



SINGAPORE ACCIDENT STATEMENT

- 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 Actual 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 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withouting of miscolar 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 Submission Reported by	04/08/2022 16:34 (SGT)
Reported by Date of Accident	Driver
The state of the s	11/06/2022 06:10 (SGT)
Exact Location of Accident Additional Location Information	CTE, Singapore
Additional Education Information	towards SLE
Country/State of Loss	Singapore
	0-1

, october 1970 -	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	YP1929J
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes Systematic Airconditioning Pte Ltd 1XXXXX703G shah@systematicaircon.com (Phone) +65-87175009 (Office) +65-64847188
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Isuzu NQR75UL5A - Employment No - Claiming third party Commercial vehicle Manual 5193
INSURANCE COMPANY	
Name of Insurance Company Policy Number / Cover Note Number	Liberty Insurance Pte Ltd SD2206793/VCZ/R02
DRIVER	

Name of Driver NRIC No Date Of Birth Occupation	Afendy Bin Abdul Jalil SXXXX155H 07/07/1981
Occupation	Outdoor

Describe Circumstance of the Accident
ENCLOSED POLICE PEPORT.
VEHICLE IS STILL AT POLICE COMPOUND. DRIVER STILL ON MC/HOSPITAL.
OF SYSTEMATILE
I AM MR SEAH KENG 2AM, OPERATIONS MGRI
Systematic ALRONDITIONING ON 4.8.2022-4.
TP CUAINT: SYSTEMATIC
ration

Deck

Jun 2022

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Actual Dever's Signature (if driver is not the policyholder)

Actual Dever's Signature (if driver is not the policyholder)

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)