

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 withholding 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 24/09/2022 15:18 (SGT)
Reported by Driver
Date of Accident 23/09/2022 13:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information BLK 8 MARSILING IND ESTATE RD 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL9475S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LEGACY LOGISTIC SERVICES
Company Reg No 5XXXX302A
Email Address towbro264@yahoo.com
Mobile Phone No (Phone) +65-90608860
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model SPRINTER 316CDI 3665 4X4 VAN
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2143

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Policy Number / Cover Note Number DMCHHQ22-000114

DRIVER

Name of Driver SHANKER S/O BALASUBRAMANIAM
NRIC No SXXXX037G
Date Of Birth 30/07/1977
Occupation Indoor

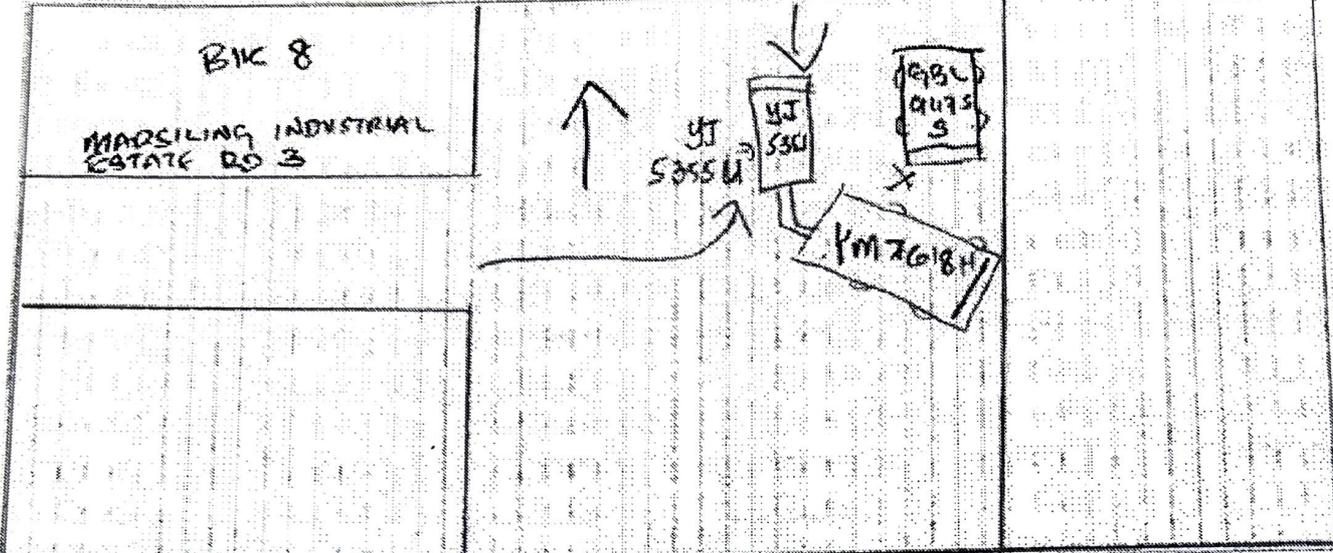
Describe Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

- Claim Own Policy Claim Third party Reporting Only
 Claim OD at other workshop (_____)

Sketch Plan



ON 23/09/22 AT APPROXIMATELY 1820HRS, I SHANKER DRIVING G8L947SS STOPPED AT MARSILING INDUSTRIAL ESTATE RD 3. A TOW TRUCK YJ S35U WAS TOWING A LORRY YM7618H AND MAKING A LEFT TURN. AS THE TRUCK YJ S35U TURNED, THE TRUCK YM7618H ON TOW SWING OUT TO THE SIDE AND HIT MY VEHICLE G8L947SS.

Declaration

We declare the foregoing particulars are true in every respect.

Legacy Logistic Services
53121302A

Policyholder's Signature / Date & Time

Driver's Signature (driver is not the policyholder) / Date & Time

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

(Wk)