OTOM Yr Regn: O.

Type: M.Carl M.Cycle / Bus / Van / Lorry / Taxi / Prime

## IMPORTANT NOTICE

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 3. Information provided must be as truthful and accurate as possible. Any will interepresentation of modes are possible and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 Date of Accident 13/05/2022 15:36 (SGT) 12/05/2022 17:55 (SGT) Exact Location of Accident Singapore, Jurong Town Hall Additional Location Information JURONG TOWN HALL ROAD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

TARRASSING STORY ...

No - Claiming third party

Private car

D-21097944MFQC

Auto

1600

Vehicle Registration Number SJA3683K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Company Reg No BITUBULK PTE LTD 2002201466C **Email Address** NP-TAN@PTCLOGISTICS.COM.SG Mobile Phone No (Phone) +65-65151311 Alternative Phone No (Office) +65-65151311

VEHICLE PARTICULARS

Manufacturer Honda Model Jazz Exact purpose for which vehicle was being used at time of **Employment** 

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company MS First Capital Insurance Ltd Type of Coverage Comprehensive Fleet Policy Yes **Policy Number** 

Cover Note Number

DRIVER

Name of Driver TAN NGEE PHENG NRIC No S7200501E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I MAS drubm along former John List Days time frame for you to submit an own damage claim at the submit of the condition	SKETCH PLAN		110	n 1 1755		Jury won last Rd.
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