SS2S24AQ0004 / SIN MING AUTOCARE BFG PTE LTD ENTRY DATE & TIME: 26/10/2024 11:26 (SGT) SUBMITTED BY: SMBFG Admin. VERSION: 1 (26/10/2024 11:26 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

Vehicle Registration Number

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 witholding 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 First Submission 26/10/2024 11:26 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 25/10/2024 16:30 (SGT) Exact Location of Accident TPE, Singapore TOWARDS CTE/SLE AT PUNGGOL RD EXIT Additional Location Information Country/State of Loss Singapore

## DETAILS OF OWN VEHICLE

SLZ380Z

INSURED/POLICYHOLDER Is company? Name Of Registered Owner **CHOW CHENG HUA** SXXXX193F Email Address chenghua@hotmail.com Mobile Phone No (Phone) +65-81338699 Afternative Phone No

### VEHICLE PARTICULARS

Manufacturer Mini Clubman Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to Yes Private car Transmission Auto **CC** 1994 Vehicle Fuel ...... ....... - -First Registration Date ...... -Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D21MPC0007390\_03

DRIVER