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	13/12/2021 09:40 (SGT)
Date of Accident	10/12/2021 11:53 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN9173J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	VFM PTE LTD
Company Reg No	2XXXXX773K
Email Address	clifford@drivethru.com.sg
Mobile Phone No	(Phone) +65-90713738
Alternative Phone No	+65-90713738

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5114049469-01-000039
Cover Note Number	-

DRIVER

Name of Driver	KAN MUN CHEW
NRIC No	SXXXX220D

[redacted]

[redacted]

[redacted]

Sketch Plan

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Describe Circumstances of the Accident

On 10/12/2021 at 1230hrs, I was driving along CTE Circulmein) towards City. It was raining. A car in front of me stopped. I stopped as well. Suddenly, I was hit by the rear by vehicle th, a taxi.

I was given 2 days mc after the accident due to neck and back pain. I am claiming against the other party.

☐ Claim OD ☑ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : admin@supremo.com.sg

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.