SN09214J0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/04/2021 09:23 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (19/04/2021 09:23 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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.

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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 **Date of Accident Exact Location of Accident**

Additional Location Information

Country/State of Loss

19/04/2021 09:23 (SGT) 16/04/2021 07:25 (SGT)

Jln Boon Lay, Singapore

BEFORE JALAN BOON LAY EXIT

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBG23827

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No.

Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

Transmission

CC

Yes

SKYLINK VEHICLE RENTAL PTE LTD

2XXXXX755G

RENTAL@SKYLINKAUTO.COM.SG

(Phone) +65-62665858 (Office) +65-62665858

Nissan

Nv350

Employment

No - Claiming third party

Commercial vehicle

Manual

2488

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd. ThirdPartyFireTheft

No

DMCVSNA00029502000

DRIVER

Name of Driver

NRIC No

POH YU FONG(FU YIFENG)

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 | NU |
| | |
| 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 |
| | With the second |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? | No. |
| Number of vehicles involved in the accident | |
| Was anybody injured in the Accident? | 2 San 11 |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other material or property damaged? | - V |
| Number of Passengers (Including Driver) | Yes |
| Has the driver been approached by unknown person(s) | 1 |
| soliciting/offering accident claims assistance? | < No |
| Solid ling addition damis assistance: | NO |
| DETAILS OF POLICE ACTION | KKZ signa |
| DETAILS OF POLICE ACTION | |
| | |
| Was the accident reported to the police? | No No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |
| CIRCUMSTANCES OF ACCIDENT | |
| | |
| PLS REFER TO THE ATTACHED STATEMENT. | |
| ATTACHMENT/C) | |
| ATTACHMENT(S) | in an ang ang ang pangan wakan ang ang ang ang ang ang ang ang ang a |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |
| Was there any audio recorded? | No. |
| | |
| DETAILS OF OTH | IER VEHICLE PROPERTY 1 |
| Vehicle Registration Number | XD7165G |
| Vehicle Manufacturer | |
| Vehicle Model | |
| Vehicle Variant | |
| Vehicle Colour | |
| Vehicle Category | |
| Name of Driver | 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)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

If 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:

Reporting Centre Personnel's Signature

Name:

HRIC / FIN No.