SN09228H0008-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/08/2022 16:43 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (06/10/2022 10:08 (SGT))

SINGAPORE ACCIDENT STATEMENT

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 Actual 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 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 17/08/2022 16:43 (SGT) Reported by Driver Date of Accident 15/08/2022 18:15 (SGT) Exact Location of Accident ECP, Singapore Additional Location Information TOWARDS TPE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XF11107

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CHYE JOO CONSTRUCTION PTE LTD Company Reg No 1XXXXX808K Email Address estrpt66@gmail.com Mobile Phone No (Phone) +65-84089202 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Model 3336k/6x4 Variant Exact purpose for which vehicle was being used at time of

accident **Employment** Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 11946

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D20MFL0004151 02

DRIVER

Name of Driver MAHALINGAM ARUL Passport No/FIN GXXXX006U Date Of Birth 14/06/1983 Occupation Outdoor

Date Of Driving Pass 11/11/2015 Driving experience 6 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-84089202 Alt. Phone Number Email Address estrpt66@gmail.com Address 19 KIAN TECK ROAD Singapore 628772 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLX6829T 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)		_

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Child Elp towards TPE with my company vehicle VEIIIO & for Nork purpose. I was driving straight on land 3 of 4 laws. There was noise coming from my vehicle, I slowed down, signaled checked traffic was cleared and slowly lane change to the left most lane. Out of a sudden, I felt an impact from the rear. I then realised vehicle B had collided onto the sear portion of my vehicle.

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17/08/2022

















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: 3H09208 H000 Vehicle Registration No: XF Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore (Address: Contact (Tel): Email Address: Time of Accident: Date of Accident: Place of Accident: **Insurance Company:** (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Actual Driver's Signature Name (as in NRIC/ID card): Date:

Date:

Accident report SN09228H0008