

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 Report | 21/11/2019 19:16 |
| Date Of Accident | 20/11/2019 11:30 |
| Exact Location Of Accident | BLK 18A JALAN MEMBINA MSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | SLU4482M |
| Insured/Policyholder | |
| Name Of Registered Owner | ALPHA DRIVE PTE LTD |
| Co Reg No | 201418046D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-92239161 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | INFINITI |
| Model | Q30 1.5D DCT |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

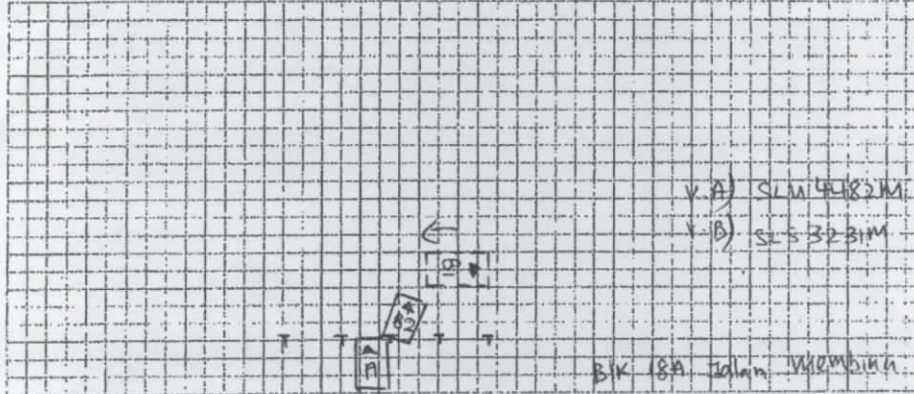
Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5108588204 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | CHENG ZHI WEI, MICHAEL |
| NRIC No | S9120983G |
| Date Of Birth | 29/05/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/06/2011 |
| Driving Experience | 8 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92239161 |
| Fax Number | |
| Contact Number | OFFICE-92239161 |
| Email Address | NOEMAIL |

SKETCH PLAN



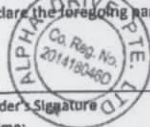
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 20th November 2019, my vehicle was parked in a lot located in BLK 8A Jalan Membina multi storey car park. I left my vehicle, everything was intact, no damages found. Upon heading back to my vehicle, there was a lady place a note on my windscreen, I approached her and she informed me that while she was reversing into the lot beside mine, her vehicle had collided onto my stationary vehicle right portion. We then later agreed to let our respective insurance to handle. No one was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SIARMC SketchPlanForm v3