SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

By the lodgement of this report to the insurers, you hereby conforesaid.	
	ACCIDENT STATEMENT
Date Of Report Date Of Accident	29/09/2020 11:11 28/09/2020 11:00 217A JURONG EAST STREET 21 PARKING LOT
Exact Location Of Accident Country/State of Loss	SINGAPORE DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4764Y
Insured/Policyholder	JET COOL AIR CONDITIONING & ENTERPRISE
Name Of Registered Owner Co Reg No	5XXXX087C

NOEMAIL **Email Address** (LOCAL) +65-84524263

Mobile Phone No OFFICE-84524263 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

HIACE VAN TURBO 5 DR MANUAL Model

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

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

NO

Fleet Policy

5113634535

COMPREHENSIVE

Policy Number

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

Cover Note Number

Driver

ZIN NYEIN OO GXXXX949T 19/08/1989 **OUTDOOR** 30/07/2018

Date Of Driving Pass **Driving Experience**

2 YEARS AND 1 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-84524263

Fax Number

Contact Number

EMail Address

NOEMAIL

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Address

Postcode

27J WAN THO AVENUE

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance?

Was any other material or property damaged?

NO

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

NO

Number of Passengers (Including Driver)

0

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

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC4426P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver NRIC/Passport Number COMMERCIAL VEHICLE

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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