

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 21/09/2020 09:11
Date Of Accident 18/09/2020 08:00
Exact Location Of Accident ULU PANDAN
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBE3643A

Insured/Policyholder

Name Of Registered Owner DS CAR RENTAL PTE LTD
Co Reg No 2XXXXX889N
Email Address NOEMAIL
Mobile Phone No
Alternative Phone No OFFICE-64527793

Vehicle Particulars

Manufacturer TOYOTA
Model DYNA 150-3.0 D (M)

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 5110555895-01-000002
Cover Note Number

Driver

Name of Driver YANG JULIANG
Passport No/FIN GXXXX314W
Date Of Birth 24/02/1985
Occupation INDOOR
Date Of Driving Pass 09/03/2020
Driving Experience 0 YEAR AND 6 MONTH
Gender MALE
Mobile Number (LOCAL) +65-93211585
Fax Number
Contact Number
Email Address NOEMAIL

Address C/O BLK 2021 BUKIT BATOK STREET 23 #01-198
Postcode 659526
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - RENTAL
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? 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

PLEASE REFER TO SKETCH PLAN

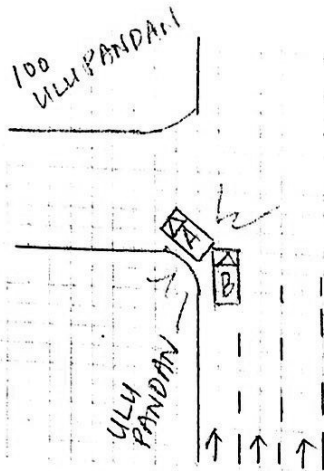
Attachment(s)

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 GBE9998L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver PERUMAL KARUPPIAH
NRIC/Passport Number FXXXX092T
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN



A: GBE 3643 A
B: GBE 9998 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS MAKING A TURN INTO 100 ULU PANDAN TO DELIVER SALMON FISH WHEN VEHICLE B SUDDENLY HIT MY Lorry REAR POSITION.

NO INJURIES TO ANYONE.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Company Chop (if applicable)



Driver's Signature
(If driver is not the policyholder)
Date & Time:

19/9 @ 11 AM

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: