E SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1 Please report correctly the details of the accident to spend up the claims proces.
2 This Form must be completed by the Policyholder andfor the Authorised Driver.
3 Information provided must be as fulfilly and accurate as possible. Any within ms.

policy labelity.

4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on this part of the insurance companies.

5. Any fields reporting may be referred to the Police for Insentigation.

6 This report with the forwarded by the Insurance 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 to be made available upon application by interesting a feet of the report of the report by the survey, our hereby consent to the archiving of this report at the centre and to copies of the report being made available upon application by the report of the report by the report of the report o

ACCIDENT STATEMENT

05/05/2022 18:02 (SGT) Date of Submission 04/05/2022 17:05 (SGT) Date of Accident Exact Location of Accident Singapore PIE(Tuas) after CTE(AYE) exit Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBE5109M

INSURED/POLICYHOLDER

is company? Name Of Registered Owner Company Reg No Fmail Address Mobile Phone No Alternative Phone No.

CIS-TRONICS PTE LTD 200104955R nicolas@cistronics.com.sg (Phone) +65-96635895 +65-96635895

VEHICLE PARTICULARS

Manufacturer Model Vanani 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 Calegory Transmission cc

Employment

Nissan

Nv200

No - Claiming third party Commercial vehicle Manual

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

2000

5114898202-02

DRIVER

Name of Driver Passport No/FIN

ISLAM NOZRUL G2087686M

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Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address Address complement Postcode is the driver the policyholder? If No. Relationship of the Driver with the Insured 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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

FORFIGN VEHICLE 1

Vehicle Registration Number Vehicle Category

PASSENGER 1

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No. Alt. Police Station Phone No. Police Station Address Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to sketch plan

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Outdoor 08/10/2020 1 YEAR AND 7 MONTHS (Phone) +65-88457610 nicolas@cistronics.com.sg 50 Toh Guan Road East #03-01 5608587 No Employee

06/01/1984

Chain Collision

Clear Dry

Yes Yes Ves Yes 2 No

> JTP9743 Motorcycle

SOLAYMAN

Hong Kah North Neighbourhood Police Post

(Phone) +65-18005679999 (Fax) +65-65652508

Blk 370 Bulkit Batok Street 31 #01-201 Singapore 650370

Yes No

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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBJ3098Y** Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vahicle Colour Vehicle Category Commercial vehicle

Name of Driver Contact Number

Address Address complement Postcode

Insurance Company Name Nature Of Damage

Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number **CB7721K**

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement

Postcode Insurance Company Name

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number EP1118U Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Vehicle Category Private car Name of Driver

Contact Number Address Address complement

Postcode Insurance Company Name

Nature Of Damage Details of property damaged in accident

No Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Motorcycle

Vehicle Category

Name of Driver Contact Number

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Address Address complement Postroda Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number UNKNOWN Vahicle Manufacturer Vahicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

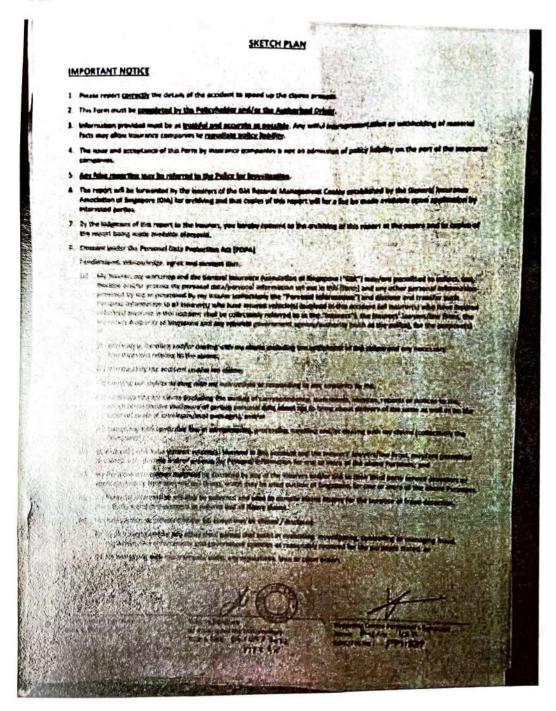
INJURED PERSONS DETAILS

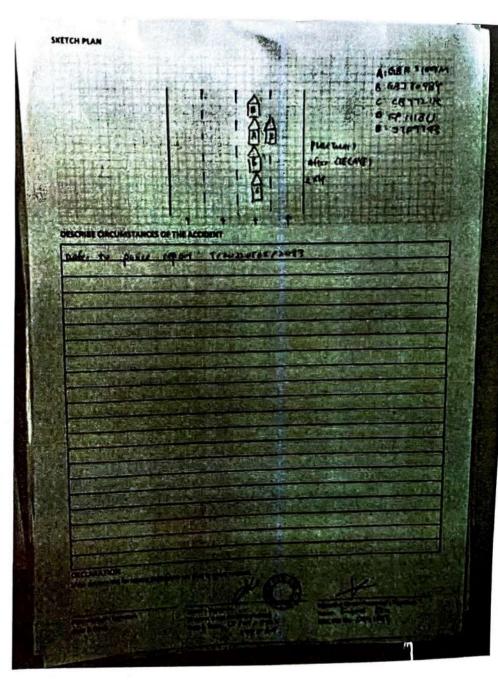
Yes

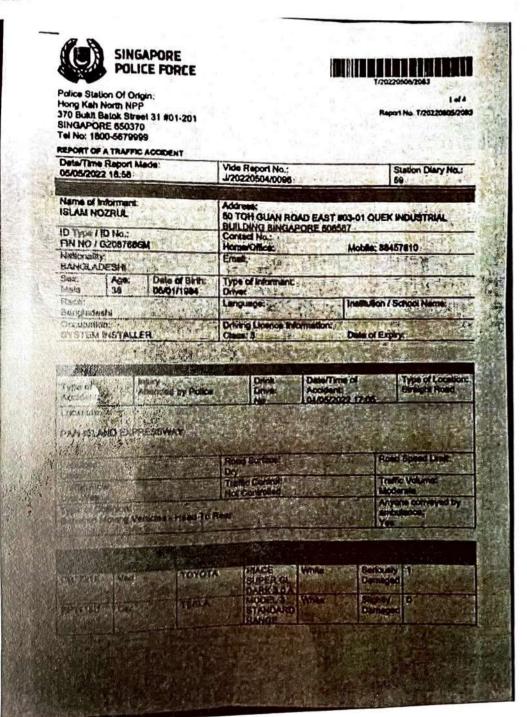
IN ILIPED 1

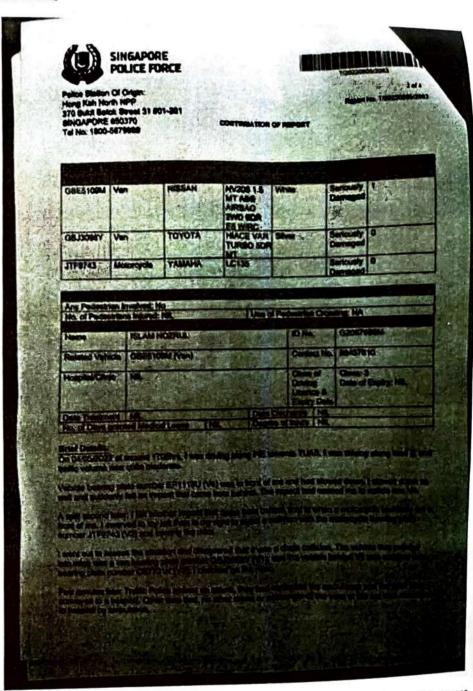
Name of injured person UNKNOWN Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? JTF9743 Were seat belts worn? No Was this injured conveyed to hospital by ambulance?

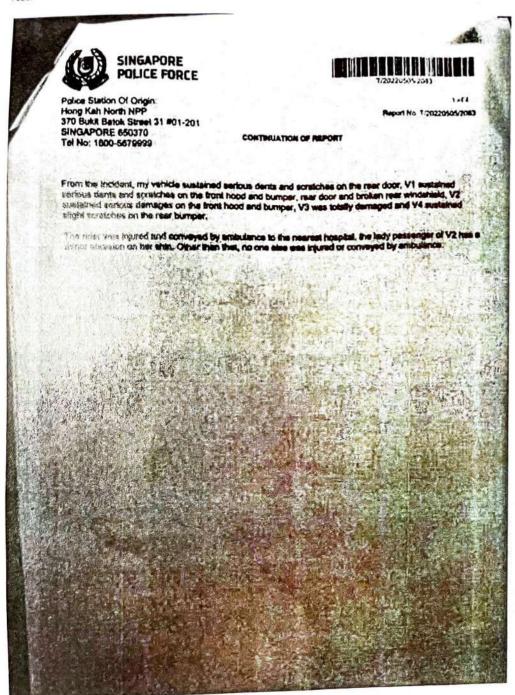
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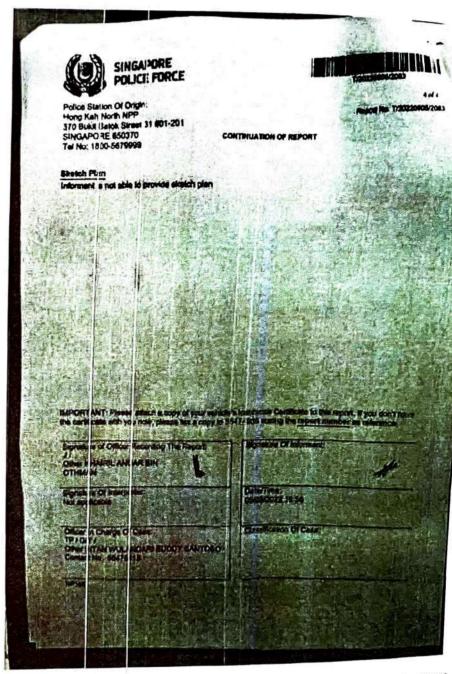












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