

## 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	16/11/2020 10:35
Date Of Accident	13/11/2020 20:00
Exact Location Of Accident	CTE TWDS WOODLANDS NEAR BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD708R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FRANK MARINE SERVICES PTE LTD
Co Reg No	2XXXXX767W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65789011

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095111957-03
Cover Note Number	

### Driver

Name of Driver	TEO ZIYANG (ZHAO ZIYANG)
NRIC No	SXXXX913F
Date Of Birth	01/08/1990
Occupation	INDOOR
Date Of Driving Pass	11/11/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96159368
Fax Number	
Contact Number	
EEmail Address	TEOZIYANG.AEKI@GMAIL.COM

Address	35 LENGKOK MARIAM
Postcode	509136
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
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	2
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)	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 STATEMENT.

#### Attachment(s)

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

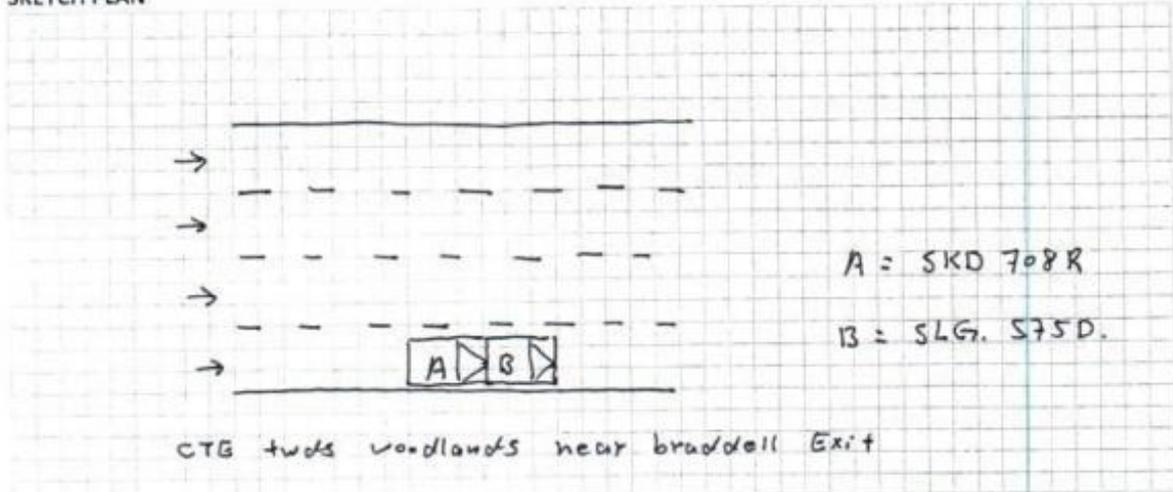
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG575D
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)	



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE twds woodlands near braddell Exit on the first lane. Suddenly veh B which was in front of me jammed brake. I manage to brake but cannot stop in time and hit onto veh B rear portion. After the incident, A BMW appear at the accident location and approach Driver of Veh A, they took my driving license and \* After that both veh drove off without providing me any detail. My veh oil leaking after the accident.

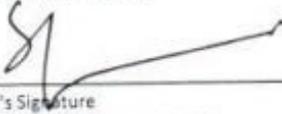
DECLARATION

FRANK MARINE SERVICES PTE LTD  
 The foregoing particulars are true in every respect.

CO REG NO. 200004707V  
 NO 5 LOYANG WALK  
 SINGAPORE 508768

TELEPHONE NO. 6543 0021  
 E-MAIL: info@frankmarine.com.sg

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 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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