

## 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	23/04/2021 12:05 (SGT)
Date of Accident	22/04/2021 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST STREET 61
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT9372P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHNG CHIN KENG

#### VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
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	5037283719-03 (DRIVO CLASSIC)
Cover Note Number	-

#### DRIVER

Name of Driver	CHNG CHIN KENG
NRIC No	S8174197I
Address	APT BLK 318 JURONG WEST STREET 32 #03-492
Address complement	-
Postcode	680318
Does Driver Own Other Vehicles?	No

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident ..... Collided into Motorcyclist  
Weather Conditions ..... Clear

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? ..... No  
Was anybody injured in the Accident? ..... Yes  
Was any other material or property damaged? ..... Yes  
Number of Passengers (Including Driver) ..... 1

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 ..... FBR 7193Y  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... NUR HAZISA BINTE SELAMAT  
Insurance Company Name ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... NUR HAZISA BINTE SELAMAT  
Injured person in which vehicle? ..... FBR 7193Y