

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 29/04/2022 15:20 (SGT)
Date of Accident 29/04/2022 12:45 (SGT)
Exact Location of Accident Near 3 Russels Rd, Singapore 118282
Additional Location Information AYE (Near Alexandra Exit)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG3480Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Craft Leasing Pte Ltd
Company Reg No 2XXXXX381N
Email Address kh@craftleasing.com
Mobile Phone No (Phone) +65-93833162
Alternative Phone No (Home) +65-93833162

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MFL0005172
Cover Note Number -

DRIVER

Name of Driver Chua Rodney
NRIC No SXXXX931A

Date Of Birth	29/01/1977
Occupation	Outdoor
Date Of Driving Pass	12/03/2008
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81883312
Alt. Phone Number	-
Email Address	rodneychua77@gmail.com
Address	Blk 248 Jurong East Street 24
Address complement	#11-60
Postcode	600248
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Mr Lee
Gender	Male

PASSENGER 2

Name	Mrs Lee
Gender	Female

PASSENGER 3

Name	Mr Lee
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

ON 29/04/2022 @ 12:45 HOURS, I WAS DRIVING ALONG AYE (NEAR ALEXANDRA EXIT). VEHICLE AHEAD OF ME SLOW AND I FOLLOWED SUIT. SUDDENLY VEHICLE B: SDK2205H COLLIDED INTO MY VEHICLE A: SLG3480Z REAR PORTION CAUSING DAMAGE. AFTER THE ACCIDENT I CAME DOWN FROM MY VEHICLE, AND NOTICED IT WAS A CHAIN COLLISION, INVOLVING TOTAL OF 3 VEHICLES. ANOTHER VEHICLE IS SGW8717J WHICH WAS BEHIND VEHICLE B: SDK2205H. I WAS THE 1ST VEHICLE. WE ALL EXCHANGED OUR PARTICULARS.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDK2205H
Vehicle Manufacturer Toyota
Vehicle Model Vios
Vehicle Variant -
Vehicle Colour Red
Vehicle Category Private car
Name of Driver Koh Mary Anne Nee Sim
NRIC No SXXXX833Z
Contact Number (Phone) +65-81151551
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGW8717J
Vehicle Manufacturer Honda
Vehicle Model Civic
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver Chua Zhi Hong (Zai Zhihong)
NRIC No SXXXX696C
Contact Number (Phone) +65-97610501
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

REFER TO STATEMENT.

We declare the foregoing particulars are true in every respect.



Driver's Signature (If driver is not the policyholder) / Date
P. Tinnon

