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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	24/02/2022 14:09 (SGT)
Date of Accident	23/02/2022 11:05 (SGT)
Exact Location of Accident	Yung Ho Rd, Singapore
Additional Location Information	YUNG HO ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Mitsuhishi

Vehicle Registration Number		GZ5360H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FAST FROZEN FOOD
Company Reg No	51969600W
Email Address	foongyee.chan@fff.sg
Mobile Phone No	(Phone) +65-93388398
Alternative Phone No	(Office) +65-88702001

VEHICLE PARTICULARS

Manufacturer

	WIILOUDIOIII
Model	Fb70abosrdeb
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Employment
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2835

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D19MCV0002573 02
Cover Note Number	-

DRIVER

Name of Driver	SELVAMUTHUKUMARASAMY SENTHILKUMAR
Passport No/FIN	G2830544W

Date Of Birth 22/09/1992 Occupation Outdoor Date Of Driving Pass 21/01/2021 Driving experience 1 YEAR AND 1 MONTH Gender Mobile Number (Phone) +65-93706793 Alt. Phone Number Email Address foongyee.chan@fff.sg Address BLK 645 JURONG WEST ST 61 #16-108 Address complement Postcode 640645 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **COLLEAGUE** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMT7271D Vehicle Manufacturer Mercedes

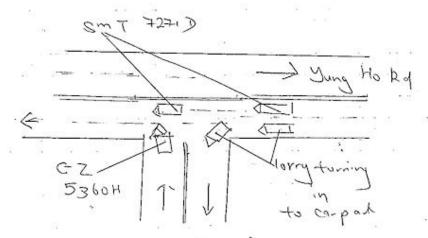
Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

lame of Driver	-
Contact Number	_
ddress	_
ddress complement	_
ostcode	_
nsurance Company Name	_
lature Of Damage	
Details of property damaged in accident	
lo. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

4	carpart out to Jung Ho Rd.
Vehila No Sm T 7:	271 D which was driving on
the outer lame can	me at a fact speed & hit
onto the RH fort	- of my vohide. There was
I lorny on the	inne long turning into the
Carpall blockin	the view of me coming o

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: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





