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	20/05/2022 20:33 (SGT)
Date of Accident	20/05/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK @WHAMPOA FOOD CTR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR6933T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK KAI LOO
NRIC No	SXXXX254G
Email Address	kailooq@gmail.com
Mobile Phone No	(Phone) +65-96779776
Alternative Phone No	+65-96779776

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R
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	1995

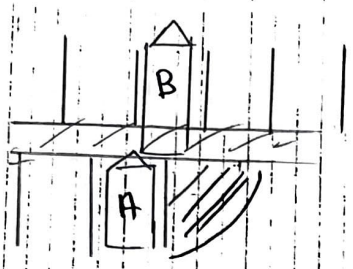
INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120969301-01
Cover Note Number	28/02/2022 -27/02/2023

DRIVER

ame of Driver	QUEK KAI LOO
RIC No	SXXXX254G

Sketch Plan



open c/park
@ Whampoa food ctr

A : SKR6933T
B : YP3754H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA : 20/5/22 Time : 1230hrs Ins : NTHC

After lunch, I came back to my vehicle - I then realized that m/lorry (B) was touching onto my parked vehicle. I waited for the driver to come back about 10mins later to show him that his lorry had collided onto my vehicle frontal.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

20/5/22.

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

( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only
( ) Claim OD/TP at other workshop (_____)