



# 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 Polic/holder 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 ..... 04/01/2021 17:37 (SGT)  
 Date of Accident ..... 02/01/2021 16:35 (SGT)  
 Exact Location of Accident ..... Liang Seah St, Singapore  
 Additional Location Information ..... ALONG LIANG SEAH STREET  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJK1765H

### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... LAM CHEE LI  
 NRIC No ..... SXXXX640F  
 Email Address ..... LAMCHEELI@GMAIL.COM  
 Mobile Phone No ..... (Phone) +65-98838783  
 Alternative Phone No ..... (Home)

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
 Model ..... Avante  
 Variant ..... -  
 Exact purpose for which vehicle was being used at time of accident ..... Private hire  
 Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
 Vehicle Category ..... Private hire  
 Transmission ..... Auto  
 CC ..... 1599

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
 Type of Coverage ..... ThirdPartyFireTheft  
 Fleet Policy ..... No  
 Policy Number ..... 5010831187-01  
 Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHIN NAM KENG  
 NRIC No ..... SXXXX682Z

Date Of Birth .....	10/06/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	05/09/2009
Driving experience .....	11 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91225678
Alt. Phone Number .....	-
Email Address .....	LAMCHEELI@GMAIL.COM
Address .....	BLK 221A SENGKANG DRIVE
Address complement .....	#02-256
Postcode .....	542221
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Raining
Road Surface .....	Wet

#### 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 material 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

AS PER SKETCH PLAN 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 .....	SLP8261T
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 ..... CHIN NAM KENG  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SJK1765H  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

ADDENDUM FORM



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500296 / GST Reg. No.: M409027735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: **SF0221148804** Vehicle Registration No: **SJK1765H**  
Name (as shown in NRIC): **LAM CHEE LI** NRIC/FIN/Passport No: \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: **98838783**  
Email Address: **LAMCHEELI@GMAIL.COM**  
Date of Accident: **2/1/2021** Time of Accident: **16:35**  
Place of Accident: **Along Liang Seah Street**  
Insurance Company: **NWC Ins**

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

*I called to the officer-in-charge at the Police station and was told that the 3rd party Number is* **SLP8261T.**

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: **20/5/2021**  
Date: