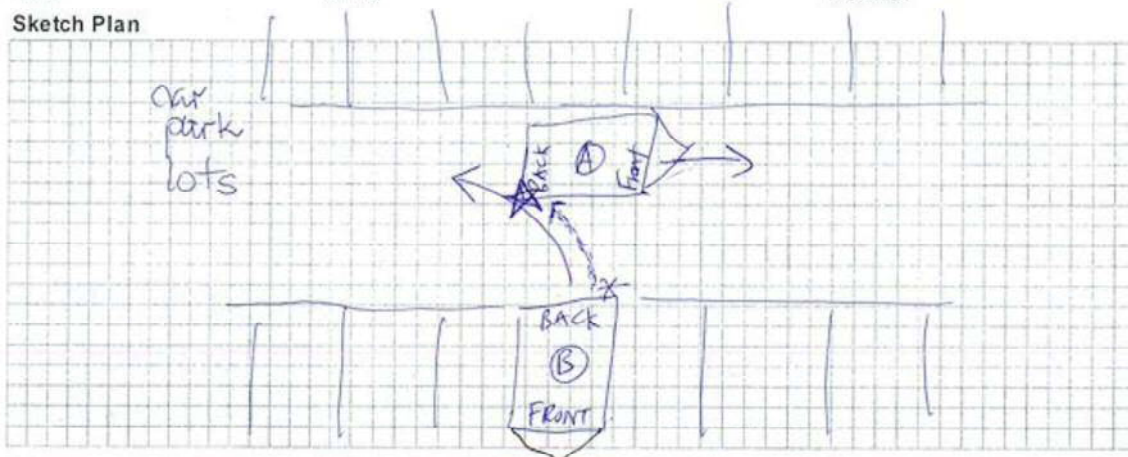
- CITY AUTO PTE LTD**
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel

Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



I am the driver of car A
I was driving straight when car B, reversed into me.
Car B was parked head in and reversed out of the lot, to the driver's right.
I was driving straight and made no attempts to accelerate to overtake car B.
Point of collision is denoted by the star (*) above.
Upon collision, both cars stopped. I then proceeded to steer left to the side of the carpark, to avoid further damage.
Both drivers then got out of the car to take pictures and trade details.

We declare the foregoing particulars are true in every respect.

Driver's Signature (If driver is not the policyholder) / Date & Time

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre
Personnel