

# 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 ..... 21/12/2021 17:28 (SGT)  
Date of Accident ..... 12/12/2021 06:00 (SGT)  
Exact Location of Accident ..... Yishun Ave 2, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG6161T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SIANG HOCK CAR RENTAL PTE LTD  
Company Reg No ..... 2XXXXX271R  
Email Address ..... car.rental@sianghock.com.sg  
Mobile Phone No ..... (Phone) +65-98712002  
Alternative Phone No ..... +65-98712002

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Vito  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2143

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-21097524MFCV/115  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SITI ZURAH BINTE ABD GHAFOR  
NRIC No ..... SXXXX269Z

Date Of Birth .....	21/11/1986
Occupation .....	Outdoor
Date Of Driving Pass .....	01/01/2015
Driving experience .....	6 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-89218224
Alt. Phone Number .....	-
Email Address .....	car.rental@sianghock.com.sg
Address .....	BLK 510A YISHUN ST 51
Address complement .....	#04-541
Postcode .....	761510
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MAMAT
Gender .....	Male

#### 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 .....	RAILING
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown

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) ..... -



Essential Circumstances of the Accident

*Pls refer to the attached statement*

Declaration

I/We declare that everything described in this report is true.



Policy holder's Signature / Date & Time

*[Signature]* 12/12/21

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

*[Signature]* 21/12/21

Witness's Signature / Date & Time

On the 12/12/21 I was driving at about 6am  
back to woodlands. At Ave 2 Yichun, I wanted to  
turn left to Yichun Ave 7 and that was when  
I lost control of the vehicle and the vehicle made  
it to the far right and met with an accident, I  
knocked down the said railing there.

Citizual

S86372692































































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0921CL0008 Vehicle Registration No: GBG6161T

Name (as shown in NRIC): SIANG HOCK CAR RENTAL PTE LTD NRIC/FIN/Passport No: 201538271R

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: 21 JALAN MASJID, SINGAPORE 418946 Singapore ( )

Contact (Tel): 6749 2002 Mobile No.: 9879 2002

Email Address: car.rental@sianghock.com.sg

Date of Accident: 12/12/2021 Time of Accident: 17:28

Place of Accident: YISHUN AVE2, SINGAPORE

Insurance Company: MS FIRST CAPITAL INSURANCE LTD

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

IN REPORT MENTIONED  
ARE YOU CLAIMING UNDER YOUR OWN INSURANCE : " NO"  
TO AMEND  
ARE YOU CLAIMING UNDER YOUR OWN INSURANCE : " YES"  
   
   
   
   
 



*Christy*

Policyholder / Driver's Signature  
Date:

*ofym 30/12/21*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: