

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 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 aloresaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

21/12/2021 12:41 (SGT) 20/12/2021 17:50 (SGT) KJE, Singapore KJE TOWARDS BKE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLU6581Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No Email Address

Mobile Phone No

Alternative Phone No

NG GUET BENG @CHIA LIAN HUAY

SXXXX201Z

AUTOHUB325@GMAIL.COM (Phone) +65-97964383 (Home) +65-97964383

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Honda

Vezel

Private hire

No - Claiming third party Private hire

Auto

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5120699555

DRIVER

Name of Driver NRIC No

NG GUET BENG @CHIA LIAN HUAY SXXXX201Z



Date Of Birth 09/12/1961 Occupation Outdoor Date Of Driving Pass 19/03/1981 Driving experience 40 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-97964383 Alt. Phone Number (Home) +65-97964383 Email Address AUTOHUB325@GMAIL.COM Address APT BLK 307 WOODLANDS AVE 1 #09-307 Address complement Postcode 730307 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Nö Number of vehicles involved in the accident 5 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name CHAN YONG XIANG Gender Male 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 REFER TO ATTACHED CONTROL CONT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SMT5884Z Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour Vehicle Category

Name of Driver						
Contact Number		-				
Address		-				
Address complement		-				
Postcode		_				
Insurance Company Name		_				
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INJURED PERSONS DETAILS

INJURED 1 Name of injured person NG GUET BENG @CHIA LIAN HUAY Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?-SLU6581Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No INJURED 2 Name of injured person **CHAN YONG XIANG** Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? SLU6581Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

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- 6. The report will be from ended by the convenient of the GNA Processia November 12 Games entertained by the General Insurance Association of Beggins (GA) for exchanging and had copies of the report will for a fee be endourselds upon expension by increased period.
- 7. By the hodgement of the region to be because, you hereby account to the authorized two recent at the common and to expect the
- 8. Consent under the Personal Data Protection Act (PIPA)

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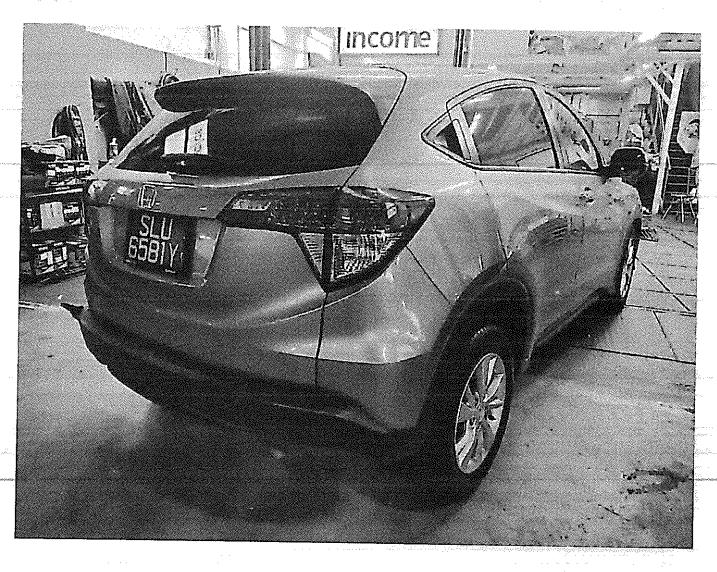
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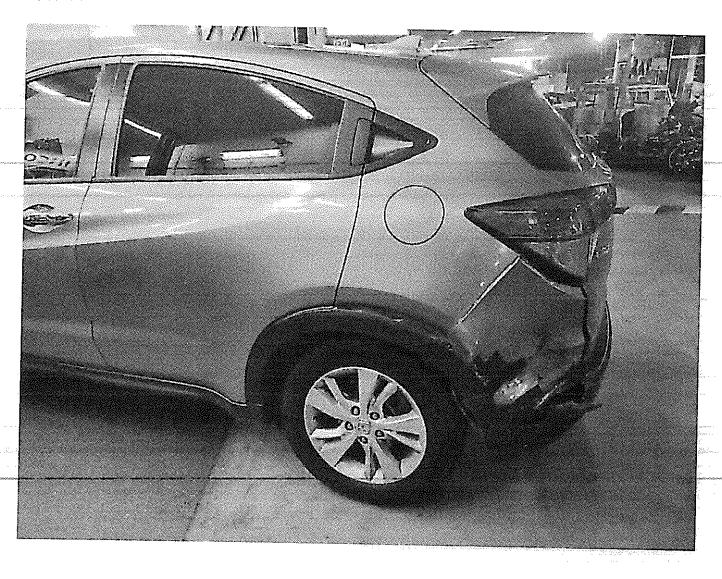




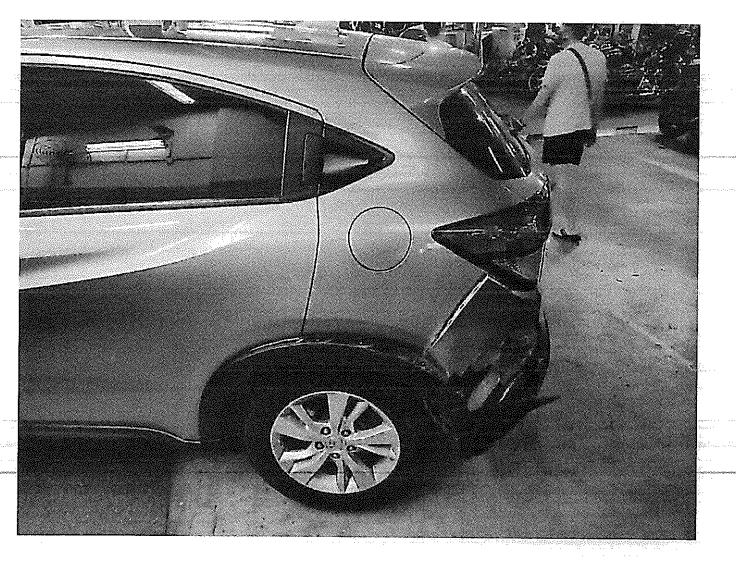








Accident report SY0A21CL0002



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IMAGES#15



Accident report SY0A21CL0002









