

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	07/11/2021 10:24 (SGT)
Date of Accident	06/11/2021 10:45 (SGT) → am
Exact Location of Accident	Singapore
Additional Location Information	592-593 SEMBAWANG ROAD OUTSIDE OF D'RUBINAH RESTAURANT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8863H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN SIEW HONG
NRIC No	S1574450B
Email Address	BENTAN170283@GMAIL.COM
Mobile Phone No	(Phone) +65-96545521
Alternative Phone No	+65-96545521

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	5115040504-01
Cover Note Number	-

DRIVER

Name of Driver	TAN TOH CHOON, BENJAMIN
----------------	-------------------------

SPARKLING ROAD

B : SJM5048U

0000

Dr. Mahesh Patel

REFER TO GEARS

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

Driver's Signature _____
 If driver is not the purchaser _____
 Date & Time: 08/11/2021
 19:33

Accident report SN0721B6000J