(Draft)

SL03212F0004 / Lai Huat (Meng Kee) N ENTRY DATE & TIME: -SUBMITTED BY: [To Be Confirmed] VERSION: 1 (15/02/2021 11:25 (SGT))

G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

 Triesse report <u>contents</u> the details of the <u>October and/or the Authorised Driver</u>
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

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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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/02/2021 07:20 (SGT) 41 Edgefield Plains, Singapore 828869 infront Edgefield Primary School Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBB7087U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes **TTH Auto** 5XXXX143B tantianhe@yahoo.com (Phone) +65-96658116 +65-96658116

VEHICLE PARTICULARS

Manufacturer Model

Variant

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?

Vehicle Category

Nissan Urvan

Employment

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

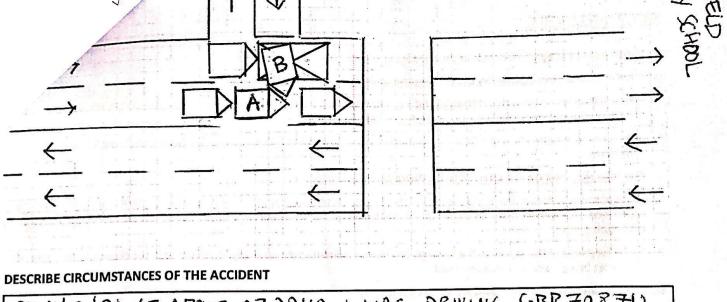
Name of Insurance Company Type of Coverage Fleet Policy **Policy Number** Cover Note Number

India International ThirdParty D20MCV0006901

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

Rosliana Binte Jumahat SXXXX472B 10/10/1980 Outdoor



ON 11/2/21 AT ABOUT 0720HR I WAS DRIVING GBB 70870
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DECLARATION

Policyholder's Signature
Date & Time: 15 FEB 2021

(If driver is not the policyholder)
Date & Time: 15 FEB 2021

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim