

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 10/05/2021 14:56 (SGT)
Date of Accident 09/05/2021 16:15 (SGT)
Exact Location of Accident Marymount Ln, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ7150H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SIANG HOCK CARRENTAL PTE LTD
Company Reg No 2XXXXX271R
Email Address car.rental@sianghock.com.sg
Mobile Phone No (Phone) +65-62568888
Alternative Phone No (Office) +65-62568888

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model LANCER 2.0L MIVEC GT 6-CV
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1998

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D-21097526MFZH/6
Cover Note Number -

DRIVER

Name of Driver KANG SWEE LIN
NRIC No SXXXX613D

Date Of Birth	04/04/1966
Occupation	Outdoor
Date Of Driving Pass	05/09/1985
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96825191
Alt. Phone Number	-
Email Address	RICHARD_KANG@ME.COM
Address	BLK 22 SIN MING RD
Address complement	#10-218
Postcode	570022
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	SGJ3098M
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

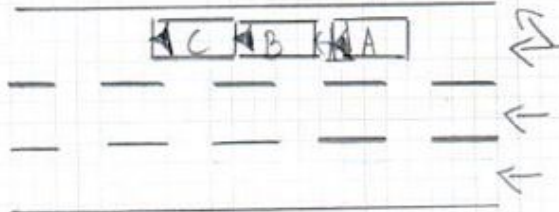
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH8477X
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

SKETCH PLAN

MARYMOUNT LANE

A-5JJ7150H
B-SGJ3098M
C-SLM8477X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

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:

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

GNMML Sketch Plan Form_V4

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On 09.05.2021 04.15pm, I was driving SJJ7150H along Marymount Lane Junction.

While travelling SGJ3098M in front of me, had collided onto SLH8477X and suddenly stopped.

I also tried to stop my vehicle immediately but could not stop in time and collided onto SGJ3098M rear portion.

On checking, SGJ3098M had collided onto SLH8477X which had stopped behind SLF7658H.

Nobody was injured. We shared details and proceed.



A handwritten signature in blue ink, followed by the name 'Kong Swee Lin' and the vehicle registration '91733613 D'.

Kong Swee Lin
91733613 D

