# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

1. Please report <u>contesting</u> the details of the accident to speed up the calins process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/05/2021 10:05 (SGT) 04/05/2021 10:45 (SGT) Jln Eunos, Singapore

Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJB2681S

### INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

TAN HWA HOON @ NEO KWA HOON

SXXXX104B

kpetan@singnet.com.sg

(Phone) +65-90011142

+65-90011142

#### **VEHICLE PARTICULARS**

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Honda

Civic

Private use

No - Claiming third party

Private hire

Auto

1799

#### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd ThirdParty

No

5106304424-02

DRIVER

Name of Driver **NRIC No** 

TAN HWA HOON @ NEO KWA HOON SXXXX104B

Accident report SA0D21550001

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DESCRIBE CIRCUMSTANCES OF	HE ACCIDENT
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hit onto the fi	and terb. my cor sustain front LH and underpresent
domage	
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Mary and Commence of the Comme	
DECLARATION  We declare the foregoing particulars	re true in every respect.
We declare the icregulity particulars	a A
SW	W.
The Contraction	Driver's Signature Reporting Centre Personnel's Signature
offeyholder's Signature use & Time:	(If driver is not the policyholder)  Name: JDelle 141  Name: Arie 141  NRIC/SIN No.: Armit hujopaint pre uto