### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	08/01/2018 19:23
Date Of Accident	07/01/2018 14:30
Exact Location Of Accident	PIE TOWARDS CHANGI AFTER BEDOK NORTH RD
Country/State of Loss	SINGAPORE
<b>阿克斯岛</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD8923U
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSING SERVICES

Co Reg No 53287737C Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96372113
Alternative Phone No OFFICE-96372113

Vehicle Particulars

Manufacturer HONDA

Model STREAM-1.8 L (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 HIRE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 17-MH001493-R01

Cover Note Number

Driver

Name of Driver LOH ZHAO YUAN EDWARD

 NRIC No
 \$8721580F

 Date Of Birth
 01/07/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/02/2007

Driving Experience 10 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96372113

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 128 BUKIT BATOK WEST AVE 6 #02-390

Postcode

650128

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

PAID DRIVER

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

Number of vehicles involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO NO

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

**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

ON 07.01.2018 AT ABOUT 1430HRS AT ALONG PIE TOWARDS CHANGI AFTER BEDOK NORTH ROAD EXIT T WAS TRAVELLING ON THE CENTRE LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC HENCE I FOLLOW SUIT AND CAME TO A COMPLETE STOP SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND THE GREAT IMPACT FORECD MY VEHICLE FORWARDS TO HIT ONTO THE REAR PORTION OF VEHICLE (C) WHEN I ALIGHTED I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR POTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED T HAVE ONE PASSENGER INSIDE MY VEHICLE

## Attachment(s)

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

THE CHANGE	AFTER BEICK NORTH ROAD EXIT
	$\rightarrow$
Manager Control of the Control of th	BUAXCO
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	HONGE PIE TOWARDS CHANGE
AFTER BEDOK NORTH RUMB EX	T. I WAS TRAVEHING ON THE
CENTRE LANG AND WHEN	MY FRONT VEHICLE SLOW DOWN AND
	HENCE I FOLLOW SUIT AND CHINE
TO A COMPLETE STOP , SUPPL	ENLY I HEARD A LOW BANG FROM
REHIND AND THE CREAT IN	IPACT FORCED INY VEHICLE (A)
FURWARDS TO HIT GIVEN THIS R	LEAR PURTION OF VEHICUE (C).
VHEN I ALIGHTED, I REHLIS	EIS THAT IT WAS VEHICLE (B) WHO
	OF MY VEHICLE (H) CAUSING DAMAGES
S MY VEHICLE . IT WITE A CO	MAIN COLLISION OF TOTHL 3 VEHICLES
INVOLUED: I HAVE ONE PASSIE	
AAA . (O) (	CA1071 61915
	(R)SKA 4725E CC 1330 121
Attoris Signature School Signature	The state of the s
if Chier a course per Date & Trong	Sections for the nematical section  Name:  NO Denni Mai

# Enquire PARF/COE Rebate for Registered Vehicle

0		
Owner ID Type:	Business	
Owner ID:	7737C	
Vehicle Details		
Vehicle No.:	SJD8923U	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	09 Jan 2018	
Vehicle Make:	HONDA	
Vehicle Model:	STREAM 1.8LA	
Primary Colour:	Black	
Manufacturing Year:	2008	
Engine No.:	R18A12803211	
Chassis No.:	JHMRN68408S203206	
Maximum Power Output:	103.0 kW (138 bhp)	
Open Market Value:	\$20,486.00	
Original Registration Date:	08 Apr 2008	
First Registration Date:	08 Apr 2008	
Transfer Count:	2	
Actual ARF Paid:	\$20,486.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	07 Apr 2018	
PARF Rebate Amount:	\$10,243.00	
ntended COE Rebate Details		
COE Expiry Date:	07 Apr 2018	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
QP Paid:	\$19,001.00	
COE Rebate Amount:	\$466.00	
Fotal Rebate Amount:	\$10,709.00	

The information contained herein is correct as at 09 Jan 2018