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MAMT20054413 / Allswell Motor Traders - HQ ENTRY DATE & TIME: 25/06/2020 14:49 SUBMITTED BY: Ooi Kim Beng, Ben

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/06/2020 15:04

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 <u>truthful and accurate</u> 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 Report
 25/06/2020 14:49

 Date Of Accident
 21/02/2020 01:10

Exact Location Of Accident COMMONWEALTH AVENUE / HOLLAND AVENUE

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF3885H

Insured/Policyholder

Name Of Registered Owner ALLSWELL LEASING & LIMOUSINE PTE LTD

Co Reg No 201432541Z
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-91478545

Alternative Phone No Office-66791146

Vehicle Particulars

Manufacturer TOYOTA

Model NOAH HYBRID-1.8 X CVT (A)

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?

NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number

Cover Note Number

Driver

Name of Driver MUHAMMAD UMAIS ISMAIL

NRIC No S8834898B

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Date Of Birth 21/09/1988 Occupation **OUTDOOR** Date Of Driving Pass 13/07/2010

Driving Experience 9 YEARS AND 7 MONTHS

Gender MALE

(LOCAL) +65-88893690 Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL

Address BLK 269, TAMPINES STREET 21. #04209. S 520269

Postcode

Was driver an employee of the Insured's

Company

NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this

accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

refer to sketch plan

Attachment(s)

Are accident photos available for attachment? YES E-FILE Page 3 of 17

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3147E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan

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Sketch Plan #2

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insurance certificate

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Identification Card

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