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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 11/12/2021 09:11 (SGT) Date of Accident 10/12/2021 11:58 (SGT) Exact Location of Accident Singapore Additional Location Information 9 KM, AYE (CTE) - LANE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV2645G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner FOCUS RENTALS PTE LTD Company Reg No 201836450G Email Address operations@focusrentals.sq Mobile Phone No (Phone) +65-98875600 Alternative Phone No (Office) +65-98875600

VEHICLE PARTICULARS

Manufacturer

Toyota Model Prius Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private hire Transmission Auto CC 1798

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number D20MFL0007747 Cover Note Number

DRIVER

Name of Driver NG KOK YONG (HUANG GUO RONG) NRIC No. S7822644G

Date Of Birth 15/08/1978 Occupation Outdoor Date Of Driving Pass 30/07/2003 Driving experience 18 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-85884047 Alt. Phone Number Email Address operations@focusrentals.sg Address APT BLK 117A CANBERRA CRESCENT #08-376 Address complement Postcode 751117 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

 Vehicle Registration Number
 SHC430G

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 TAN CHWEE BOCK

 NRIC No
 \$7012628A

 Contact Number
 (Phone) +65-81385022

 Address



Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

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- the information to collected under (a) above may be shared / pisciosed:
 - (i) to all insurers and or any other third parties that assist in evaluating, investigating, controlling or managing fraudingulators. Tax enforcement and government agencies as reasonably required for the purposes stated, or

HAT Bridge with requirements under any regulations, laws or court orders.

Reg. No: 201836450G

Pollovholder's Signature Date & Time: 10/0/21

Oriver's Signature
(ii) driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/Blk an Ming Ind Est
Singlify ra 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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

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