

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 15/12/2021 17:11 (SGT)
Date of Accident 15/12/2021 11:16 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD OF LORONG 2 TOA PAYOH , TO PIE (CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB4226M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FOCUS RENTALS PTE LTD
Company Reg No 201836450G
Email Address operations@focusrentals.sg
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 accident -
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 KANG CHIN LAI
NRIC No S1660551D

Date Of Birth	02/11/1964
Occupation	Outdoor
Date Of Driving Pass	07/05/1985
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93766691
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	APT BLK 241 BUKIT BATOK EAST AVENUE 5 #11-271
Address complement	-
Postcode	650241
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	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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

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 TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKA488R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHEE HONG
NRIC No	S1734067J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE



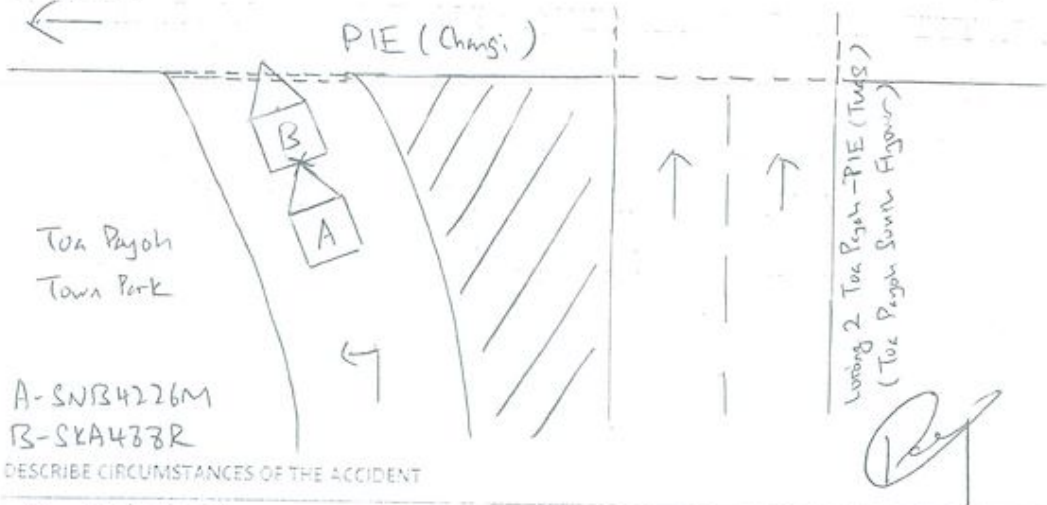
Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

15/12/2021

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1245 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name: _____
NISC PIN No.: _____

SKETCH PLAN



On 15/12/2021 at around 11:16 hrs, I was driving a GoJek trip with 2 female passengers to Butee City. While driving on the slip road of Living 2 Toa Payoh - into PIE (Change), vehicle B - SKA488R suddenly stopped at the Give-way Lane & I could not stop in time, collided my vehicle A - SNB4226M into the rear of vehicle B - SKA488R.

I wish to state that I did verbally checked on my 2 female passengers & they mentioned they were alright, subsequently dropped off at their destination.

DECLARATION

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

Policyholder's Signature
Date & Time



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

15/12/2021

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

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











