VERSION: 1 (15/03/2023 09:34 (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

Reported by Date of Accident Exact Location of Accident	15/03/2023 09:34 (SGT) Driver 14/03/2023 11:20 (SGT) Singapore Hong Lim Complex Hawker Centre Loading Bay
Country/State of Loss	Singapore Centre Loading Bay

Exact Location of Accident Additional Location Information	Singapore Hong Lim Complex Hawker Centre Loading Bay				
Country/State of Loss	Singapore				
DETAILS OF	OWN VEHICLE				
Vehicle Registration Number	GBJ9020G				
INSURED/POLICYHOLDER					
Is company?	Yes				
Name Of Registered Owner	Starhub Ltd				
Company Reg No	199802208C				
Mobile Phone No	motor@km.com.sg (Phone) +65-98590470				
Alternative Phone No	-				
VEHICLE PARTICULARS  Manufacturer	Nissan				
Model	Nv200				
Variant  Exact purpose for which vehicle was being used at time of	-				
accident Are you claiming under your own insurance policy for repair to	Employment				
your vehicle?	No - Claiming third party				
Vehicle Category	Commercial vehicle				
Transmission	Manual				
CC	1461				
INSURANCE COMPANY					
Name of Insurance Company	India International Insurance Pte Ltd				
Policy Number / Cover Note Number	D19MFL0000105_04				
DRIVER .					
Name of Driver	Lee Swee Guan				
NRIC No	\$1672501C				
Date Of Birth	18/01/1964				

Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number	02/01/1985 38 YEARS AND 2 MONTHS Male (Phone) +65-98590470
Alt. Phone Number  Email Address  Address  Address complement  Postcode  Is the driver the policyholder?	- motor@km.com.sg Blk 281 Toh Guan Road #17-225 600281 No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	Employee No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	·特殊者的人自然《的基础》(1964年1977年)
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?	No 2 No
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name	No
Translator's ID	<del>-</del>
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?	No No
CIRCUMSTANCES OF ACCIDENT	
Refer to the attached statement.	
ATTACHMENT(S)	and the state of t
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number  Vehicle Manufacturer  Vehicle Model  Vehicle Variant	GBA6218X Toyota Hiace
Vehicle Colour  Vehicle Category	Commercial vehicle

Commercial vehicle

Jeffery Toh T0226510E

Vehicle Category
Name of Driver
NRIC No

Contact Number	(Phone) +65-90694067
Address	<del>-</del>
Address complement	_
Postcode	<u></u>
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

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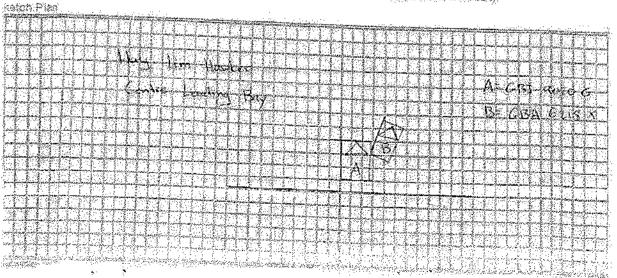
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