

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	26/04/2021 11:53 (SGT)
Date of Accident	24/04/2021 19:30 (SGT)
Exact Location of Accident	Mosque St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD463J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEUNG KAH WAI
NRIC No	SXXXX444F
Email Address	PETER.PEW@GMAIL.COM
Mobile Phone No	(Phone) +65-97391862
Alternative Phone No	+65-97391862

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5080718622-04
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	LEUNG KAH WAI
NRIC No	SXXXX444F

Date Of Birth	03/02/1971
Occupation	Indoor
Date Of Driving Pass	21/07/1992
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97391862
Alt. Phone Number	+65-97391862
Email Address	PETER.PEW@GMAIL.COM
Address	5000L MARINE PARADE RD #10-50
Address complement	-
Postcode	449293
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Opening Door of Vehicle
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	NIE WEN
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

I WAS DRIVING MY CAR VEHICLE A(SLD463J) ALONG MOSQUE ST. IT IS A 2 LANE WITH PARKING LOTS ON BOTH LANES. THERE WAS A VEHICLE B (SLM5591S) PARKED STATIONARY WAITING FOR LOT ON THE LEFT LANE. AS I WAS DRIVING PASS, VEHICLE B'S REAR RIGHT PASSENGER DOOR OPENED ABRUPTLY AND HIT ONTO THE LEFT PORTION OF MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	REQUEST FROM OWNER.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5591S
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)	-


SKETCH PLAN


SKETCH PLAN

IMPORTANT NOTICE

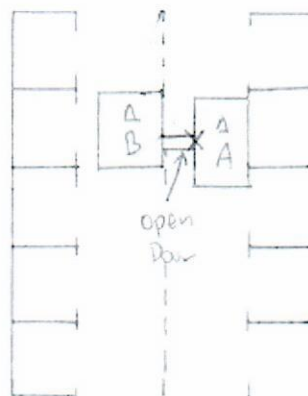
1. The information correctly reflects what actually happened during the date process.
2. The Sketch Plan is completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. It is a criminal offence to make a false statement or to provide false information regarding policy history.
4. The Sketch Plan is a legal document and is subject to the provisions of the relevant legislation.
5. Any false information may be treated as the offence of fraud.
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Signature of Policyholder:  Date: 20/4/21 1030hrs

Signature of Authorized Driver:  Date: 20/4/21 1030hrs

Signature of Witness:  Date: 20/4/21 1030hrs

Sketch Plan



Mosque St

veh A: SL0463J
veh B: SLN65915

Describe Circumstances of the Accident

On the stated time and date,
 I was driving my car Veh A: SLN 463J along Mosque St. It is
 2 lane with parking lots on both lanes. There was a Van B: SLN 55915
 parked stationary ^{waiting for lot} on the left lane. As I was driving past, Van B's
 right ^{passenger} door opened abruptly and hit onto the left portion
 of my car

Declaration

I/we declare the foregoing particulars are true in every respect


 Policyholder's Signature / Date &
 Time


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


 Witnessed by Reporting Officer
 Personnel







