SL0U24BMM001 / LIM TAN MOTOR PTE LTD ENTRY DATE & TIME: 23/11/2024 12:32 (SGT) SUBMITTED BY: BRYAN NG WEI VERSION: 1 (23/11/2024 12:32 (SGT))

SINGAPORE ACCIDENT STATEMENT

Please report <u>correctly</u> 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 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

23/11/2024 12:32 (SGT) Both Policyholder and Actual Driver 22/11/2024 13:15 (SGT) 4 Woodlands Ave 1, Singapore WOODLANDS AVE 7 TO AVE 4 NEAR ZEBRA CROSSING Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH2264A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

CHENG SIU YONG

SXXXX034I

SIUYONG2264@GMAIL.COM

(Phone) +65-88363860

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Toyota

COROLLA AXIO 1.5X CVT

No - Claiming third party

Private car

Auto

1496

Petrol

09/06/2017

NRE1610022545 09/06/2017 10:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd

D240102518MSH

DRIVER

Name of Driver NRIC No Date Of Birth Occupation **Driving Pass Date Driving License Pass Class Driving License Validity** Driving experience

Gender Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

Collision - Head to Rear

CHENG SIU YONG

50 YEARS AND 3 MONTHS

SIUYONG2264@GMAIL.COM

BLK 756 WOODLANDS AVENUE 4 04-285 SINGAPORE 730756

(Phone) +65-88363860

SXXXX034I

02/12/1951

27/08/1974

Outdoor

3

Valid

Male

Yes

No

Clear 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 3 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number

PASSENGER 1

Translator's email

Name Gender

PASSENGER 2

Name Gender UNKNOWN Female

UNKNOWN Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given? If yes, against whom?

Original language used in the statement

Yes

Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

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)

SJY7453E

Private car

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Address Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN

IMPORTANT NOTICE

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SKETCH PLAN #2

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