

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 Actual 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	10/04/2023 16:35 (SGT)
Reported by	Actual Driver
Date of Accident	08/04/2023 20:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF ANG MO KIOA AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3675D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WELLCOME MOTOR AGENCIES
Company Reg No	39853800W
Email Address	ADMIN@WELLCOME.COM.SG
Mobile Phone No	(Phone) +65-96362200
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5113945631-03

DRIVER

Name of Driver	TEN KAI AEN
NRIC No	S2569166J
Date Of Birth	17/10/1959
Occupation	Indoor

Date Of Driving Pass	22/07/1978
Driving experience	44 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94506462
Alt. Phone Number	-
Email Address	ADMIN@WELLCOME.COM.SG
Address	627 HOUGANG AVENUE 8
Address complement	#12-146
Postcode	530627
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

I WAS DRIVING ALONG THE JUNCTION ON ANG MO KIO AVENUE 5 TOWARDS ANG MO KIO AVENUE 3 ON THE 3RD LANE WHEN SUDDENLY I FELT AN IMPACT COMING FROM THE LEFT SIDE OF MY VEHICLE AND DISCOVERED THAT THE 3RD PARTY SBW6848L HAD HIT ONTO MY VEHICLE WHILE SHE WAS MAKING A LANE CHANGE TO THE RIGHT LANE. I MANAGE TO TAKE SOME PHOTOS AND EXCHANGE DETAILS WITH THE DRIVER. NO INJURIES WAS INVOLVED AT TE SCENE

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBW6848L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	KAM ENG HUI, IRIS
Contact Number	(Phone) +65-81687511
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

Describe Circumstances of the Accident:

REFER TO: CEN 123

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

Police Officer's Signature / Date & Time

Driver's Signature (If driver is not the Police Officer's Name)
10/4/23 16:15

Witnessed by Reporting Centre Personnel
Name as in RECORD card: I 995510
AMMENDI LINDA 8/11 '2
MEMO DEFENDI

















