

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 02/11/2020 10:38
Date Of Accident 31/10/2020 14:30
Exact Location Of Accident SIGLAP ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN7200C
Insured/Policyholder
Name Of Registered Owner L H CAR RENTAL PTE LTD
Co Reg No 2XXXXX761N
Email Address CARRENTAL.LH@GMAIL.COM
Mobile Phone No (LOCAL) +65-97687073
Alternative Phone No OFFICE-64817221

Vehicle Particulars

Manufacturer HONDA
Model VEZEL-1.5 X HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident GRAB
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 PRIVATE CAR

Insurance Company

Name of Insurance Company CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage COMPREHENSIVE
Fleet Policy YES
Policy Number DMHCSNA00002732000
Cover Note Number

Driver

Name of Driver FONG WENG SUN PETER VINCENT
NRIC No SXXXX877F
Date Of Birth 01/08/1953
Occupation OUTDOOR
Date Of Driving Pass 25/11/1970
Driving Experience 49 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-97922699
Fax Number
Contact Number
Email Address NOEMAIL

Address	11 LORONG SIGLAP
Postcode	456805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	NO
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

I was driving along Siglap Road, I stopped my vehicle due to congestion in front. Suddenly Car B (SLQ6594G) hit the rear of my vehicle.

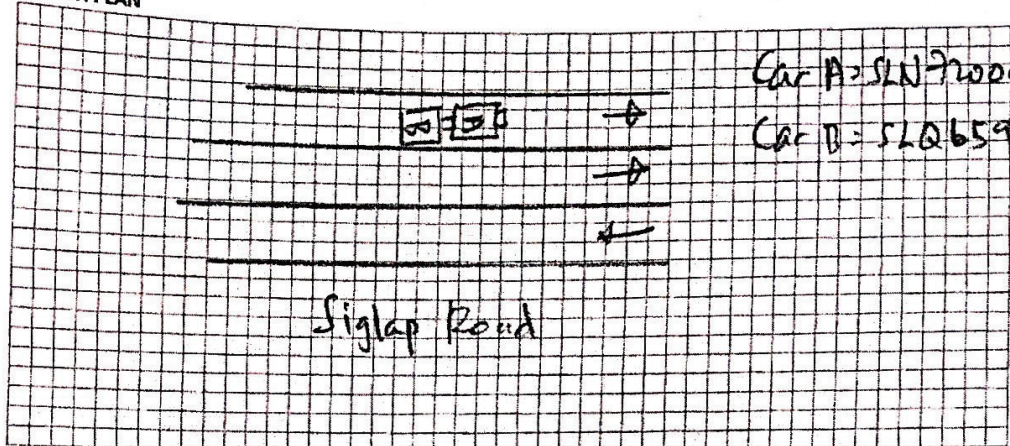
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NIL
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ6594G
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)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Siglap Road, I stopped my vehicle due to congestion in front. Suddenly Car B (SLQ6594G) hit the rear of my vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

L.H CAR RENTAL PTE LTD

Policyholder's Signature
Date & Time:

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

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

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