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 Drivet

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

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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 Reported by Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

08/10/2022 16:30 (SGT)

Driver

07/10/2022 19:30 (SGT)

Singapore

AYE TOWARDS CITY BEFORE CLEMENTI EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMY1825U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

Company Reg No Email Address Mobile Phone No Alternative Phone No

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

your vehicle?

Vehicle Category Transmission

CC

Yes LIMOVO 53360568K

LIMOVORENTAL@GMAIL.COM (Phone) +65-90691425

Private use

Honda

Fit

No - Claiming third party Commercial vehicle

Auto 1300

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Income Insurance Limited 5120608312-01

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN ZHENG YU T0002555G 10/01/2000 Indoor

Accident report SN0722A8000E

Page 1 of 12

Date Of Driving Pass 28/12/2018 Driving experience 3 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-98160619 Alt. Phone Number **Email Address** LIMOVORENTAL@GMAIL.COM BLK 293D BUKIT BATOK STREET 21 #35-546 Address Address complement Postcode 654293 Is the driver the policyholder? If No, Relationship of the Driver with the Insured Hirer 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 Collision - Head to Rear Weather Conditions Raining

OTHER INFORMATION

Road Surface

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) No soliciting/offering accident claims assistance? 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?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG LANE 1 WHEN VEHICLE IN FRONT OF ME STOP, I MANAGED TO STOP IN TIME AND VEHICLE (SHC4748P) COLLIDED ONTO ME WHILE TRYING TO SWITCH TO LANE 2.

ATTACHMENT(S)

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

Yes No

Wet

DETAILS OF OTHER VEHICLE PROPERTY 1

Accident report SN0722A8000E

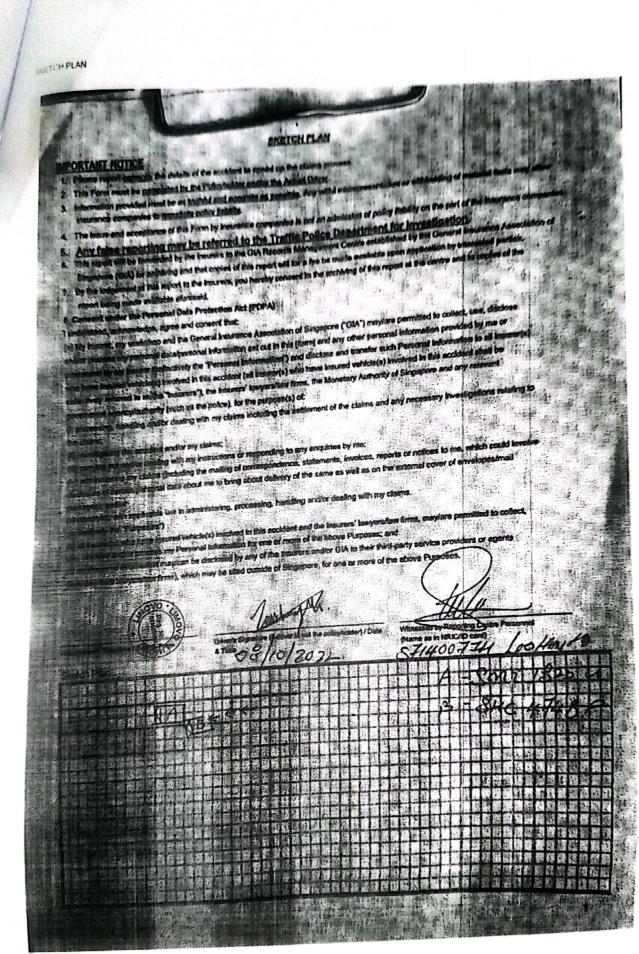
Page 2 of 12



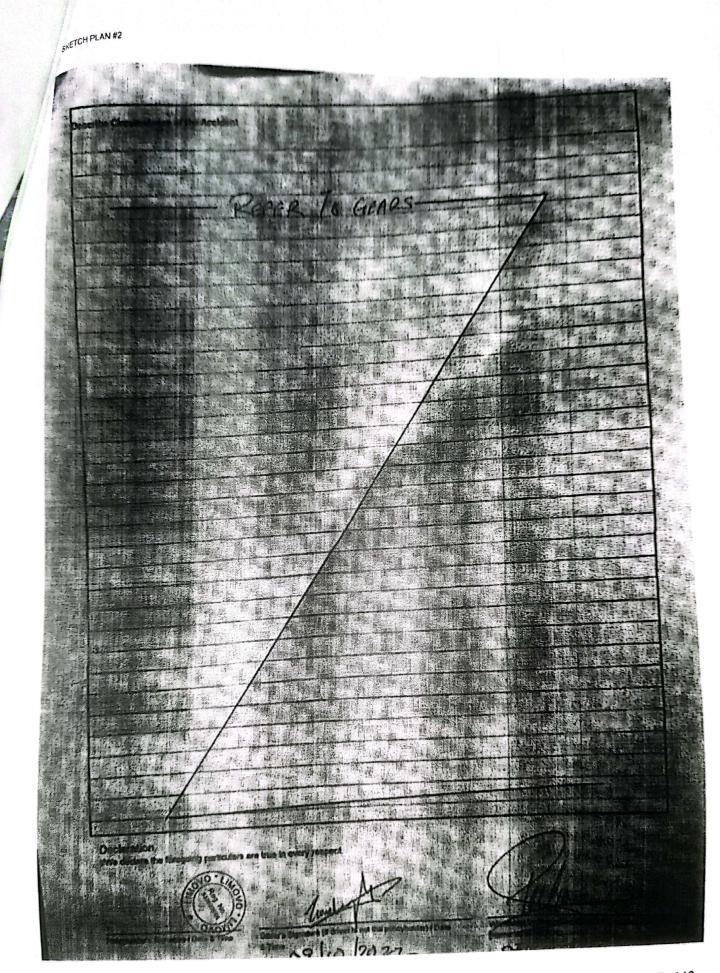
Contact Number
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Octails of property damaged in accident
No. Of Passenger (Including Driver)







Page 4 of 12



Accident report SN0722A8000E

Page 5 of 12

