SC1Q21B30002 / Chew Goon Motor ENTRY DATE & TIME: 03/11/2021 11:03 (SGT) SUBMITTED BY: CG Pei Kee VERSION: 1 (03/11/2021 11:03 (SGT))

© 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.

- 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 03/11/2021 11:03 (SGT) **Date of Accident** 30/10/2021 07:40 (SGT) **Exact Location of Accident** Singapore Additional Location Information

T-JUNCTION OF HOUGANG AVE 3 & COR AH SOO Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN3005P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HVS CAPITAL PTE. LTD. Company Reg No Email Address 201829289E CINDY_WIN@GMAIL.COM Mobile Phone No (Phone) +65-96604433 Alternative Phone No +65-96604433

VEHICLE PARTICULARS

Manufacturer Honda Vezel HONDA / VEZEL HYBRID 1.5RS AUTO Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto 1496

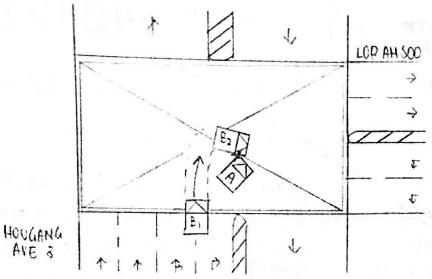
INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive No Policy Number 5109916971-02 Cover Note Number

DRIVER

YEO YEOW CHIN, EUGENE(YANG YAOQIN, EUGENE) Name of Driver S8422011F NRIC No

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T-JUNCTION OF HOUGHNG AVE? & LOPAH SOO (A) SMN 3005P (B) SHB7675P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	IKCUMSTANC							
On	30/10/2	F0@150	40 HR	1, 1	was	driving	along	Hougan
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into	my la	ne. This	Cuny	d Veh	ich B	SHIBSE	7SP for	ent Cight
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DECLARATION

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

Policyholdera Sigotture C

03/4/2011

Driver's Signature

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

13/11/2011

the stiller.

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.: