

SINGAPORE ACCIDENT STATEMENT

1. Please report extractly the details of the accident to speed up the claims process.
2. This Form must be excepted by the Policyholder and/or the Authorised Differ.
3. Information provided must be as multiful and accident as possible. Any within misrepresentation or witholding of material facts may allow insurance companies to repudiate

3. Internation procedures 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 this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any take reporting may be referred to the Police for Invastigation.

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 Adgement 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

07/11/2021 10:24 (SGT) 06/11/2021 10:45 (SGT)

Singapore

592-593 SEMBAWANG ROAD OUTSIDE OF D'RUBINAH RESTAURANT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG8863H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

TAN SIEW HONG

S1574450B

BENTAN170283@GMAIL.COM

(Phone) +65-96545521

+65-96545521

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission

CC

Honda Vezel

Private use

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Comprehensive No

5115040504-01

DRIVER

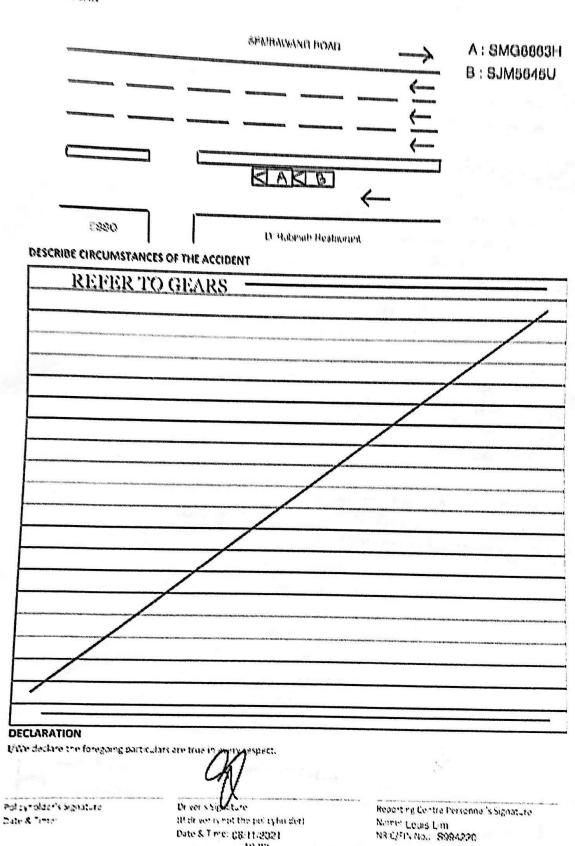
Name of Driver

TAN TOH CHOON, BENJAMIN

NTUC Income Insurance Co-operative Ltd

C Accident report SN0721B6000J

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