

## 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 ..... 14/10/2021 11:23 (SGT)  
Date of Accident ..... 14/10/2021 07:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO AVE 2 TOWARDS SEMBAWANG HILL DRIVE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT5674A

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... AILENA SHANTHI D/O B NARAYAN DAS  
NRIC No ..... S1816607J  
Email Address ..... AATMHGAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96916071  
Alternative Phone No ..... +65-96916071

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
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 ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5095989571-04  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... ADRIAN GAN LUEN-IH  
NRIC No ..... S7374819D

SKETCH PLAN

ALONG ANG MO KIO AVE 2 BEF SEMBAWANG HILL DR

ST NICHOLAS VIEW

A:SLT5674A  
B:SJW7701A

B: SJW7701A

ALONG ANG MO KIO AVE 2 BEF SEMBAWANG HILL DR

ST NICHOLAS  
VIEW

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to gears report

Refer to gears report

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

Date & Time: 14/10/2021 11:00

Reporting Centre Personnel's Signature  
Name: Hong da  
NRIC/FIN No.: S992334