





## 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 Submission              | 19/04/2021 09:23 (SGT)     |
| Date of Accident                | 16/04/2021 07:25 (SGT)     |
| Exact Location of Accident      | Jln Boon Lay, Singapore    |
| Additional Location Information | BEFORE JALAN BOON LAY EXIT |
| Country/State of Loss           | Singapore                  |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | GBG2382Z                       |
| INSURED/POLICYHOLDER        |                                |
| Is company?                 | Yes                            |
| Name Of Registered Owner    | SKYLINK VEHICLE RENTAL PTE LTD |
| Company Reg No              | 2XXXXX755G                     |
| Email Address               | RENTAL@SKYLINKAUTO.COM.SG      |
| Mobile Phone No             | (Phone) +65-62665858           |
| Alternative Phone No        | (Office) +65-62665858          |

### VEHICLE PARTICULARS

|                                                                              |                           |
|------------------------------------------------------------------------------|---------------------------|
| Manufacturer                                                                 | Nissan                    |
| Model                                                                        | Nv350                     |
| Variant                                                                      | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category                                                             | Commercial vehicle        |
| Transmission                                                                 | Manual                    |
| CC                                                                           | 2488                      |

### INSURANCE COMPANY

|                           |                                               |
|---------------------------|-----------------------------------------------|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | ThirdPartyFireTheft                           |
| Fleet Policy              | No                                            |
| Policy Number             | DMCVSNA00029502000                            |
| Cover Note Number         | -                                             |

### DRIVER

|                |                        |
|----------------|------------------------|
| Name of Driver | POH YU FONG(FU YIFENG) |
| NRIC No        | SXXXX143I              |



|                                                              |                           |
|--------------------------------------------------------------|---------------------------|
| Date Of Birth                                                | 05/07/1985                |
| Occupation                                                   | Outdoor                   |
| Date Of Driving Pass                                         | 31/05/2011                |
| Driving experience                                           | 9 YEARS AND 11 MONTHS     |
| Gender                                                       | Male                      |
| Mobile Number                                                | (Phone) +65-62665858      |
| Alt. Phone Number                                            | -                         |
| Email Address                                                | RENTAL@SKYLINKAUTO.COM.SG |
| Address                                                      | BLK 55 TEBAN GARDENS ROAD |
| Address complement                                           | #18-453                   |
| Postcode                                                     | 600055                    |
| Is the driver the policyholder?                              | No                        |
| If No, Relationship of the Driver with the Insured           | Employee                  |
| Does Driver Own Other Vehicles?                              | No                        |
| Vehicle Registration Number of Other Vehicle Owned by Driver | -                         |
| Insurance Company of Other Vehicle Owned by Driver           | -                         |

#### GENERAL INFORMATION OF THE ACCIDENT

|                    |                          |
|--------------------|--------------------------|
| Type of Accident   | Collision - Head to Rear |
| Weather Conditions | Clear                    |
| Road Surface       | Wet                      |

#### OTHER INFORMATION

|                                                                                                     |     |
|-----------------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in the accident?                                                   | No  |
| Number of vehicles involved in the accident                                                         | 2   |
| Was anybody injured in the Accident?                                                                | No  |
| Was any injured conveyed to hospital by ambulance?                                                  | -   |
| Was any other material or property damaged?                                                         | Yes |
| Number of Passengers (Including Driver)                                                             | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### DETAILS OF POLICE ACTION

|                                           |    |
|-------------------------------------------|----|
| Was the accident reported to the police?  | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom?                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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 | XD7165G            |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| Name of Driver              | -                  |
| Contact Number              | -                  |
| Address                     | -                  |
| Address complement          | -                  |

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

-  
-  
-  
-  
-

SKETCH PLAN:

BEFORE JALAN BOON LAY AYE EXIT

VEHICLE A: 68-128-7  
VEHICLE B: 8321-52

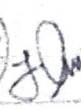


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

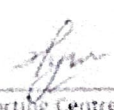
I WAS TRAVELLING ALONG BEFORE JALAN BOON LAY AYE EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SDIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY VEHICLE

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:

 19/04/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC / FIN No.: