

# 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 ..... 10/01/2025 13:20 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 31/10/2024 14:10 (SGT)  
Exact Location of Accident ..... 1 HarbourFront Walk, Singapore 098585  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNG6430A

### 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 ..... Mercedes  
Model ..... GLC300 4MATIC  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1991  
Vehicle Fuel ..... Petrol-Electric  
First Registration Date ..... -  
Chassis no ..... W1N2539842G068442  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0000326\_05

### DRIVER

Name of Driver .....	MERVAT SAID ABDELMAKSOU ELHAWARI
Work Permit No .....	G3271677L
Date Of Birth .....	24/09/1977
Occupation .....	Outdoor
Driving Pass Date .....	22/03/2019
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	5 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-966064453
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	11 COVE WAY CAPE
Address complement .....	-
Postcode .....	098202
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 - Change/cross lane
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 31/10/2024 AT ABOUT 14:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ( SNG6430A) ALONG 1 HARBOUR FRONT WALK, I WAS ENTERING THE PLACE AS MY VEHICLE WAS LANE 1 AND MADE A LANE CHANGE FROM LANE 1 TO LANE 2 SHORTLY AFTER, I FELT AN IMPACT ON MY FRONT LEFT SIDE BUMPER PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER ( UNKNOWN) THAT WAS COMING FROM LANE 1 AND I ACCIDENTALLY SLIGHTLY TOUCH ONTO VEHICLE B . NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION. AND BOTH VEHICLE NO DAMAGES THAT TIME.

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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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)**

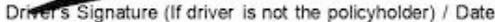
I understand, acknowledge, agree and consent that:

(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")

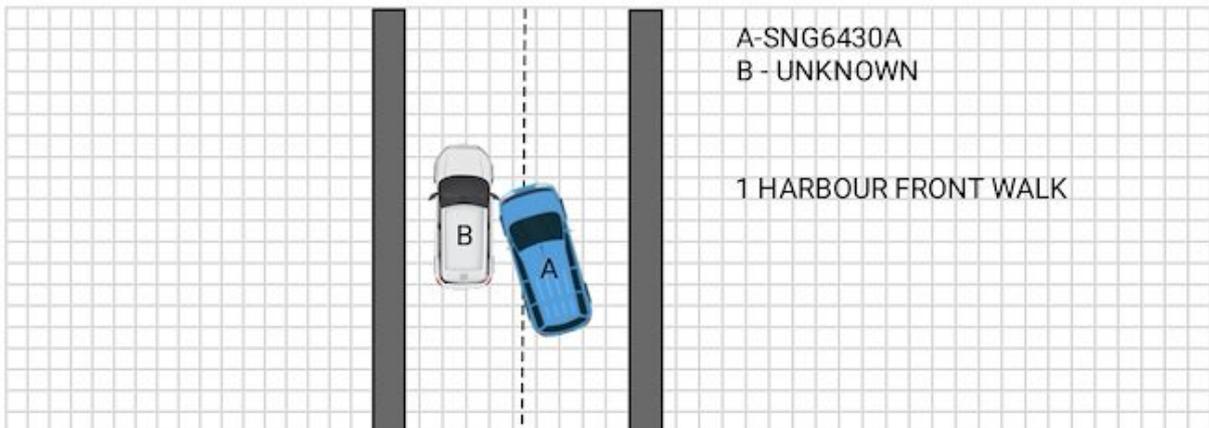
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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
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**Sketch Plan**

09/01/2025 -- 14:00HRS



Describe Circumstances of the Accident

ON THE 31/10/2024 AT ABOUT 14:10HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER ( SNG6430A) ALONG 1 HARBOUR FRONT WALK, I WAS ENTERING THE PLACE AS MY VEHICLE WAS LANE 1 AND MADE A LANE CHANGE FROM LANE 1 TO LANE 2 SHORTLY AFTER, I FELT AN IMPACT ON MY FRONT LEFT SIDE BUMPER PORTION OF VEHICLE A AND REALISED VEHICLE B BEARING REGISTRATION NUMBER ( UNKNOWN) THAT WAS COMING FROM LANE 1 AND I ACCIDENTALLY SLIGHTLY TOUCH ONTO VEHICLE B . NO INJURIES WERE PRESENTED DURING THE COURSE OF COLLISION. AND BOTH VEHICLE NO DAMAGES THAT TIME.

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

09/01/2025 – 14:00HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel















