Insu

G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

 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 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 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.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

30/05/2022 15:54 (SGT) 27/05/2022 14:15 (SGT) PIE, Singapore PIE EXIT TO TPE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG6482L

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes NIGHT9SKY CAR HIRE 5XXXX669C night9sky.carrental@gmail.com (Phone) +65-82234462 (Office) +65-82234462

VEHICLE PARTICULARS

Manufacturer Model Variant 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 Category Transmission

Private use

Renault

Scenic

No - Claiming third party Private hire Auto 1461

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy **Policy Number**

NTUC Income Insurance Co-operative Ltd ThirdParty

Yes

5116546756-02

DRIVER

Name of Driver NRIC No

MOHAMED RAMDANI BIN ABDUL KARIM SXXXX321C



Policyhoider's Signature Date & Time:

Daver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting re Personnel's Signature

Joelle ran Name: NRICARN NO.

AME MUTOPOINT PIE UTD