

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 Authorised 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 ability.
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 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 Report | 15/11/2017 12:32 |
| Date Of Accident | 14/11/2017 18:05 |
| Exact Location Of Accident | CTE TWDS MACPHERSON NEAR L/P NO 241 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | GBD254P |
| Insured/Policyholder | |
| Name Of Registered Owner | LINK ELECTRICAL PTE LTD |
| Co Reg No | 200300602W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-67456375 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | CITROEN |
| Model | BERLINGO |
| Exact Purpose for which vehicle was being used at time of accident | OTW BACK HOME |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5089296903 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | CHEN TENG CHIANG |
| NRIC No | S1241200B |
| Date Of Birth | 06/10/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/09/1981 |
| Driving Experience | 36 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91092261 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|------------------------------|
| Address | BLK 57 CIRCUIT RD #07-137 |
| Postcode | 370057 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-----------------|
| Type Of Accident | CHAIN COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Was any body injured in the Accident? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG CTE TWDS MACPHERSON ON THE 4TH LANE OF A6-LANES RD, IT WAS HEAVY TRAFFIC AND SLOW MOVING AND MY VEH WAS STATIONARY. WHEN I START TO MOVED OFF SUDDENLY I FELT THE IMPACT FROM MY REAR. I CAME OUT FROM MY VEH, I SAW THAT VEH B HAD HIT ONTO MY REAR PORTION OF MY VEH. I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHS.

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SLF6428L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE2664X
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

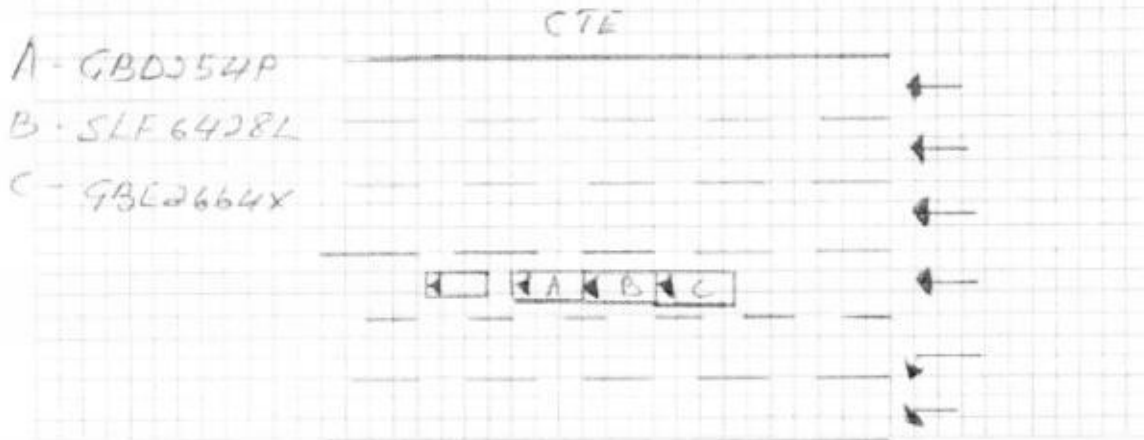
Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name CHEN TENG CHIANG
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? GBD254P
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: