SF0F24BQ0002 / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 26/11/2024 11:04 (SGT) SUBMITTED BY: Gail Ng VERSION: 1 (26/11/2024 11:04 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

26/11/2024 11:04 (SGT) Actual Driver 26/11/2024 09:05 (SGT) Singapore SLIP ROAD OF MANDAI AVE JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMF8214L

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No

Alternative Phone No

No

TAN CHOON SIONG

S7800820B

TCSPY78@YAHOO.COM.SG

(Phone) +65-97473507

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

No - Claiming third party

Private car

Auto

Toyota Harrier

1998

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited 5144569410

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 Clear Dry

TAN JUNWEI

S8339872H

16/12/1983

25/05/2006

18 YEARS AND 6 MONTHS

DON_JUNWEI@HOTMAIL.COM

BLK 426A YISHUN AVE 11 #08-88

(Phone) +65-96449820

Outdoor

3

Valid

Male

No

No

Sibling

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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

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

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

SLF9639A

Page 2 of 11

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	32
Insurance Company Name	DH
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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Sketch Plan

SKETCH PLAN #2

Describe Circumstances of the Accident	
Declaration	
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Accident report SF0F24BQ0002