



## 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 Actual 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	24/01/2023 18:25 (SGT)
Reported by	Driver
Date of Accident	19/01/2023 18:10 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	Junction with Whitley Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1369E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Focus Rentals Pte Ltd
Company Reg No	2XXXXX450G
Email Address	operations@focusrentals.sg
Mobile Phone No	(Phone) +65-98875600
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1580

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0007747_02

#### DRIVER

Name of Driver	Lee Swee Khuan
NRIC No	SXXXX217H
Date Of Birth	27/01/1965
Occupation	Outdoor



Date Of Driving Pass	28/06/1988
Driving experience	34 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98288630
Alt. Phone Number	-
Email Address	operations@focusrentals.sg
Address	Blk 356 Clementi Avenue 2
Address complement	#12-281
Postcode	120356
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Wet

#### 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	Tan Puey Hoon
Gender	Female

#### PASSENGER 2

Name	Shermel Lee En Tong
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 statement

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN2597J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Tonch
-	-1
Contact Number	(Phone) +65-94681996
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

- (a) This report is confidential and is intended only for use by the Insured.
- (b) This report is not to be used for any purpose other than the purpose stated above.
- (c) The Insured must ensure that the report is truthful and accurate as possible and that the report is not to be used for any purpose other than the purpose stated above.
- (d) The Insured must ensure that the report is not to be used for any purpose other than the purpose stated above.
- (e) Any false report may be referred to the Police for investigation.
- (f) The Insured must ensure that the report is not to be used for any purpose other than the purpose stated above.
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- (s) The Insured must ensure that the report is not to be used for any purpose other than the purpose stated above.
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- (u) The Insured must ensure that the report is not to be used for any purpose other than the purpose stated above.
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- (x) The Insured must ensure that the report is not to be used for any purpose other than the purpose stated above.
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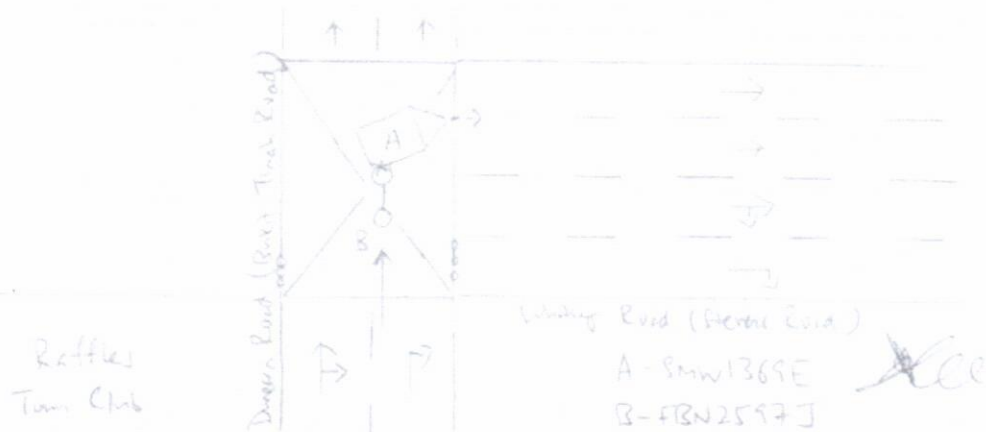
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/1/23

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

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/01/2023 at around 18:10 hrs, I was driving along Dieren Road with my family members. I was on Lane 2 & turned right on the closed lane to proceed towards Herne Road. Suddenly, I felt an impact on my Vehicle A - SMW1369E rear-right corner. I then realised that vehicle B - FBW2597J had collided into my vehicle A.

I wish to state that my vehicle occupants were alright at time of reporting & vehicle B now suffered slight damage, rejecting offer to activate an ambulance.

DECLARATION

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



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/1/23

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