

# 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 ..... 23/03/2022 17:00 (SGT)  
Date of Accident ..... 15/03/2022 11:45 (SGT)  
Exact Location of Accident ..... 214 Pandan Loop, Singapore 128405  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ1684J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... F&N CREAMERIES (S) PTE LTD  
Company Reg No ..... 1XXXXX235M  
Email Address ..... brandon.lau@fnnfoods.com  
Mobile Phone No ..... (Phone) +65-96649901  
Alternative Phone No ..... +65-96649901

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... NPR85UH5A 3.0 AMT  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

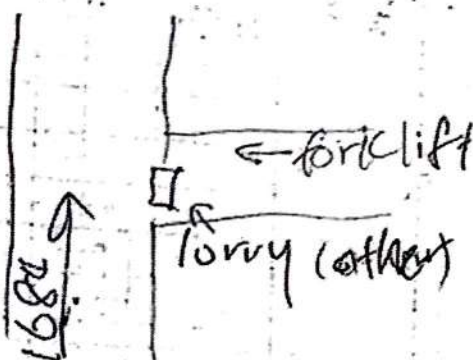
### INSURANCE COMPANY

Name of Insurance Company ..... Allied World Assurance Company, Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... BVFCB0013702102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WONG KOK PENG  
NRIC No ..... SXXXX305D

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

15/3/22 at 11:45am I on my way to Penzance at Pandan loop to refill my lorry with petrol. It a raining day and I drive slowly on. When I drive pass the blue lorry on the right, a forklift driver just dash out quickly and dangerously without looking out for any vehicle ahead and crash into my lorry. My lorry bumper and the front got damaged seriously.

### DECLARATION

I/We declare the foregoing to be true in every respect.

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

16/3/22

1200 PM

(Jenny)

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