

# 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 ..... 12/03/2021 13:09 (SGT)  
Date of Accident ..... 10/03/2021 18:15 (SGT)  
Exact Location of Accident ..... MacPherson Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... EU5511P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CONNECT4CAR PTE. LTD.  
Company Reg No ..... 2XXXXX459M  
Email Address ..... JIMMYHKH52@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96752531  
Alternative Phone No ..... +65-96752531

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Sylphy  
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 ..... No  
Policy Number ..... 5114278595-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HO KOON HIANG  
NRIC No ..... SXXXX042E  
Date Of Birth ..... 25/06/1952  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/08/1984
Driving experience .....	36 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96752531
Alt. Phone Number .....	-
Email Address .....	JIMMYH52@GMAIL.COM
Address .....	BLK 310 WOODLANDS ST 31 #12-20
Address complement .....	-
Postcode .....	730310
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 .....	Collision - Change/cross lane
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

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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKN4566D
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) .....	-



**Describe Circumstances of the Accident**

On the stated date and time. I was at McDherson road, the traffic was heavy. I signaled left and I stopped to check if the oncoming traffic was clear. I noticed the traffic light had turned red. So at that point of time, I inched slowly towards kampong Anpat. Out of a sudden, vehicle B speeding on the bus lane and dashed through and collided onto my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel

























