

# 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 ..... 23/03/2021 10:25 (SGT)  
Date of Accident ..... 22/03/2021 13:30 (SGT)  
Exact Location of Accident ..... Upper Serangoon Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK2777D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... N.P.FOODS (SINGAPORE) PTE LTD  
Company Reg No ..... -  
Email Address ..... nps-sales2@npsin.com  
Mobile Phone No ..... (Phone) +65-81808272  
Alternative Phone No ..... +65-81808272

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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  
Transmission ..... Auto  
CC ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100497093-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ABRAHAM MOH WEN ZHE  
NRIC No ..... SXXXX319G

Date Of Birth .....	07/11/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	07/01/2016
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81808272
Alt. Phone Number .....	-
Email Address .....	nps-sales2@npsin.com
Address .....	BLK 289 BISHAN ST 24 #14-13
Address complement .....	-
Postcode .....	570289
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	KLAIR JIANG XIAO LEI
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 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 .....	YP8790U
Vehicle Manufacturer .....	-
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

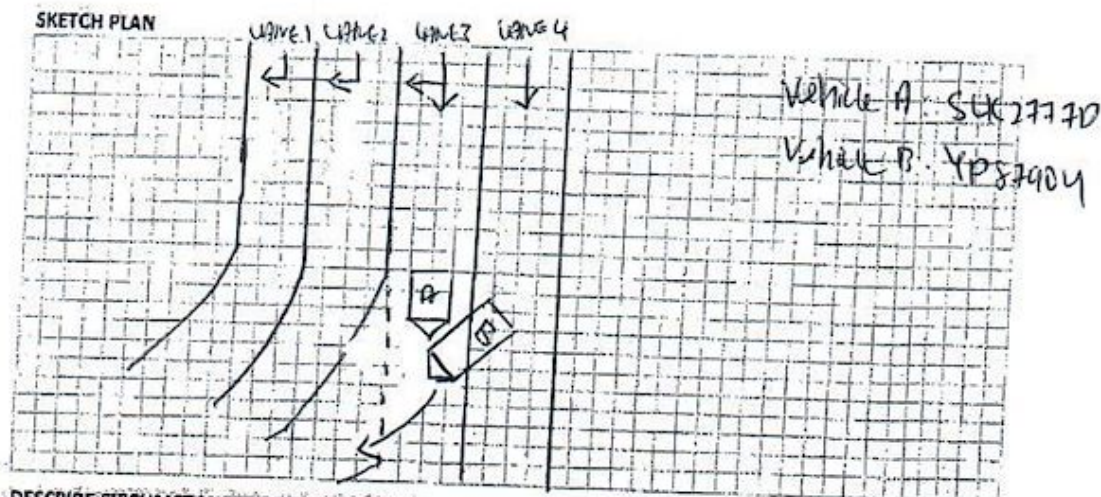
### INJURED 1

Name of injured person ..... ABRAHAM MOH WEN ZHE  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SLK2777D  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... KLAIR JIANG XIAO LEI  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY  
 Injured person in which vehicle? ..... SLK2777D  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No





**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT:**

I WAS TRAVELLING STRAIGHT ALONG UPPER SERANGOON ROAD BEFORE SIEMENS CENTRE. THE LANE I WAS IN IS A TURN RIGHT AND GO STRAIGHT LANE. THE TRAFFICE WAS HEAVY AND ALL THE VEHICLES ARE MOVING VERY SLOWLY. OUT OF SUDDEN, VEHICLE (B) CUT IN FROM MY LEFT AND COLLIDED ONTO MY VEHICLE FRONT LEFT PORTION. HE DID NOT STOP AFTER THE COLLISION, INSTEAD HE CONTINE TO COMPLETE THE RIGHT TURN THEN HE STOPPED HIS VEHICLE. WE EXCHANGED PARTICULARS AFTER THAT. I WISH TO MENTION THAT THE LANE WHICH VEHICLE (B) WAS TRAVELLING IN IS A GO STRAIGHT ONLY LANE. HE DID THE RIGHT TURN ABRUPTLY AND AS SUCH CAUSED THE ACCIDENT.

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

**N.P. FOODS (SINGAPORE) PTE LTD**

Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:











