#### 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 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.

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	ACCIDENT STATEMENT
Date Of Report	27/04/2019 00:15
Date Of Accident	25/04/2019 12:00
Exact Location Of Accident	ALONG HOUGANG AVE 9.
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB7447P
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	ISAACNGEL@GOLDBELLCORP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64942897
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090757MFCV
Cover Note Number	
Driver	
Name of Dukasa	CONO VANO

Name of Driver SONG YANG
Work Permit No G2963069R
Date Of Birth 05/05/1994
Occupation OUTDOOR
Date Of Driving Pass 11/06/2018

Driving Experience 0 YEAR AND 10 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86478217

Fax Number

Contact Number

EMail Address JIMMY.LOH.HC@SG.AURICGROUP.COM

Address

Postcode

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

I was driving my lorry along Hougang ave 9 traffic light. When I was waiting the traffic light turning to green, Suddenly vehicle SLZ6539U come from behind and hit onto my rear side position. Damages of my lorry rear side position. No injuries were involved.

#### 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 SLZ6539U

Vehicle Make/Model/Colour KIA FORTE K3 1.6A

Details Of Properties NA

Vehicle Category PRIVATE CAR

Name of Driver NG CHIN HWA(HUANG ZHENHUA)

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NRIC/Passport Number S8231436I Contact Number 96839918

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Passenger 1 NAME: : PASSENGER 1

GENDER: : FEMALE

Passenger 2 NAME: : PASSENGER 2

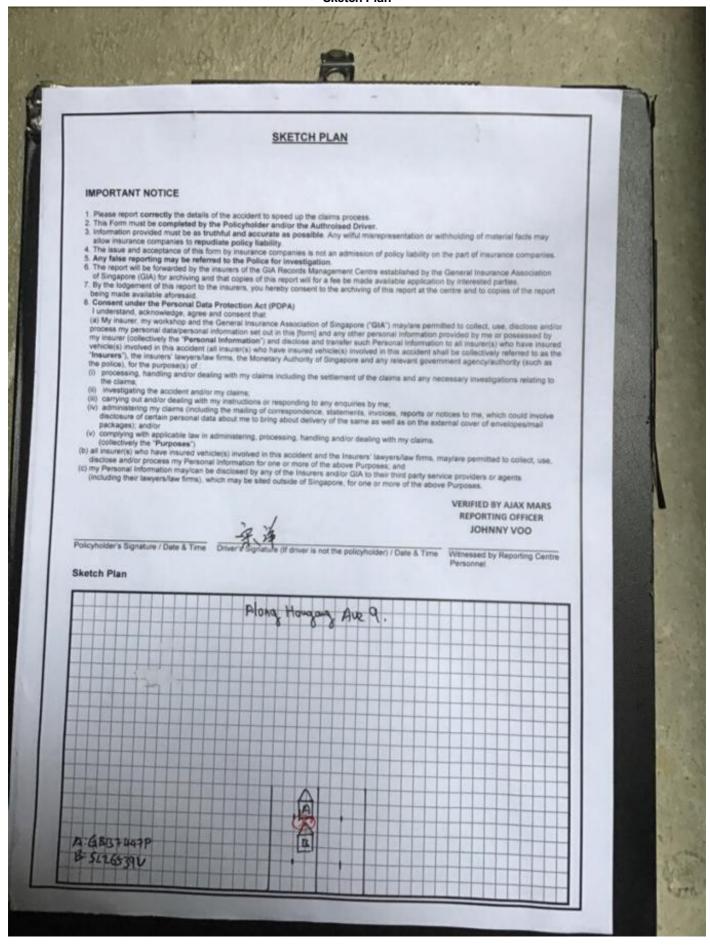
GENDER: : FEMALE

Passenger 3 NAME: : PASSENGER 3

GENDER: : FEMALE

Passenger 4 NAME: : PASSENGER 4

GENDER: : FEMALE



# Common Statement Pg. 1

CIDENT STATEMENT (2000 characters)
I was driving my lorry along Hougang ave 9 traffic light. When I was waiting the traffic light turning to green, Suddenly vehicle SLZ6539U come from behind and hit onto my rear side position. Damages of my lorry rear side position. No injuries were involved.
Taxi Voucher No.:
DECLARATION
We declare that the above particulars & information provided above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - JOHNNY VOO CHEON YEE
MARS Officer  Registered Owner or Driver's Signature

Date/Time:

26 April 2019 at 4:24 PM

Job Complete Date/Time

26 April 2019 at 4:24 PM

#### CONFIDENTIAL

Annex E

#### NOTICE OF COMPLIANCE

This is to confirm that \_ SONG YANG

NRIC/FIN G2963069R, has reported to the Police a non-injury traffic accident

which occurred along Hougang Avenue 9 near Blk 917 Hougang Avenue 9.

am/pm involving the following vehicles: on \_25/04/2019\_ at \_\_\_12.00\_\_\_\_

Informant: GBB7447P, White Lorry.

Other party; SLZ6539U, Black Kia Cerato HP: 96839918

If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT ASHLEY

Date: 25/04/2019

Time: 1335 hrs

S/D Ref: 60 HOUGANG NPC
50 HOUGANG ANE 9
SINGAPORE 538775
TEL: 1800-4890999
Police Post/Unit: HOUGANG NEIGHBOURHOOD POLICE CENTRE

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002































