

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 Report	13/08/2020 15:15
Date Of Accident	12/08/2020 17:20
Exact Location Of Accident	GEYLANG RD LOT 34 TANJONG KATONG COMPLEX CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB841L
Insured/Policyholder	
Name Of Registered Owner	FAUZIAH BINTE MOHAMOOD
NRIC No	SXXXX702H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97847852
Alternative Phone No	OFFICE-97847852
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088656478-03
Cover Note Number	
Driver	
Name of Driver	UTHLI BIN ATAN
NRIC No	SXXXX138I
Date Of Birth	04/01/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2001
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97847852
Fax Number	

Address BLK 511 PASIR RIS ST 52 #11-131
Postcode 510511
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES N.P.C
Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200812/2142

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 YN8222D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No. M400617735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 1200 68633 Vehicle Registration No: SLB 841L
Name (as shown in NRIC) : Uthi Bin Atay NRIC/FIN/Passport No : SXXXX 138 I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. : 9784 7852
Email Address :
Date of Accident : 12/8/20 Time of Accident : 17:20
Place of Accident : Geylang Rd Lot 34 Tanjong Katong Complex Carpark
Insurance Company : IMC.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add in third Party veh number : YN 8222D.
Amend Revert from Reporting to third Party claims.

Policyholder / Driver's Signature
Date: 19/11/2020

Reporting Centre Personnel's Signature
Name:

Accident Photo



Accident Photo

