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 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 05/01/2021 15:46 (SGT) Date of Accident 04/01/2021 13:15 (SGT) Exact Location of Accident Singapore Additional Location Information Cross Junction (Yishun Ave 1 & Sembawang Rd) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP7060A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TECK HENG LANDSCAPE AND CONSTRUCTION PTE LTD Company Reg No 201014981K **Email Address** admin@teckhenglandscape.com.sq Mobile Phone No (Phone) +65-66672628 Alternative Phone No (Office) +65-66672628

VEHICLE PARTICULARS

Manufacturer Isuzu Model NPR85UH5A Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00050622001 Cover Note Number 25/07/20 - 24/07/21

DRIVER

Name of Driver NARAYANASAMY HITLER Passport No/FIN F8273530P Date Of Birth 20/03/1978 Occupation Outdoor

Date Of Driving Pass 11/10/2008 Driving experience 12 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-81504150 Alt. Phone Number Email Address admin@teckhenglandscape.com.sg Address Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Χ ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SLW4961L
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

IMPORTANT NOTICE

SKETCH PLAN

1.VEHICLE NO: YP156.0 A
2.INSURER CO.

Lina Tables

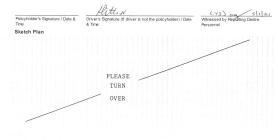
ACCIDENT

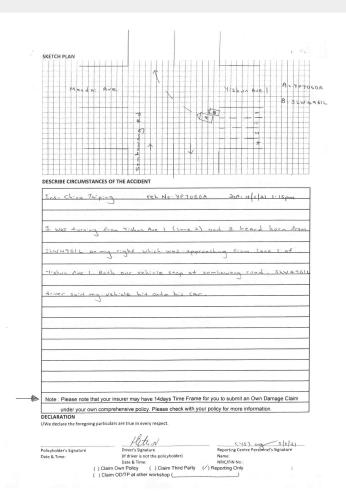
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Date : 05 01 21	
To : Accident Reporting Centre (ARC)	
I / We hereby approve (driver's name) <u> </u>	-1er
NRIC/FIN F8273530P our employee / employee of 1	ck Hen
Landscape of Consta P L to drive our m/vehicle no. Y	7060A
and to file the accident report (Third Party claims/Own Damage Cla	ims/Report
Only) which occurred on (date) 4 1 21 @ (time)	·15 pm
along (location) Cross Junction (Yishun Ave I & Semb	awana P.
Thank you.	
Regards,	
* SIGN & STAMP at the above *	
Name of Owner :	
NRIC/ROC: 201014981 E	
Contact No: abwort	
Email: adminatick my land scope. com. s j.	
TECK HENG LANDSCAPE & CONSTRUCTION PTE LTD 421 Tagons Industrial Avenus 803-25 Tagons 6 Singapora 787805 Tel: 6867 2268 Fear: 6785 7333 Espait: technological open 808-018.00m	











