SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

16/07/2020 18:14 (SGT) 16/07/2020 13:10 (SGT) Singapore JUNCTION OF BUKIT TIMAH ROAD AND RACE COURSE ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKR380C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No LOH KIM CHAH SXXXX319C LOHKC@LOHNLOH.COM (Phone) +65-97833888 +65-97833888

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

Lexus RX 350 LUXURY (A) undefined

No - Claiming third party Private car Auto

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy

Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd Comprehensive

No

5097627136-02

DRIVER

Name of Driver NRIC No

LOH KIM CHAH SXXXX319C

