

## 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	03/05/2014 10:58
Date Of Accident	02/05/2014 10:00
Exact Location Of Accident	KJE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1022K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A P TRADING LLP
Co Reg No	T11LL0966F
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	FE83BEOSRDEA-3.0 D B31 (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	Commercial Vehicle

### Insurance Company

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	13-MC014977-R02
Cover Note Number	

### Driver

Name of Driver	LEE CHUN HONG
NRIC No	G8490699P
Date Of Birth	04/05/1987
Occupation	Outdoor
Date Of Driving Pass	09/07/2011
Driving Experience	2 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-83061889
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	10 ADMIRALTY STREET #04-83/84 NORTHLINK BUILDING
Postcode	757695
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 Collision- Head to Rear (TP Hit Insured)  
Weather Conditions DRIZZLING  
Road Surface Wet

### 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  
Was there any video captured by Car Camera? No

### Details of Police Action

Was the accident reported to the police? Yes  
If Yes, Please state which Police Station  
Police Station Name Sembawang Neighbourhood Police Centre  
Police Station Address ROAD: 4 Sembawang Crescent, POSTCODE: 757633, COUNTRY: Singapore  
Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499  
Was notice of intended Prosecution given? No  
If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND ENCLOSED POLICE REPORT.

Are accident photos available for attachment? Yes

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PH2672R  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver WONG CHEW CHOON  
NRIC/Passport Number S2129188I  
Contact Number 9669 5518  
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 LEE CHUN HONG  
Approximate Age  
Injuries Sustain CHEST PAIN AND RIGHT HAND  
Injured person in which vehicle? YN1022K  
Were seat belts worn? Yes  
Was injured conveyed to hospital by ambulance? No  
Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name BENCHAMIN JAINU (FRONT PASSENGER)

Approximate Age

Injuries Sustain HEADACHE

Injured person in which vehicle? YN1022K

Were seat belts worn? Yes

Was injured conveyed to hospital by ambulance? No

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name MOHAMED YAHOOB MOHAMATHAU (FRONT PASSENGER)

Approximate Age

Injuries Sustain CHEST PAIN AND HEADACHE

Injured person in which vehicle? YN1022K

Were seat belts worn? Yes

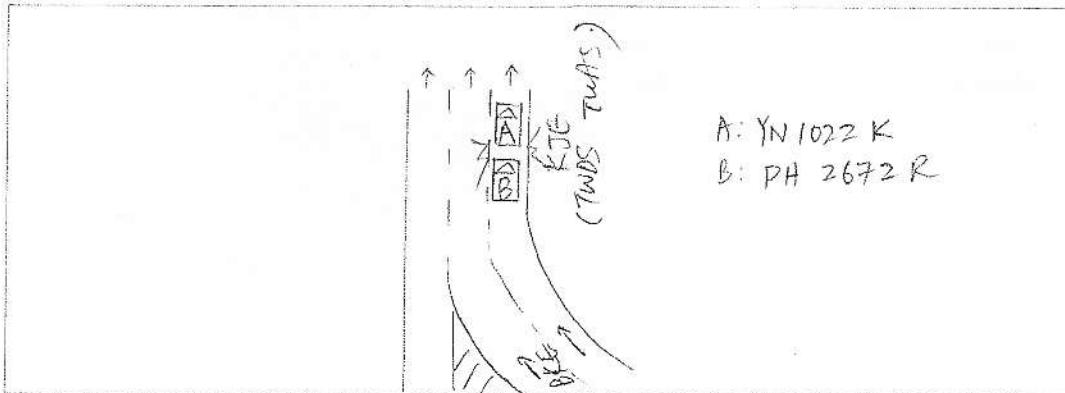
Was injured conveyed to hospital by ambulance? No

Address

Postcode

**SKETCH PLAN****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 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. The 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.

**Sketch Plan****Describe Circumstances of the Accident**

DRIVING ALONG KJE (AFTER BKE), FRONT VEHICLES
BRAKE AND I BRAKE ALSO. ABOUT 3 SECONDS LATER,
I FELT A BANG AT THE BACK.
ME AND MY 2 FRONT PASSENGERS DO NOT FEEL WELL
AFTER AND WE HAVE SEEN THE DOCTOR.
ENCLOSED POLICE REPORT

**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

Witnessed by Reporting Centre Personnel

*Handwritten signature*

2/5/14 @ 4:40 pm