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 muthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
3. Information provided must be as muthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

points reported.

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 failse 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 Inspendent 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 aforeaaid.

ACCIDENT STATEMENT

Date of Submission 05/01/2021 17:37 (SGT) 05/01/2021 14:25 (SGT) Date of Accident Hougang Ave 8, Singapore **Exact Location of Accident**

AT BLK 682A HOUGANG AVE 8 CARPARK Additional Location Information

Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

GBH8324Y Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? NATUZI TRADING PTE LTD Name Of Registered Owner 2XXXXX925G Company Reg No SALES@NATUZI.COM.SG **Email Address** (Phone) +65-91125885 Mobile Phone No +65-91125885 Alternative Phone No

VEHICLE PARTICULARS

Toyota Manufacturer Hiace Model 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 - Claiming third party Commercial vehicle Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage Comprehensive Fleet Policy 5104590842-02 Policy Number Cover Note Number

DRIVER

YEO SONG CHIU ADRIAN Name of Driver SXXXX522D NRIC No Date Of Birth 10/10/1977 Outdoor

13/01/2010 Date Of Driving Pass 11 YEARS Driving experience Male (Phone) +65-91125885 Gender Mobile Number Alt. Phone Number SALES@NATUZI.COM.SG **Email Address** BLK 187 BISHAN ST 13 Address #07-465 Address complement 570187 Postcode No Is the driver the policyholder? If No, Relationship of the Driver with the Insured **Employee** No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Side Swipe Type of Accident Clear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 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? **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 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	SLN4014T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	- /
Vehicle Category	Commercial vehicle
Name of Driver	LOH NGIN HAN JOSEPH
Contact Number	
Address	•
Address complement	
Postcode	-
Insurance Company Name	•

ETCH PLAN). Josephander Apolication	N						
		81	V 682A	1		VI		
		Hougan	8					
) GBH 8:	3244		>					
B) SLN !								
					*			
	 							
DESCRIBE CIRC	UMSTANCES OF	THE ACCIDEN						and the state of t
After	entering i	into a	arpark	of	BIK	682A	Houg	rangi
AND R	1 project	n to	dop	belune	V H	uck.	AFTON	the
CIVV 50	· /						1000000	1 1
truck	maud	10	let+	carp	CIVIC		ro cee	70
move	to !	rghil	carpa	1K 0	after	cle	ared	my
Cont	tra Ba	V	dente	1 1/1	1 h	B 1	nove	N/
Troit	1147716		1		, ,			
out ,	Frem 1	MIKEL	ing 10	77	hit	ont	O M	9
right	front	04	MU	Ve M	icle	A. 7	Mat	sall
119.01			V	4.55				
					20			
		a ·		49 7				
			(LANGE)					
			7					
		1 1						
DECLARATION	foregoing particular	rs are true in ev	very respect.		/		_	OFF BEG OF
			· Sus					
Policyholder's Sign Date & Time:	nature	Driver's Sign (If driver is	nature V	der)	N	eporting Cent ame:	re Personnel's	s Signature