

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 Report	17/01/2020 16:18
Date Of Accident	15/01/2020 19:30
Exact Location Of Accident	QUALITY ROAD / INTERNATIONAL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGH1893E
Insured/Policyholder	
Name Of Registered Owner	MARY D/O PRAVEENSAMY
Vehicle Particulars	
Manufacturer	MAZDA
Model	5-2.0 (A)
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5011263785-03
Cover Note Number	
Driver	
Name of Driver	MARY D/O PRAVEENSAMY
NRIC No	S7058553B
Address	BLK 514 JURONG WEST STREET 51 #06-229
General Information of the Accident	
Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	3
Circumstances of Accident	
REFER ATTACHED	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SJH1874H

Vehicle Make/Model/Colour	NA
Name of Driver	LIM SENG MING
Insurance Company Name	

DETAILS OF INJURED PERSON 1

Name	MARY D/O PRAVEENSAMY
Injured person in which vehicle?	SGH1893E

DETAILS OF INJURED PERSON 2

Name	TAMYSAGI D/O MUTHU
Injured person in which vehicle?	SGH1893E

DETAILS OF INJURED PERSON 3

Name	SHANTI D/O BALAHAN
Injured person in which vehicle?	SGH1893E

DETAILS OF INJURED PERSON 4

Name	NA - OLD LADY
Injured person in which vehicle?	SJH1874H