

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	04/10/2024 11:16 (SGT)
Reported by	Actual Driver
Date of Accident	03/10/2024 15:50 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	U-TURN TO DUNEARN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5596Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No	198105775H
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-81337662
Alternative Phone No	(Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK
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?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKB3FU703081009
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_05

DRIVER

Name of Driver	LING ZHI HAO(LIN ZIHAO)
NRIC No	S8610609D
Date Of Birth	22/04/1986
Occupation	Outdoor
Driving Pass Date	04/09/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96436136
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	53 LOR TOA PAYOH #12-18
Address complement	-
Postcode	310053
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 - U-Turn
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)	2
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	UNKNOWN
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

ON THE 03 OCT 24 AT ABOUT 1550HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SML5596Y) ALONG BUKIT TIMAH RD U-TURN TO DUNEARN RD ENROUTE FROM 25 EWEBOON RD TOWARDS GEYLANG TO DROP OFF PASSENGER. WHILE MAKING A U-TURN ALONG BUKIT TIMAH RD TO DUNEARN RD, VEHICLE B (SJV8774M) SUDDENLY CHANGE LANE ,AS I APPLIED BRAKE I COULDN'T STOP ON TIME AND COLLIDED ONTO VEHICLE B. VEHICLE A HAD DAMAGE ON FRONT LEFT SIDE PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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	SJV8774M
Vehicle Manufacturer	Mercedes
Vehicle Model	CLA180 COUPE URBAN (R18 LED)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DIPAYAN DASGUPTA
NRIC No	S2764491J
Contact Number	(Phone) +65-97583436
Address	5 LEEDON HEIGHTS #27-10
Address complement	-
Postcode	267952
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE REAR
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.

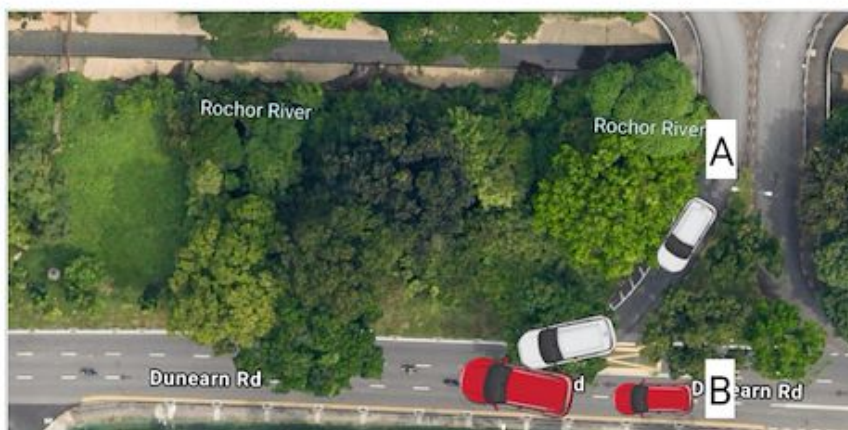

 Policyholder's Signature / Date &
Time

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

 Witnessed by Reporting Centre
Personnel

Sketch Plan

031024- 2130HRS


 A- SML5596Y
B- SJV8774M

 BUKIT TIMAH RD
U-TURN TO DUNEARN
RD

Describe Circumstances of the Accident

ON THE 03 OCT 24 AT ABOUT 1550HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SML5596Y) ALONG BUKIT TIMAH RD U-TURN TO DUNEARN RD ENROUTE FROM 25 EWEBOON RD TOWARDS GEYLANG TO DROP OFF PASSENGER. WHILE MAKING A U-TURN ALONG BUKIT TIMAH RD TO DUNEARN RD, VEHICLE B (SJV8774M) SUDDENLY CHANGE LANE ,AS I APPLIED BRAKE I COULDN'T STOP ON TIME AND COLLIDED ONTO VEHICLE B. VEHICLE A HAD DAMAGE ON FRONT LEFT SIDE PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

I/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

031024- 2130HRS



Witnessed by Reporting Centre Personnel





















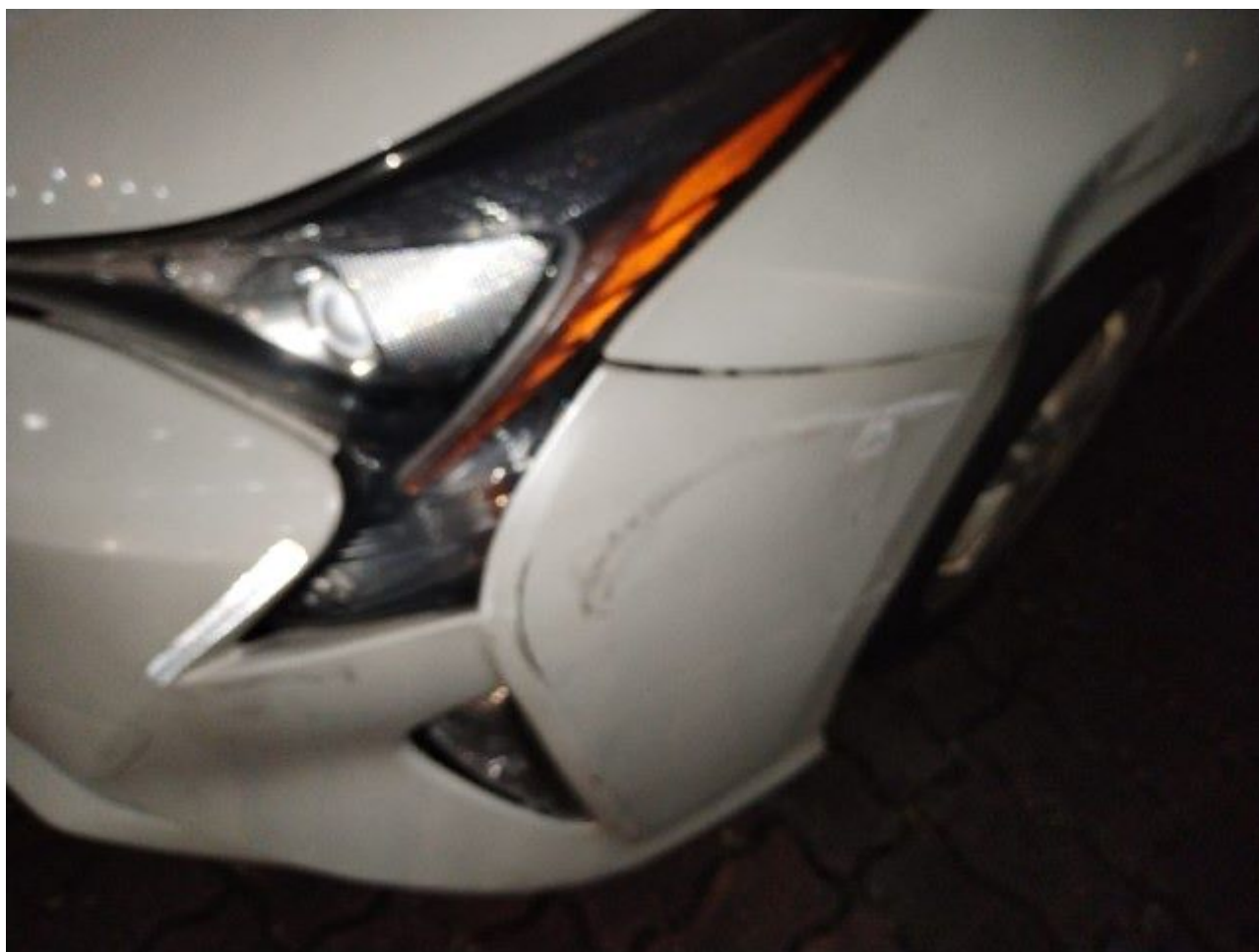


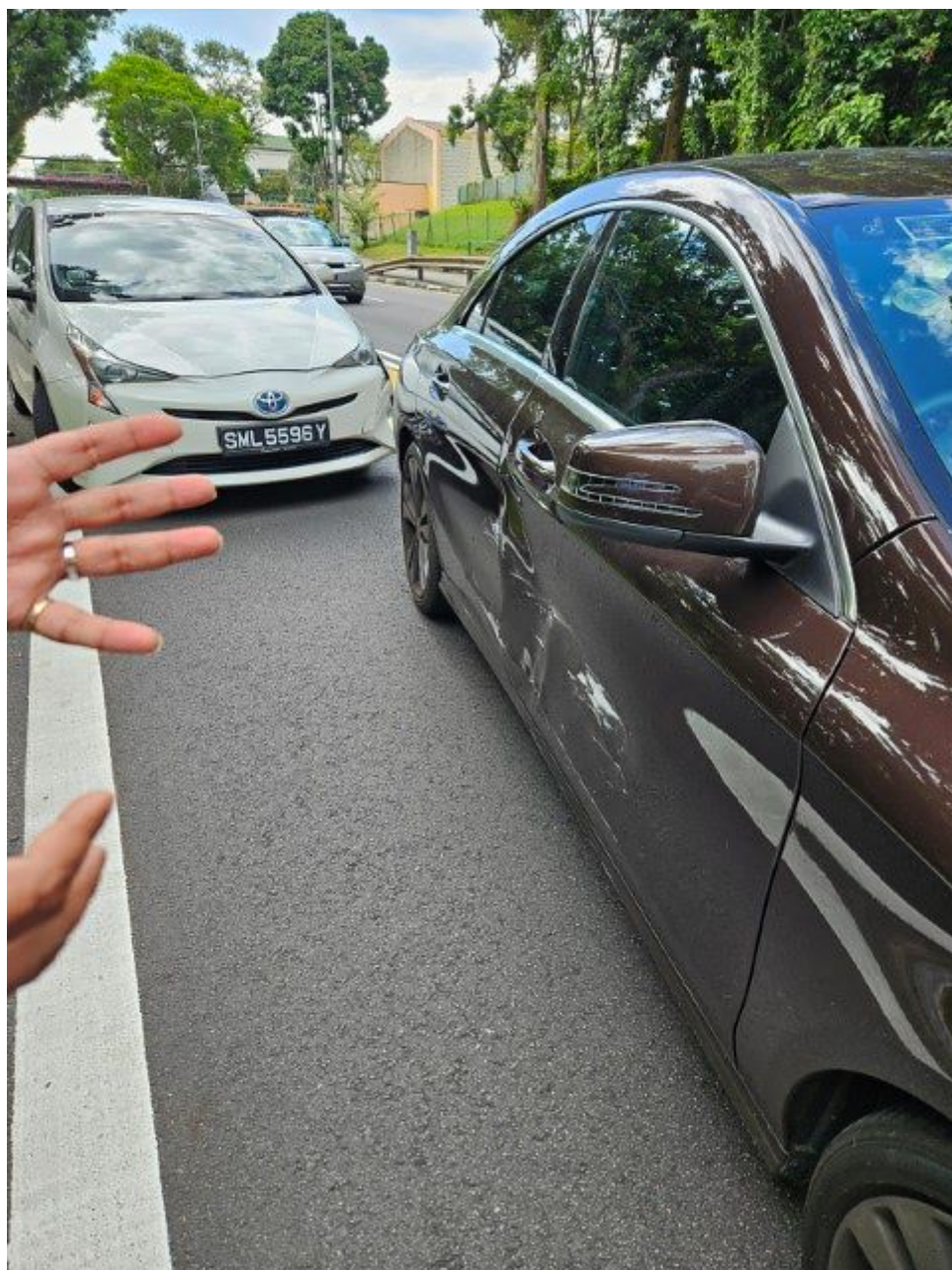


























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G24A4000G Vehicle Registration No: SML5596Y

Name (as shown in NRIC): COMFORTDELGRO RENT-A-CAR PTE LTD NRIC/FIN/Passport No: 1XXXXX775H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 03/10/2024 Time of Accident: 15:50

Place of Accident: Bukit Timah Rd, Singapore

Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE CLAIM STATUS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 08.10.2024