

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 01/09/2021 14:21 (SGT)
Date of Accident 28/08/2021 11:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information 296 YISHUN STREET 20
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ5236C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TAN SOON HUAH GAS SUPPLY PTE LTD
Company Reg No 200207144H
Email Address CHINGWEI@TSHGAS.COM.SG
Mobile Phone No (Phone) +65-62895554
Alternative Phone No +65-62895554

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110106007-02-000057
Cover Note Number -

DRIVER

Name of Driver HENG HONG HEE
NRIC No S1636789C

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

Describe Circumstances of the Accident

I, Car A (G8J 5236C) was making delivery at Blk 296 Yishun Street

20. While i was reversing into the loading bay, Car B (SMC5984H) Sped through the corner and hit my front portion

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel