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SC15226F0001 / CHIN MENG MOTORS ENTRY DATE & TIME: 15/06/2022 15:07 (SGT) SUBMITTED BY: CMM02 VERSION: 1 (15/06/2022 15:07 (SGT))



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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 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 Exact Location of Accident Additional Location Information Country/State of Loss

15/06/2022 15:07 (SGT) 14/06/2022 11:17 (SGT) Woodlands, Singapore 13 WOODLANDS LINK LOADING BAY Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ1862X

INSURED/POLICYHOLDER

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

CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD 2XXXXX882K JEREMYYC\_QUEK@CERTISGROUP.COM (Phone) +65-68428849 (Office) +65-68428849

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 vour vehicle? Vehicle Category Transmission CC

Toyota Dyna

No - Claiming third party Commercial vehicle Manual 3000

INSURANCE COMPANY

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

MS First Capital Insurance Ltd Comprehensive D-22099102MFCV/38

DRIVER

Name of Driver NRIC No

FAM KAI CHIN SXXXX507A

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?

Name Gender

PASSENGER 1

PASSENGER 2

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO INCIDENT REPORT.

ATTACHMENT(S)

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

Yes No

Outdoor 02/09/2013 8 YEARS AND 9 MONTHS

(Phone) +65-84047754

JEREMYYC\_QUEK@CERTISGROUP.COM BLK 124C RIVERVALE DRIVE #14-219

543124 No Employee No

29/03/1983

Collided into Parked Vehicle

Clear Dry

No

2 No

Yes 3

No

STAFF Male

STAFF Male

No No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Yes

Vehicle Registration Number Vehicle Manufacturer

YQ5426L

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)

## Commercial vehicle

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## SKETCH PLAN

#### IMPORTANT NOTICE

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No. of Contract of

Refer to attached incident report.