

# 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 First Submission .....        | 24/07/2023 15:18 (SGT)    |
| Reported by .....                     | Actual Driver             |
| Date of Accident .....                | 23/07/2023 02:00 (SGT)    |
| Exact Location of Accident .....      | Yishun Ring Rd, Singapore |
| Additional Location Information ..... | -                         |
| Country/State of Loss .....           | Singapore                 |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMJ3897C |
|-----------------------------------|----------|

### 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) +65-88220587       |
| Alternative Phone No .....     | (Office) +65-98875600      |

### VEHICLE PARTICULARS

|                                                                                    |                     |
|------------------------------------------------------------------------------------|---------------------|
| Manufacturer .....                                                                 | Honda               |
| Model .....                                                                        | Fit                 |
| Variant .....                                                                      | HYBRID 1.5 AUTO     |
| 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 - Reporting only |
| Vehicle Category .....                                                             | Private hire        |
| Transmission .....                                                                 | Auto                |
| CC .....                                                                           | 1496                |

### INSURANCE COMPANY

|                                         |                                       |
|-----------------------------------------|---------------------------------------|
| Name of Insurance Company .....         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | D20MFL0007747                         |

### DRIVER

|                      |              |
|----------------------|--------------|
| Name of Driver ..... | NG SEO CHENG |
| NRIC No .....        | S1629257E    |
| Date Of Birth .....  | 10/03/1964   |
| Occupation .....     | Outdoor      |

|                                                                    |                               |
|--------------------------------------------------------------------|-------------------------------|
| Date Of Driving Pass .....                                         | 23/04/1983                    |
| Driving experience .....                                           | 40 YEARS AND 3 MONTHS         |
| Gender .....                                                       | Male                          |
| Mobile Number .....                                                | (Phone) +65-88220587          |
| Alt. Phone Number .....                                            | -                             |
| Email Address .....                                                | operations@focusrentals.sg    |
| Address .....                                                      | BLK 593A MONTREAL LING #02-60 |
| Address complement .....                                           | -                             |
| Postcode .....                                                     | 751593                        |
| 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) .....                                                             | 1   |
| 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 .....                                                             | -   |

#### DETAILS OF POLICE ACTION

|                                                 |                                       |
|-------------------------------------------------|---------------------------------------|
| Was the accident reported to the police? .....  | Yes                                   |
| Police Station Name .....                       | Sembawang Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18005549999               |
| Police Station Address .....                    | 4 Sembawang Crescent Singapore 757633 |
| Was notice of intended Prosecution given? ..... | No                                    |
| If yes, against whom? .....                     | -                                     |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT  
REPORT NO. L/20230723/2018

#### ATTACHMENT(S)

|                                                     |     |
|-----------------------------------------------------|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                                        |
|-----------------------------------|----------------------------------------|
| Vehicle Registration Number ..... | SBQ8898K                               |
| Vehicle Manufacturer .....        | BMW                                    |
| Vehicle Model .....               | 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV |
| Vehicle Variant .....             | -                                      |

|                                               |                      |
|-----------------------------------------------|----------------------|
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | ABOY                 |
| Contact Number .....                          | (Phone) +65-86911681 |
| 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**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
    - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
    - (ii) investigating the accident and/or my claims.
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
    - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (Collectively the "Purposes")
  - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

24/07/2023 - 13:40HRS



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT  
REPORT NO. L/20230723/2018

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

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

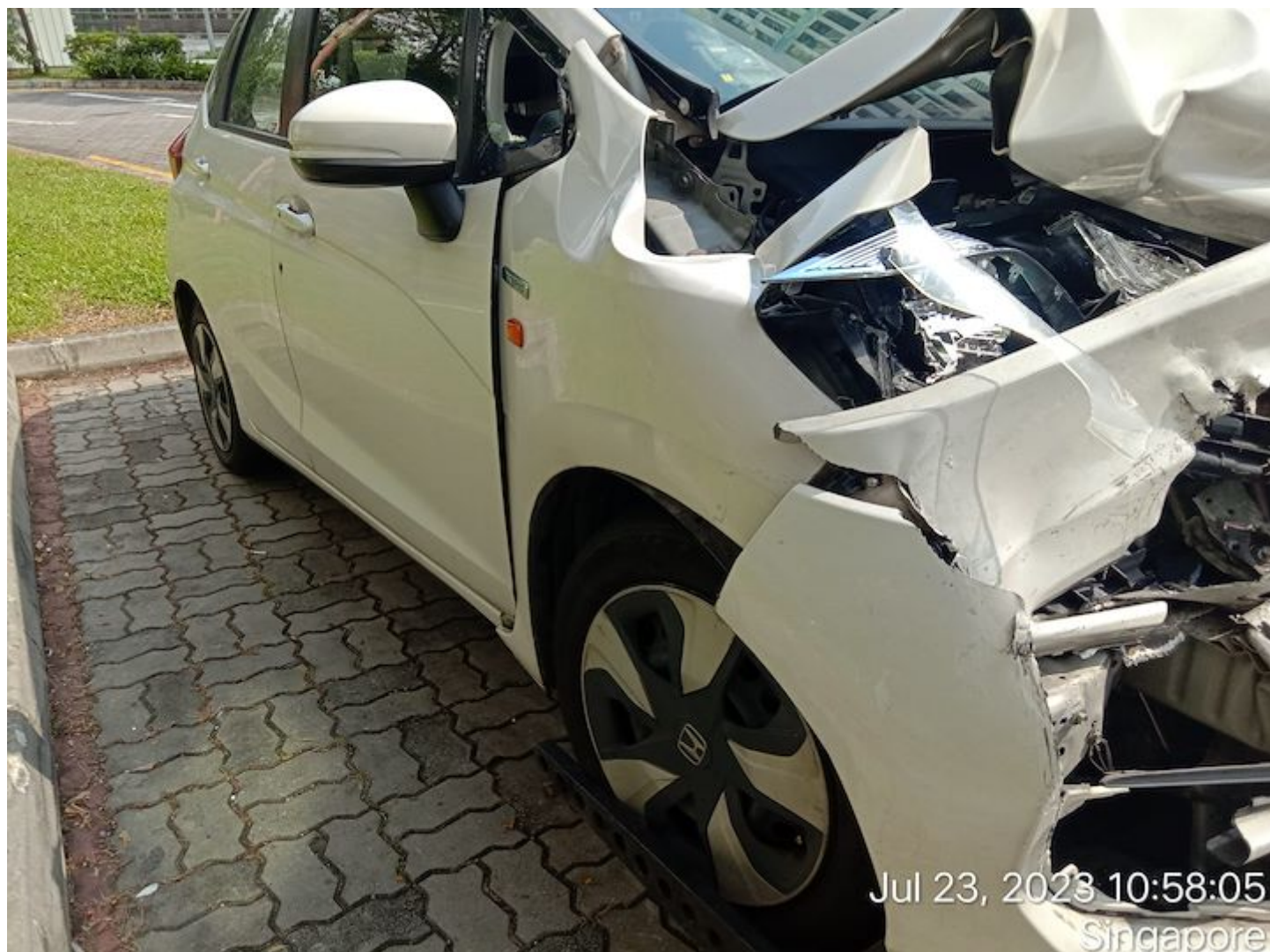
24/07/2023 - 13:40HRS



Witnessed by Reporting Centre  
Personnel

















# SINGAPORE POLICE FORCE



L/20230723/2018

1 of 2

## POLICE REPORT (NP299)

Report No. L/20230723/2018

Police Station Of Origin  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE 757633  
Tel No: 1800-5549999

|                                           |                                                                                                           |                         |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------|
| Date/Time Report Made<br>23/07/2023 11:41 | Vide Report No.                                                                                           | Station Diary No.<br>16 |
| Name Of Informant<br>NG SEO CHENG         | Address<br>APT BLK 593A MONTREAL LINK #02-60 SINGAPORE<br>751593                                          |                         |
| ID Type / ID No.<br>NRIC NO / S1629257E   | Contact No.<br>Home/Office                                                                                | Mobile<br>88220587      |
| Nationality<br>SINGAPORE CITIZEN          | Email Address                                                                                             |                         |
| Occupation<br>GRAB DRIVER                 | Sex<br>Male                                                                                               | Age<br>59               |
| Institution/School Name                   | Date of Birth<br>10/03/1964                                                                               | Race<br>Chinese         |
| Date/Time Of Incident<br>23/07/2023 02:00 | Location Of Incident<br>YISHUN RING ROAD SINGAPORE<br>T-junction of Yishun Ring road and Yishun Street 31 |                         |

### Brief details.

On 23/07/2023 at about 0200hrs, I was driving along Yishun Ring Road in my Grab vehicle, SMJ3897C. I had finished driving Grab and was returning home. As I was approaching the T-junction of Yishun Ring Road and Yishun Street 31, I wanted to turn right onto Yishun Street 31. The junction had a red light and I began to brake gradually. As I was tired, I dozed off while braking. I estimated my vehicle to be at a speed of 20km/h, when I collided with the vehicle in front of me, SBQ8898K.

Signature Of Officer Recording The Report:  
L / SGT 3 NG YU KIT

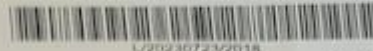
Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/07/2023 11:41

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
SI ASHOK KUMAR S/O VELAYUTHAM  
Contact No.: 63647559

Classification Of Case:

**SINGAPORE  
POLICE FORCE**

L/20230723/2018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230723/2018

Both of us drivers came out of the vehicle and we inspected the damage. My vehicle sustained dents to the front of the vehicle, and the other vehicle sustained dents and cracks to his rear bumper. We both agreed to do a report and make an insurance claim. I observed no injuries on all parties involved. The other driver had a passenger who was visibly fine as well.

I did not experience any pain or any discomfort. I am lodging this report for record purposes.

Signature Of Officer Recording The Report:  
L / SGT 3 NG YU KIT

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
SI ASHOK KUMAR S/O VELAYUTHAM  
Contact No.: 63647559

Signature Of Informant:

Date/Time:  
23/07/2023 11:41

Classification Of Case:



