

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 08/06/2021 13:44 (SGT)
Date of Accident 28/05/2021 23:40 (SGT)
Exact Location of Accident Near 188 Bishan Street 13, Singapore 570188
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV938L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner L H Car Rental Pte Ltd
Company Reg No 200009761N
Email Address carrental.lh@gmail.com
Mobile Phone No (Phone) +65-96396847
Alternative Phone No (Office) +65-64817221

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMHCSNA00004222101
Cover Note Number -

DRIVER

Name of Driver Tan Yong Chai
NRIC No S1510574G

Date Of Birth	20/02/1961
Occupation	Outdoor
Date Of Driving Pass	21/07/1978
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96396847
Alt. Phone Number	-
Email Address	limo21ricky@gmail.com
Address	Blk 636 Yishun Street 61 #10-102
Address complement	-
Postcode	760636
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Dry

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?	No
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

I was informed by my insurance that someone claim insurance against this vehicle. I was making a three point turn at BLK187 Bishan Carpark, there was no impact and no sound and i just drive off.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

Describe Circumstances of the Accident

I was informed by my insurance that someone claim insurance against this vehicle. I was making a three point turn at Block 8 carpark, there was no impact and sound and i just drive off.

Declaration

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

Witnessed by Reporting Centre
Personnel











