

# 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 .....	31/03/2021 17:25 (SGT)
Date of Accident .....	31/03/2021 07:15 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	AYE TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJR7553L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SLOAN TRANSPORT SERVICES
Company Reg No .....	5XXXX388K
Email Address .....	SLOANWONG5227@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97791797
Alternative Phone No .....	(Home) +65-97791797

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	5092999137-03
Cover Note Number .....	-

### DRIVER

Name of Driver .....	WONG CHEE HONG
NRIC No .....	SXXXX227B

Date Of Birth .....	08/07/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	18/10/2012
Driving experience .....	8 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97791797
Alt. Phone Number .....	-
Email Address .....	SLOANWONG5227@GMAIL.COM
Address .....	APT BLK 104 COMMONWEALTH CRESCENT #07-142
Address complement .....	-
Postcode .....	140104
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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 .....	SJV1657P
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	WONG CHEE HONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJR7553L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**IMPORTANT NOTICE**

- [illegible]

### SLOW TRANSPORT SERVICES

Policyholder's Signature (Date & Time)

Driver's Signature (If driver is not the policyholder) / Date  
A. Box

Maintained by Reporting Centre

Sketch Plan



(A) 332 25524  
(B) 334 1633p

## Describe Circumstances of the Accident

Order no police report no. 0100210811/2021

### Check a rat's teeth

Five Dollars No Shopping parties are set up in every precinct

5466 DECEMBER 11  
1994

PhilosophyMajor's Signature / Date & Time

Denver's Signatures (If D/W &amp; not See, call photo) / Date

Minister of Planning and  
Economic Development