SC09222A0003 Chang Hee Motor Pte Ltd[S68]47]
ENTRY DATE & TIME: 10/02/2022 15:10 (SGT)
SUBMITTED BY: LI YAZHU JOELYN
VERSION: 1 (10/02/2022 15:10 (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 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	10/02/2022 15:10 (SGT)
Date of Accident	09/02/2022 09:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CENTRAL BOULEVARD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	**SML5700M**

INSURED/POLICYHOLDER

Is company?	**Yes**
Name Of Registered Owner	**MYCAR LEASING PTE LTD**
Company Reg No	**201509747W**
Email Address	**melvin@mycar.com.sg**
Mobile Phone No	**(Phone) +65-97898985**
Alternative Phone No	**(Office) +65-65700007**

VEHICLE PARTICULARS

Manufacturer	**Honda**
Model	**Shuttle**
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	**1500**

INSURANCE COMPANY

Name of Insurance Company	**Allianz Insurance Singapore Pte. Ltd.**
Type of Coverage	**Comprehensive**
Fleet Policy	**No**
Policy Number	**SPMF1000000450**
Cover Note Number	**24/05/2021 - 23/05/2022**

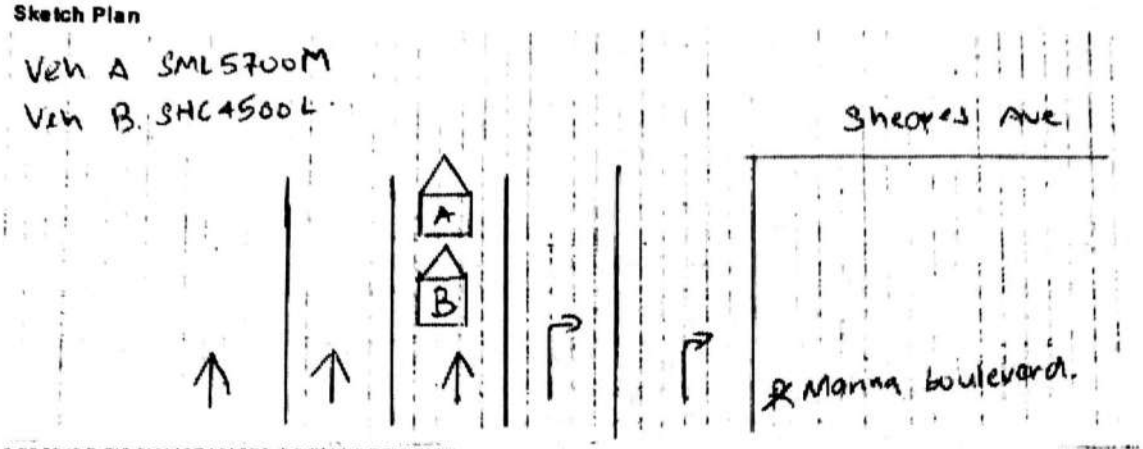
DRIVER

Name of Driver	**MAR WENG WONG**
NRIC No	**S6913364I**

KETCH PLAN #2

Sketch Plan

Veh A SML5700M
Veh B. SHC4500L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: 10/2/22

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

( ) Claim Own Policy (✓) Claim Third Party ( ) Reporting Only
(✓) Claim OD/TP at other workshop (Myrar Partners B/L

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