SJ04214C000R / JP Knights Pte Ltds ENTRY DATE & TIME: 12/04/2021 15:37 (SGT) SUBMITTED BY: Ashikin VERSION: 1 (12/04/2021 15:37 (SGT))

## 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 witholding 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.	ving or this report at the centre and to copies or the report being
ACCIDENT STATE	MENT
Date of Submission	12/04/2021 15:27 (SCT)
Date of Accident	
Exact Location of Accident	
Additional Location Information	
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	. SHD5190R
INSURED/POLICYHOLDER	
Is company?	
Name Of Registered Owner	
Company Reg No	192374123R
Email Address	
Mobile Phone No	(Phone) +65-97296911
Alternative Phone No	(Office) +65-65306265
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	Tivate fine
your vehicle?	No - Claiming third party
Vehicle Category	
Transmission	
CC	1798
INSURANCE COMPANY Name of Insurance Company	CTP Inquirence Dto Ltd
Type of Coverage	
Fleet Policy	Yes
Policy Number	
Cover Note Number	-
DRIVER	TAN ENGLIT (OUEN MANOLIE)
Name of Driver	
NRIC No	
Date Of Birth	
Occupation	
Date Of Driving Pass	
Driving experience	. 21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97296911
Alt. Phone Number	
Email Address	
Address	
Address complement	
Postcode	
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	
-	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	0 11: 11 11 12
Type of Accident	. Collision - Head to Rear

Weather Conditions	Clear
Road Surface	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	<del>-</del>
Was any other material or property damaged?	
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
PASSENGER 1 Name	LINUZALOVAJAL
Gender  DETAILS OF POLICE ACTION	waie
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
ON 120421 AT AROUND 0750HRS I WAS DRIVING MY V	'EHICLE A SHD5190R ALONG WOODLANDS
AVENUE 4 TURNING LEFT	
ONTO WOODLANDS AVE 9. I STOPPED MY VEHICLE A	T THE GIVEWAY LINE AND WAITED FOR THE
ONCOMING VEHICLE TO	
CLEAR BEFORE PROCEEDING. SUDDENLY VEHICLE B	3 SLF9256K REAR ENDED MY VEHICLE. THERE
WAS DAMAGE AT THE	
REAR BUMPER. THERE WAS NO INJURIES.	
ATTACHMENT(S)	Vaa
Are accident photos available for attachment?	
Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	
Was there any audio recorded?	
DETAILS OF OTHER VE	
Vehicle Registration Number	
Vehicle Manufacturer	
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Vehicle Model	_
Vehicle Variant	
Vehicle Colour	
Vehicle Category	
Name of Driver	
NRIC No	
Contact Number	
Address	` ,
Address complement	<del>-</del>
Postcode	
Insurance Company Name	<del>-</del>
Nature Of Damage	
Details of property damaged in accident	<del>-</del>
No. Of Passenger (Including Driver)	