Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 16/04/2019 10:49

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.

ACC	DENT	STAT	TEN	ENT

Date Of Report 16/04/2019 10:25

Date Of Accident 13/04/2019 00:30

Exact Location Of Accident ALONG RIVER VALLEY ROAD NEAR TO CLARK QUAY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC5284G

Insured/Policyholder

Name Of Registered Owner ASCEND COM PTE LTD

Co Reg No 199802692H Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-93887275

Vehicle Particulars

Manufacturer HONDA
Model VEZEL

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 19MT102359-R01

Cover Note Number

Driver

Name of Driver POH HOCK HENG JACKSON

 NRIC No
 S8426532B

 Date Of Birth
 23/09/1984

 Occupation
 INDOOR

 Date Of Driving Pass
 01/09/2008

Driving Experience 10 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93887275

Fax Number
Contact Number

EMail Address NOEMAIL

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

Accident Sketch Plan Pg. 1

KETCH PLAN		Blood Bla	er Valley	Read	Near To	Clark
vehicie hi sic \$384G			17.44	1 1	III-T.J.	1
reviere H. OLC 93040						
Venicle B. 553 991424		THE	1-4	11 6	4=	+11
Newicle C: 337 36117				74	-4-4-4	
						111
		+++++	-			111
		11111		I		1-1-1-
						1000
		+		1		
		+				
		11111111			ll	andress of the contract of
ESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT					
Ref Police Report -	7 201704 13 2169					
CIC Y						
A CALLED TO STATE OF THE STATE						
						Andrew Control of the
A STATE OF THE STA			,			
				700 Annie 1500an au		
		and the same of th				
		(°				
			San San Jacob Accounts plants			
		-				
			SAC-Y-SELEC			~
					OPTEL	
ECLARATION	ara trua la guard		£01_5	31k 8 Sin 8/60/62 '	Ming Road	d Fet
We declare the foregoing particulars	are true in every respect.	1 1	110170	Singapi	Sin Ming In 199575643	16.4 0
(Color A - Who	1/ 12	[4/19	Tel: 64	53 1234	Fax: 6453	7944
Course 1	//				Section)	
olicyholder's Signature	Driver's Signature	•		ntre Perso	nnel's Signati	ite
ate & Time:	(If driver is not the policyholde Date & Time:	r)	Name: NRIC/FIN No	.:		
	MAN AN 111111111					

GIARMC SketchPlanForm, V3

Page 5 of 17





Date of Expiry:

1 of 4

Report No. T/20190413/2169

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

REPORT OF A TRAFFIC ACCIDENT

PROJECT MANAGER

Date/Time 13/04/201		flade:	Vide Report No.:	Station Diary No.:			
Informani	t's Particu	ulars	The state of the s	建 设设置 米 纳(安) 医中间性神经炎			
Name of Informant:			Address:				
POH HOCK HENG, JACKSON		JACKSON	APT BLK 672C YISHUN AVENUE 4 #12-568 SINGAPORE 763672				
ID Type /	ID No.:		Contact No.:				
NRIC NO / S8426532B		32B	Home/Office:	Mobile: 93887275			
Nationality SINGAPO		EN	Email:				
Sex:	Age:	Date of Birth:	Type of Informant:				
Male	34	23/09/1984	Driver	2			
Race: Chinese	,		Language: English	Institution / School Name:			
Occupatio	n:		Driving Licence Information:				

Class: 2B,2A,3

T 6	Non-Injury	Drink	Date/Time of	Type of Location:
Type of Accident:		Drive:	Accident:	Straight Road
Lagation		No	13/04/2019 00:35	
Location:	Traveline Taylord Da	-40	2	
•	Traveling Toward Ro	ad Z		
RIVER VALLE	YROAD			
ALONO DIVE		AD TO OLABKE OLIA	,	
	R VALLEY ROAD NE	AR TO CLARKE QUAY		
Weather:		Road Surface:	R	oad Speed Limit:
		Dry		
Clear				
		Traffic Control:	Tr	affic Volume:
Traffic Flow:			The same of the sa	affic Volume: oderate
Traffic Flow: Two Way	on:	Traffic Control:	M	oderate
Clear Traffic Flow: Two Way Type of Collision Between Movin	on: ng Vehicles - Head T	Traffic Control: Not Controlled	M Ar	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJS9962X	Car	KIA	FORTE	Maroon	Slightly Damaged	1
SJT3611T	Car	TOYOTA	VIOS	Blue	Slightly Damaged	1
SLC5284G	Car	HONDA	VEZEL	Black	Slightly Damaged	4

Details of Vehicle Insurance	graphy in the
Vehicle No. Insurance Company Insurance No Effective Exp	iry Date





3 of 4

Report No. T/20190413/2169

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Brief Details.

On 13/04/2019 at about 12.28am, while I was driving along River Valley Road on Lane 1, all of a sudden the car in front of me (SJT3611T) applied his brakes. I managed to brake on time and did not hit the car in front of me. About 3-5 seconds later, the car behind me (SJS9962X) hit the rear of my vehicle. Due to the collision, my car jerked to the front causing my car to hit onto the rear of the front vehicle.

My vehicle sustained dents and scratches on the frontal and rear area. No ambulance and police were at scene. No vehicle was towed. The 2 vehicles that were involved in the accident had exchanged particulars with me for insurance claim purposes. I am lodging this report for insurance claim purposes