

## 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             | 19/12/2017 12:57                           |
| Date Of Accident           | 18/12/2017 17:55                           |
| Exact Location Of Accident | BENDEMEER RD > KALLANG BAHRU ROAD(SLIP RD) |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SKX4912K                       |
| <b>Insured/Policyholder</b> |                                |
| Name Of Registered Owner    | YONG LEE SENG HOLDINGS PTE LTD |
| Co Reg No                   | 200706236N                     |
| Email Address               | NOEMAIL                        |
| Mobile Phone No             |                                |
| Alternative Phone No        | OFFICE-90000000                |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HYUNDAI        |
| Model  | AVANTE-1.6 (A) |
| 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             |
| If No, Please state action to be taken                                       | THIRD PARTY    |
| Vehicle Category   | PRIVATE CAR    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5068483255-03                          |
| Cover Note Number         |  |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | HE ZHUN              |
| Passport No/FIN      | G0455746N            |
| Date Of Birth        | 08/06/1990           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 25/06/2015           |
| Driving Experience   | 2 YEARS AND 5 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97100519 |
| Fax Number           |                      |
| Contact Number       |                      |
| Email Address        | NOEMAIL              |

|   |  |
|---|--|
| Address   | 61 UBI AVENUE 2 #03-05 AUTOMOBILE MEGAMART |
| Postcode  | 408898                                     |
| Was driver an employee of the Insured's Company     | NO   |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER                              |
| Vehicle Registration Number of Driver's Own Vehicle | -  |
|   | -  |
| Insurance Company of Driver's Own Vehicle           | -  |
|   | -  |
|   | -  |

#### 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 this accident?  | NO  |
| Number of vehicles involved in the accident   |     |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| 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)   | 4   |

#### 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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. I STOP MY VEHICLE DUE TO PEDESTRIAN CROSSING. THAT IS WHEN VEHICLE B UNABLE TO STOP ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR PORTION. ATTENDED BY SITI

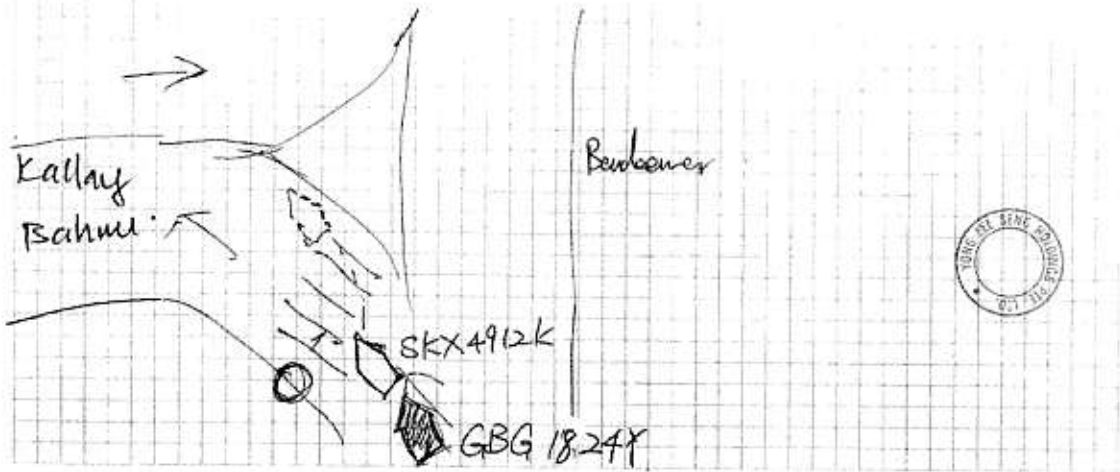
#### Attachment(s)

|   |     |
|---|-----|
| 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         | GBG1824Y |
| Vehicle Make/Model/Colour           |          |
| Details Of Properties               |          |
| Vehicle Category                    |          |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rider  
e-bike

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:

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre Tel: 67492305 Signature

Name: Fax: 67492305

Email: idacvacb@singnet.com.sg