SF01231J0001 / FORZA AUTOHAUS PTE LTD ENTRY DATE & TIME: 31/01/2023 11:52 (SGT) SUBMITTED BY: FOO MEI MEI VERSION: 1 (31/01/2023 11:52 (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 5. Intermitted in provided intest be as it during an accurate as possible. Any wind misrepresentation of windowing of material facts may allow insurance companies to reputial 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 31/01/2023 11:52 (SGT) Reported by Date of Accident 22/12/2022 10:20 (SGT) Exact Location of Accident Singapore Additional Location Information 5 SOON LEE STREET #05-46, DRIVEWAY OUTSIDE THE UNIT IN THE BUILDING Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBF2107H**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CYK ENGINEERING PTE LTD Company Reg No 2XXXXX802Z Email Address claims@forzaauto.sg Mobile Phone No (Phone) +65-91526821 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMCPHQ21-001720

DRIVER

Name of Driver CHUA KAI SAN NRIC No SXXXX079D Date Of Birth 20/01/1973

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	Outdoor 24/10/1994 28 YEARS AND 2 MONTHS Male (Phone) +65-91526821 - claims@forzaauto.sg BLK 449B BUKIT BATOK WEST AVE 9 #19-40 - 652449 No OWNER No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Jurong Neighbourhood Police Post (Phone) +65-18002659999 (Fax) +65-62664987 Blk 158 Yung Loh Road #01-58 Singapore 610158 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN DRAFT AND REPORT. GIA REPORT UNTIL NOW THEN SUBMIT AS TP VEHICLE DRIVER NO RESPON.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1

YQ5121R

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SABA
Contact Number	(Phone) +65-81386565
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-





























