

## 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 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 Report	13/03/2019 14:29
Date Of Accident	12/03/2019 16:45
Exact Location Of Accident	KJE SLIP ROAD EXIT TO BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1652L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE ZAG SERVICES
Co Reg No	52890381K
Email Address	TERRENCELINMAOXIN@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90123873

### Vehicle Particulars

Manufacturer	SSANGYONG
Model	ACTYON SPORTS-2.0 D/CAB 2.0 AT AIRBAG 2WD (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083188742-02
Cover Note Number	

### Driver

Name of Driver	LIN MAOXIN, TERRENCE
NRIC No	S8525364F
Date Of Birth	04/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97845242
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 429 ANG MO KIO AVE 3 #08-2578
Postcode	560429
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
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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

REFER TO SKETCH PLANS

#### 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	GBA9617H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

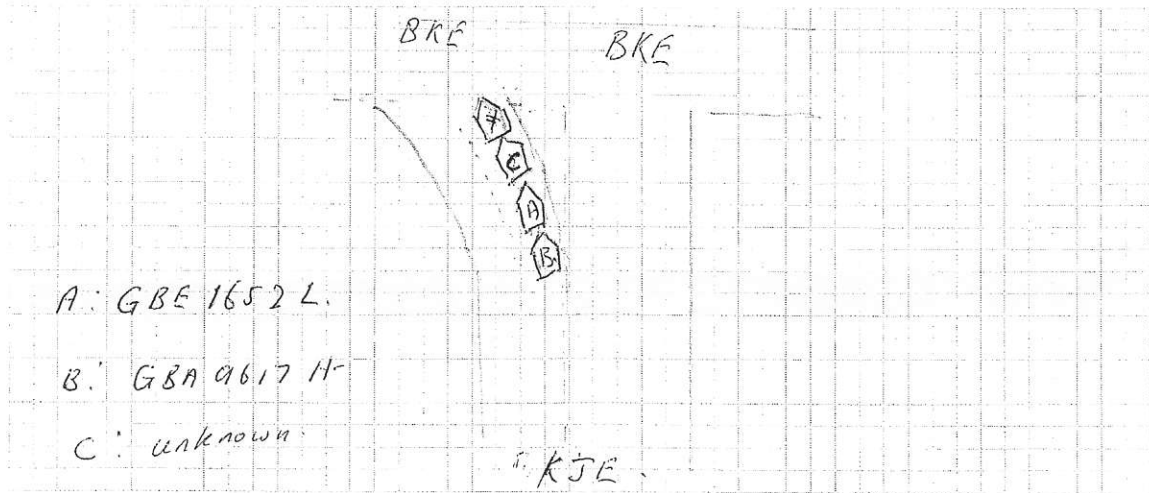
Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including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

#### DETAILS OF INJURED PERSON 1

Name	LIN MAOXIN TERRENCE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE1652L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened at the KJE exit/filter lane
to BKE.
I was travelling on the outer lane exiting KJE
in to BKE when the vehicles in front stopped
suddenly. I managed to brake on time, but
Vehicle No GBA9617A travelling behind me suddenly
collided on to the rear of my vehicle
The impact caused my vehicle to surge forward and touched
lightly the rear of the vehicle in front. The driver, <sup>slightly,</sup> looked at
his vehicle and just drove off before I could note down the number.
There is minor damage to the front part of my vehicle

DECLARATION

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

**Ace Zag Services**

50, East Coast Road

Policyholder's Signature: [Signature]

Date & Time: 11/02/2019 10:59

HP: 97845000 Fax: 67661013

MAILED 2019/02/11

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: