

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? No - Reporting only
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) -

SKETCH PLAN

IMPORTANT NOTICE

Dear Sir/Madam,

Reference is made to the above-captioned accident report and the accompanying photographs.

It is noted that the accident occurred on the premises of the above-captioned company.

The following information is provided for your reference:

1. The accident occurred on the premises of the above-captioned company.

2. The accident occurred on the premises of the above-captioned company.

3. The accident occurred on the premises of the above-captioned company.

4. The accident occurred on the premises of the above-captioned company.

5. The accident occurred on the premises of the above-captioned company.

6. The accident occurred on the premises of the above-captioned company.

7. The accident occurred on the premises of the above-captioned company.

8. The accident occurred on the premises of the above-captioned company.

9. The accident occurred on the premises of the above-captioned company.

10. The accident occurred on the premises of the above-captioned company.

11. The accident occurred on the premises of the above-captioned company.

12. The accident occurred on the premises of the above-captioned company.

13. The accident occurred on the premises of the above-captioned company.

14. The accident occurred on the premises of the above-captioned company.

15. The accident occurred on the premises of the above-captioned company.

16. The accident occurred on the premises of the above-captioned company.

17. The accident occurred on the premises of the above-captioned company.

18. The accident occurred on the premises of the above-captioned company.

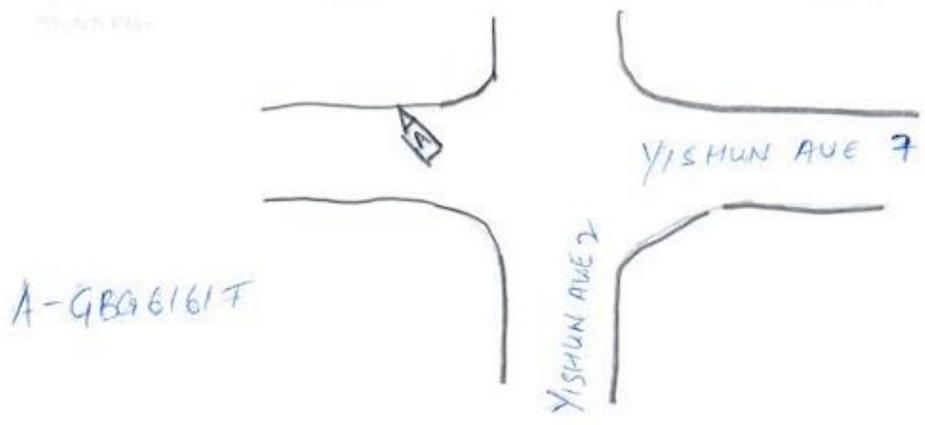
19. The accident occurred on the premises of the above-captioned company.

20. The accident occurred on the premises of the above-captioned company.



[Signature] 17/12/21
 Driver's Signature of driver with the policy holder - Care
 S Tan

[Signature] 21/12/21
 Witnessed by Reporting Officer
 (Name withheld)



Essential Circumstances of the Accident

Pls refer to the attached statement

Declaration

I/We declare that the information provided are true and correct.



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

Witnesses (if any) 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.

Citizen

S86372692



























































