

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	01/06/2022 19:04 (SGT)
Date of Accident	31/05/2022 17:07 (SGT)
Exact Location of Accident	Farrer Flyover, Singapore
Additional Location Information	FARRER FLYOVER TOWARDS SIN MING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1201A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH YEN BOON VICTOR
NRIC No	SXXXX792Z
Email Address	kohyenboon@gmail.com
Mobile Phone No	(Phone) +65-84400530
Alternative Phone No	(Home) +65-84400530

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123461893
Cover Note Number	-

DRIVER

Name of Driver	KOH YEN BOON VICTOR
NRIC No	SXXXX792Z

Date Of Birth	10/02/1974
Occupation	Indoor
Date Of Driving Pass	17/03/2007
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84400530
Alt. Phone Number	(Home) +65-84400530
Email Address	kohyenboon@gmail.com
Address	BLK 124 JURONG EAST STREET 13 #11-05 SINGAPORE 600124
Address complement	-
Postcode	600124
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 - Head to Rear
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?	Yes
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS505S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

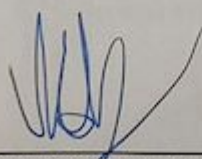
Name of injured person	KOH YEN BOON VICTOR
Gender	Male
Phone No	(Phone) +65-84400530
Address	BLK 124 JURONG EAST STREET 13 #11-05 SINGAPORE 600124
Address Complement	-
Post Code	600124
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SME1201A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

On 31.05.2022 at about 17:07 PM. I was travelling along Farrier Highway towards Sin Ming. The front vehicle slowed down and stopped, I followed. Suddenly, vehicle B hit my rear portion.

Declaration

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



Witnessed by Reporting Centre Personnel















