MSI120078761-01 / STA INSPECTION PTE LTD - Sin Ming ENTRY DATE & TIME: 11/09/2020 14:59 SUBMITTED BY: Wong Lip Yong

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. 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.

- a. Any raise reporting may be referred to the Police for investigation.
 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.
 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.

Date Of Report 11/09/2020 14:59 Date Of Accident 10/09/2020 20:00 Exact Location Of Accident CORPORATION ROAD Country/State of Loss SINCAPORE Vehicle Registration Number Insured/Policyholder HOE WIN PLUMBLING & CONSTRUCTION SXXXXS87A NOEMAIL Mobile Phone No OFFICE-85696408 Vehicle Particulars Manufacturer TOYOTA HIACE Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE Model WORK PURPOSE Intelligence of the State action to be taken Vehicle Category NO NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Policy Number 5100018232-02 Cover Note Number COMPREHENSIVE Policy Of Driver KHOO MING CHIEN KRIC No SXXXX532A Oate Of Birth O7007391971 <tr< th=""><th></th><th>ACCIDENT STATEMENT</th><th></th></tr<>		ACCIDENT STATEMENT	
Date Of Accident 10/09/2020 20:00 Exact Location Of Accident CORPORATION ROAD SINGAPORE Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number GBH3188G Insured/Policyholder Name Of Registered Owner HOE WIN PLUMBLING & CONSTRUCTION SXXXX587A NOEMAIL Mobile Phone No SXXXX587A NOEMAIL Mobile Phone No OFFICE-85696408 Vehicle Particulars Manufacturer TOYOTA HIACE 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? If No, Please state action to be taken Vehicle Category Unisurance Company Name of Insurance Company Popicy Of Vehicle Particulars Name of Driver Value of Driver Va	Date Of Report		
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Address

BLOCK 252 JURONG EAST STREET 24

#01-151 SINGAPORE

Postcode

600252

OWNER

Was driver an employee of the Insured's Company NO

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by YES

ambulance?

NO

Was any other material or property damaged?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

THOMSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED AND POLICE REPORT; REMARKS: TYPE OF ACCIDENT PLEASE REFER TO POLICE REPORT AND

ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBQ2899Y

PRIVATE CAR

Vehicle Make/Model/Colour

Details Of Properties

REFER TO ATTACHED AND POLICE REPORT

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

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Sketch Plan #2 Pg. 1

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