

## 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 ..... 12/07/2022 19:21 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/07/2022 12:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 17 SEMBAWANG CRES CONDO B1 CAR PARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ5789E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MAGTECH GENERAL CONSTRUCTION & TRADING PTE LTD  
Company Reg No ..... 1XXXXX150M  
Email Address ..... magtechgeneral@gmail.com  
Mobile Phone No ..... (Phone) +65-96665935  
Alternative Phone No ..... (Office) +65-63657728

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... HARRIER PREMIUM 2.0 A  
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 ..... 1986

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... 5096444419-04

#### DRIVER

Name of Driver ..... SEAH HOE CHOON  
NRIC No ..... SXXXX512H  
Date Of Birth ..... 01/11/1957  
Occupation ..... Indoor

**Describe Circumstance of the Accident**

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

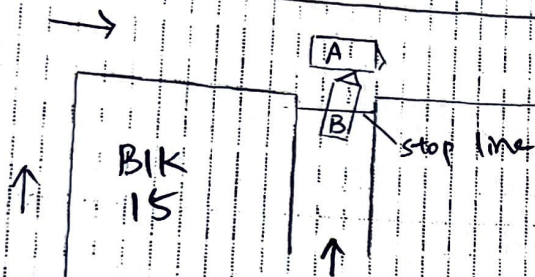
( ) Claim Own Policy

( ☒ ) Claim Third party

( ) Reporting Only

Sketch Plan

17 Sembawang Cres Condo B1  
Car Park



A: SLJ 5789 E  
B: SNA 2183 X  
Ho Beng Wee  
(He Ming Wei)  
S8101960 F  
HP-90677533  
(Not sure how many passengers)

It was a one way traffic and I was moving towards the exit when suddenly car B exit at my right and hit onto the right portion of my car. No one was injured.

**Declaration**

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



Policyholder's Signature / Date & Time

*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

12/7/22

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)