

## 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 .....	25/11/2024 18:41 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/11/2024 00:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ANG MO KIO AVE 3 TOWARDS SERANGOON NORTH AVE 3
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJZ1019K
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No .....	200406722Z
Email Address .....	accidents@tribecar.com
Mobile Phone No .....	(Phone) +65-98434836
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1591
Vehicle Fuel .....	Petrol
First Registration Date .....	-
Chassis no .....	KNAFW411MA5271549
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5124311472-03

#### DRIVER

Name of Driver .....	CHEE CHOON FEI
NRIC No .....	S6981974E
Date Of Birth .....	30/01/1969
Occupation .....	Indoor
Driving Pass Date .....	26/05/2005
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	19 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98434836
Alt. Phone Number .....	-
Email Address .....	fei1969@yahoo.com
Address .....	BLK 549 SERANGOON NORTH AVENUE 3 16-23 SINGAPORE 550549
Address complement .....	-
Postcode .....	-
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) .....	3
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 .....	-

#### PASSENGER 1

Name .....	ANG SUH WAN
Gender .....	Female

#### PASSENGER 2

Name .....	CHEE YING KIT CHLOE
Gender .....	Female

#### 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

REFER WITH ATTACHED.

#### 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 .....	SKE5475Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NITHIYANATHAN S/O VEERAPPAN
NRIC No .....	S8638295D
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



**Describe Circumstances of the Accident**

1. I was driving along Ang Mo Kio Ave 3, filtering towards Serangoon North Ave 3. I slowed down at the pedestrian crossing. I noticed that there was a motorcycle on the right coming from Serangoon North Ave 1 going straight to Serangoon North Ave 3. I stop completely to let the motorcycle pass. It was then an Aydi SK-E 5475Z hit me from behind.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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



Witnessed by Reporting Centre Personnel