

## 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 First Submission	16/10/2024 10:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/10/2024 13:40 (SGT)
Exact Location of Accident	Vista Exchange Green, Singapore
Additional Location Information	SLIP RD TWDS NORTH BUONA VISTA ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN3651L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119742081-03-000084

### DRIVER

Name of Driver	QUEK SER CHOU
NRIC No	S1624276D
Date Of Birth	13/07/1963
Occupation	Outdoor
Driving Pass Date	02/12/1980
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93878855
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	BLK 604 ELIAS ROAD #15-216
Address complement	-
Postcode	510604
Is the driver the policyholder?	No
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	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 15/10/2024 AT ABOUT 1340HRS AT SLIP ROAD OF VISTA EXCHANGE GREEN TOWARDS NORTH BUONA VISTA ROAD. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND CAME TO A COMPLETE STOP WHILE HAVING A LOOKOUT OF THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG AND I REALISED VEHICLE B COLLIDED ONTO MY REAR.

#### ATTACHMENT(S)

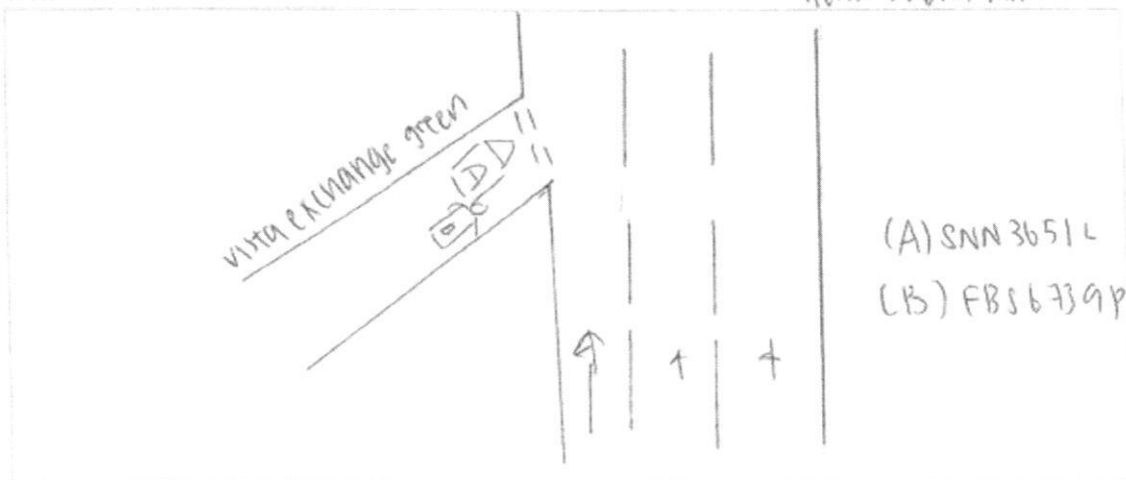
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS6739P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CRIS TEY
Contact Number	(Phone) +65-93496739
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-



North Bupna VIII cond.



ON 15/10/2024 at about 1340hrs at slip road of  
 vista exchange green towards north Bona Vista Road.  
 I was travelling on the above mentioned road  
 and came to a complete stop while having  
 a lookout of the main traffic suddenly, I heard  
 a loud bang and I realised vehicle (B) collided  
 onto my rear.

(A) SNN56516

(B) FB56399



Declaration

I have declared the following particulars true and correct.



*[Signature]*  
 15/10/2024