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 misrupresentation 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.
- 8. This report will be forwarded by the insurers of the GIA Records Management Centro 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 ledgement 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 | 24/09/2020 16:24 |
| Date Of Accident | 24/09/2020 12:10 |
| Exact Location Of Accident | CHANGI ROAD |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |

Vehicle Registration Number GBK1536H

Insured/Policyholder

Name Of Registered Owner USMAN'S PLACE PTE.LTD.

Co Reg No 2XXXX598W Email Address NOEMAIL.

Mobile Phone No

Alternative Phone No OFFICE-62970097

Vehicle Particulars

Manufacturer TOYOTA

Model TOYOTA / HIACE VAN TURBO 5DR MT

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 THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5115630900

Cover Note Number

Driver

Name of Driver MUHAMMAD USMAN S/O SHAHID JAVAID

 ivRIC No
 SXXXX262h

 Date Of Birth
 08/09/1999

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/04/2019

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94514444

Fax Number

Contact Number

EMail Address USMAN.SHAHID982@GMAIL.COM

Address 45A LORONG MYDIN

Postcode 416839

Was driver an employee of the Insured's Company YES

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

ΝQ

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : RABIAH BEGUM

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yos, Please state which Police Station

Police Station Name BEDOK DIVISION HQ

Police Station Address ROAD: 30 BEDOK NORTH ROAD - POSTCODE: 469676 - COUNTRY

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

if Yes, against whom?

NO

Circumstances of Accident

AS PER POLICE REPORT No.G/20200924/7037;

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER/DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME9496M

Vehicle Make/Model/Colour KIA / CERATO 1.6(A) EX

Date I - Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 14

Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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