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 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 Submission 20/01/2021 17:51 (SGT) Date of Accident 24/12/2020 11:30 (SGT) Exact Location of Accident 5 Tampines Central 1, Singapore 529541 Additional Location Information **LOADING BAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN56327

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHIA & THAI FOOD SUPPLIES PTE LTD Company Reg No 2XXXXX024K **Email Address** chiathai@gmail.com Mobile Phone No (Phone) +65-83556738 Alternative Phone No +65-83556738

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter Variant Exact purpose for which vehicle was being used at time of accident Employment 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 NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5097663712-02 Cover Note Number

DRIVER

Name of Driver YAP SONG POH MICHAEL (YE SONGPO MICHAEL) NRIC No SXXXX385F Date Of Birth 19/11/1973 Occupation Outdoor

Date Of Driving Pass 18/09/2001 Driving experience 19 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-83556738 Alt. Phone Number Email Address chiathai@gmail.com Address BLK 9 NORTH BRIDGE ROAD #07-4176 Address complement Postcode 190009 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 Collided into Property Weather Conditions Raining Road Surface Wet 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? No 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes

Nο

No

Was there any video captured by Car Camera?

Was there any audio recorded?

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