

# 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 ..... 05/07/2021 16:46 (SGT)  
Date of Accident ..... 01/07/2021 15:00 (SGT)  
Exact Location of Accident ..... Near Sengkang W Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE9931D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... REMIE NAZAeth  
NRIC No ..... S7728984D  
Email Address ..... REMIENZ77@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97699204  
Alternative Phone No ..... +65-97699204

### VEHICLE PARTICULARS

Manufacturer ..... Daelim  
Model ..... B-bone  
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 ..... Motorcycle  
Transmission ..... Auto  
CC ..... 125

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5119526970  
Cover Note Number ..... 5119526970

### DRIVER

Name of Driver ..... REMIE NAZAeth  
NRIC No ..... S7728984D

Date Of Birth .....	05/10/1977
Occupation .....	Indoor
Date Of Driving Pass .....	29/11/2007
Driving experience .....	13 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97699204
Alt. Phone Number .....	+65-97699204
Email Address .....	REMIENZ77@GMAIL.COM
Address .....	blk 106 rivervale walk #05-120
Address complement .....	-
Postcode .....	s540106
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 - Cross Junction
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 vehicle or property damaged? .....	No
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

refer to police report

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

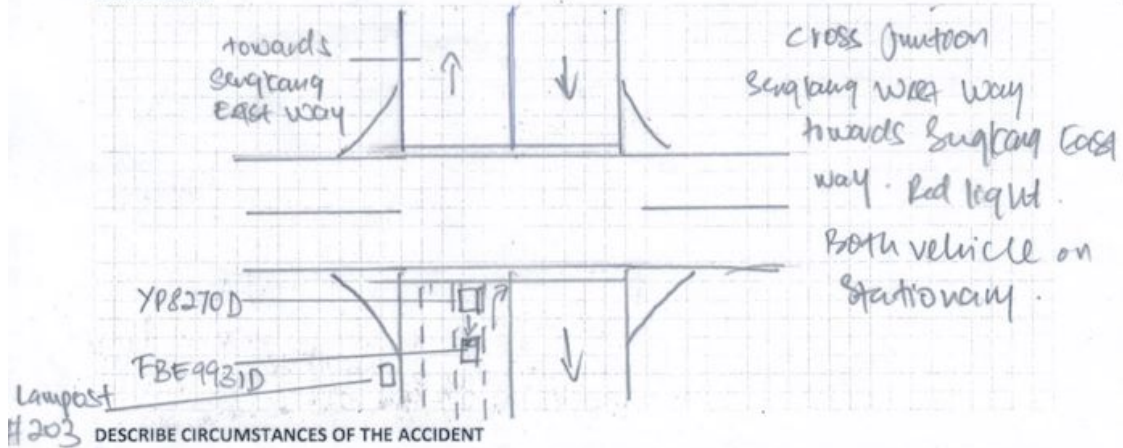
#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	remie nazareth
Address .....	blk 106 rivervale walk #05-120
Address Complement .....	-
Post Code .....	s540106

Approximate Age Years Old .....	43
Injuries Sustained .....	refer to medical report
Injured person in which vehicle? .....	FBE9931D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. Report no: T/20210701/2141

## 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:

Reporting Centre Personnel's Signature  
Name: John Tan  
NRIC/FIN No.: 9201 234 567 8