

## 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             | 30/09/2020 09:24                  |
| Date Of Accident           | 29/09/2020 12:50                  |
| Exact Location Of Accident | 160 KALLANG WAY(STORHUB BUILDING) |
| Country/State of Loss      | SINGAPORE                         |

### DETAILS OF OWN VEHICLE

|                             |                                     |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | PC4194S                             |
| <b>Insured/Policyholder</b> |                                     |
| Name Of Registered Owner    | OMESH TRANSPORT & CLEANING SERVICES |
| Co Reg No                   | 5XXXX745C                           |
| Email Address               | OMESHTRANSPORT@GMAIL.COM            |
| Mobile Phone No             |                                     |
| Alternative Phone No        | OFFICE-90029336                     |

### Vehicle Particulars

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer                                                                 | TOYOTA             |
| Model                                                                        | HIACE              |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING            |
| 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                                                             | COMMERCIAL VEHICLE |

### Insurance Company

|                           |                                        |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5076364250-05                          |
| Cover Note Number         |                                        |

### Driver

|                      |                             |
|----------------------|-----------------------------|
| Name of Driver       | SUGUMARAN S/O M BALASUNDRAM |
| NRIC No              | SXXXX523I                   |
| Date Of Birth        | 22/04/1974                  |
| Occupation           | OUTDOOR                     |
| Date Of Driving Pass | 06/09/2012                  |
| Driving Experience   | 8 YEARS AND 0 MONTHS        |
| Gender               | MALE                        |
| Mobile Number        | (LOCAL) +65-90029336        |
| Fax Number           |                             |
| Contact Number       |                             |
| Email Address        | OMESHTRANSPORT@GMAIL.COM    |

|                                                     |                                      |
|-----------------------------------------------------|--------------------------------------|
| Address                                             | BLK 558 HOUGANG STREET 51<br>#10-374 |
| Postcode                                            | 530558                               |
| Was driver an employee of the Insured's Company     | NO                                   |
| If No, Relationship of the Driver with the Insured  | OWNER                                |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                          |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                          |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| 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?                                          | 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?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

I WAS DRIVING STRAIGHT MY VEH AT 160 KALLANG WAY(STORHUB BUILDING).SUDDENLY THE FORKLIFT REVERSED WITHOUT LOOK OUT FOR ONCOMING VEH AND COLLIDED ONTO MY VEH.

#### 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         | WD632H           |
| Vehicle Make/Model/Colour           | FORKLIFT         |
| Details Of Properties               |                  |
| Vehicle Category                    | MOBILE EQUIPMENT |
| Name of Driver                      | LIM HOCK CHOON   |
| NRIC/Passport Number                | SXXXX744B        |
| Contact Number                      | 93708338         |
| Address                             |                  |
| Postcode                            |                  |
| Insurance Company Name              |                  |
| Nature Of Damage                    |                  |
| No. Of Passenger (Including Driver) |                  |