

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 21/04/2021 14:48 (SGT)
Date of Accident 20/04/2021 16:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information KPE(TUNNEL) TOWARDS VIVO CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC184Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BZY LIMOUSINE SERVICES
Company Reg No 5XXXX634M
Email Address jasonkcapl@gmail.com
Mobile Phone No (Phone) +65-98507417
Alternative Phone No +65-98507417

VEHICLE PARTICULARS

Manufacturer Toyota
Model TOYOTA / TOYOTA HIACE HIROOF AUTO 14 SEATER
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 Bus
Transmission Auto
CC 3000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5106237160-02
Cover Note Number -

DRIVER

Name of Driver SHAN GUILIN
NRIC No SXXXX633I

| | |
|--|-----------------------------------|
| Date Of Birth | 15/12/1972 |
| Occupation | Outdoor |
| Date Of Driving Pass | 01/03/2004 |
| Driving experience | 17 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-92201518 |
| Alt. Phone Number | - |
| Email Address | jasonkcapl@gmail.com |
| Address | BLK 408 YISHUN AVENUE 06 #07-1264 |
| Address complement | - |
| Postcode | 760408 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 4 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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

REFER ATTACHED;

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 | GBJ2214K |
| Vehicle Manufacturer | Mitsubishi |
| Vehicle Model | MITSUBISHI / CANTER FEA01BR2SDEK (CBU) |
| 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMQ8762M
 Vehicle Manufacturer Toyota
 Vehicle Model TOYOTA / NOAH HYBRID 1.8X CVT
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJP1735D
 Vehicle Manufacturer Hyundai
 Vehicle Model HYUNDAI / HD AVANTE 1.6 A
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SHAN GUILIN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? PC184Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

Describe Circumstances of the Accident

On 20.04.2021 at about 16:40pm. I was travelling along KPE (Tunnel) towards Vivo City. The front vehicle stopped, I was stationary. Suddenly, I felt an impact from my rear and my vehicle moved forward hit the front vehicle. I was involved in a 4 vehicles chain collision.

Declaration

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre Personnel

21 APR 2021















