



# 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 Submission ..... 10/05/2021 09:54 (SGT)  
Date of Accident ..... 07/05/2021 14:15 (SGT)  
Exact Location of Accident ..... Carpmael Rd, Singapore  
Additional Location Information ..... PENNEFAHER ROAD / CARPMAEL ROAD T-JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH4350Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TNT HOLDINGS LLP  
Company Reg No ..... TXXXXX847L  
Email Address ..... maggie@kingcartcoffee.com  
Mobile Phone No ..... (Phone) +65-96844160  
Alternative Phone No ..... +65-96844160

### VEHICLE PARTICULARS

Manufacturer ..... Suzuki  
Model ..... Every  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 658

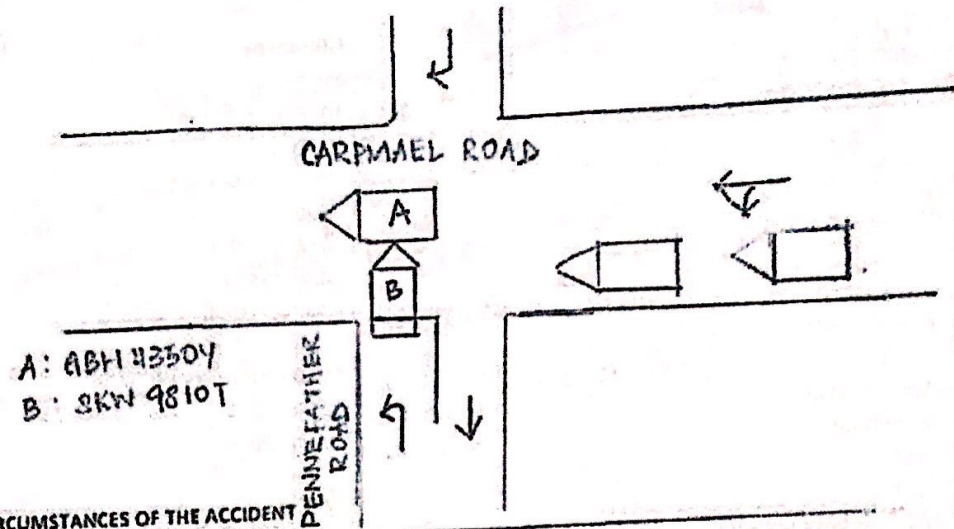
### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5109491077-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JACQUELINE SOH PEI XIA  
NRIC No ..... SXXXX158H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 7TH MAY 2021 AT 14:15 PM I WAS DRIVING ALONG  
 CARMAEL RD. SKW9810T WAS SUPPOSE TO STOP AT STOP  
 SIGN & WHITE LINE BUT FAILED TO DO SO. HE THEN HIT THE LEFT  
 SIDE OF MY VEHICLE GBH4350Y. I DO FEEL SOME DISCOMFORT  
 WITH MY NECK AND BACK AS WELL AS THE PASSENGER. WE WILL  
 BE VISITING THE DOCTOR TO GET OURSELVES CHECKED.

DECLARATION

The foregoing particulars are true in every respect.



*[Signature]*

Policyholder's signature  
 Date & Time

*[Signature]*

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



Reporting Centre Personnel's Name  
 Name  
 NRP/IN No