

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	04/11/2024 16:10 (SGT)
Reported by	Actual Driver
Date of Accident	03/11/2024 08:30 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5488B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No	1XXXXX775H
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 (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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKB3FU003081000
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	LAM TZE YUEN
NRIC No	SXXXX494A
Date Of Birth	16/10/1953
Occupation	Outdoor
Driving Pass Date	25/11/1992
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	32 YEARS
Gender	Male
Mobile Number	(Phone) +65-88111676
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 421A NORTHSHORE DRIVE #21-787
Address complement	-
Postcode	822421
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 03/11/24 AROUND 08:30HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SML5488B ALONG BUKIT TIMAH ROAD ENROUTE FORM ROCHOR ROAD TOWARDS BUKIT TIMAH ROAD I GO BACK TO HOME. AS I TRAVELING LANE 1 TO TURN RIGHT SUDDENLY VEHICLE BEARING REGISTRATION NUMBER YQ8276H HIT ONTO MY LEFT HAND SIDE. NOBODY WAS INJURED

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	YQ8276H
Vehicle Manufacturer	Mitsubishi
Vehicle Model	CANTER FEB21ER4SDEN
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KANNUSAMY KUMAR
Contact Number	(Phone) +65-84144990
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.

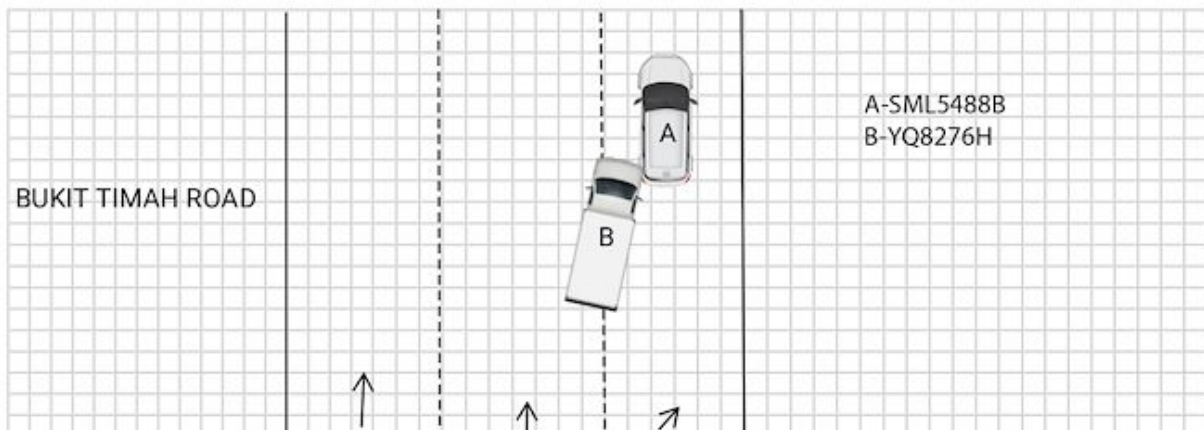
Policyholder's Signature / Date & Time

Sketch Plan

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

 03/11/24
10:50HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 03/11/24 AROUND 08:30HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SML5488B ALONG BUKIT TIMAH ROAD ENROUTE FORM ROCHOR ROAD TOWARDS BUKIT TIMAH ROAD I GO BACK TO HOME.AS I TRAVELING LANE 1 TO TURN RIGHT SUDDENLY VEHICLE BEARING REGISTRATION NUMBER YQ8276H HIT ONTO MY LEFT HAND SIDE.NOBODY WAS INJURED

Declaration

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

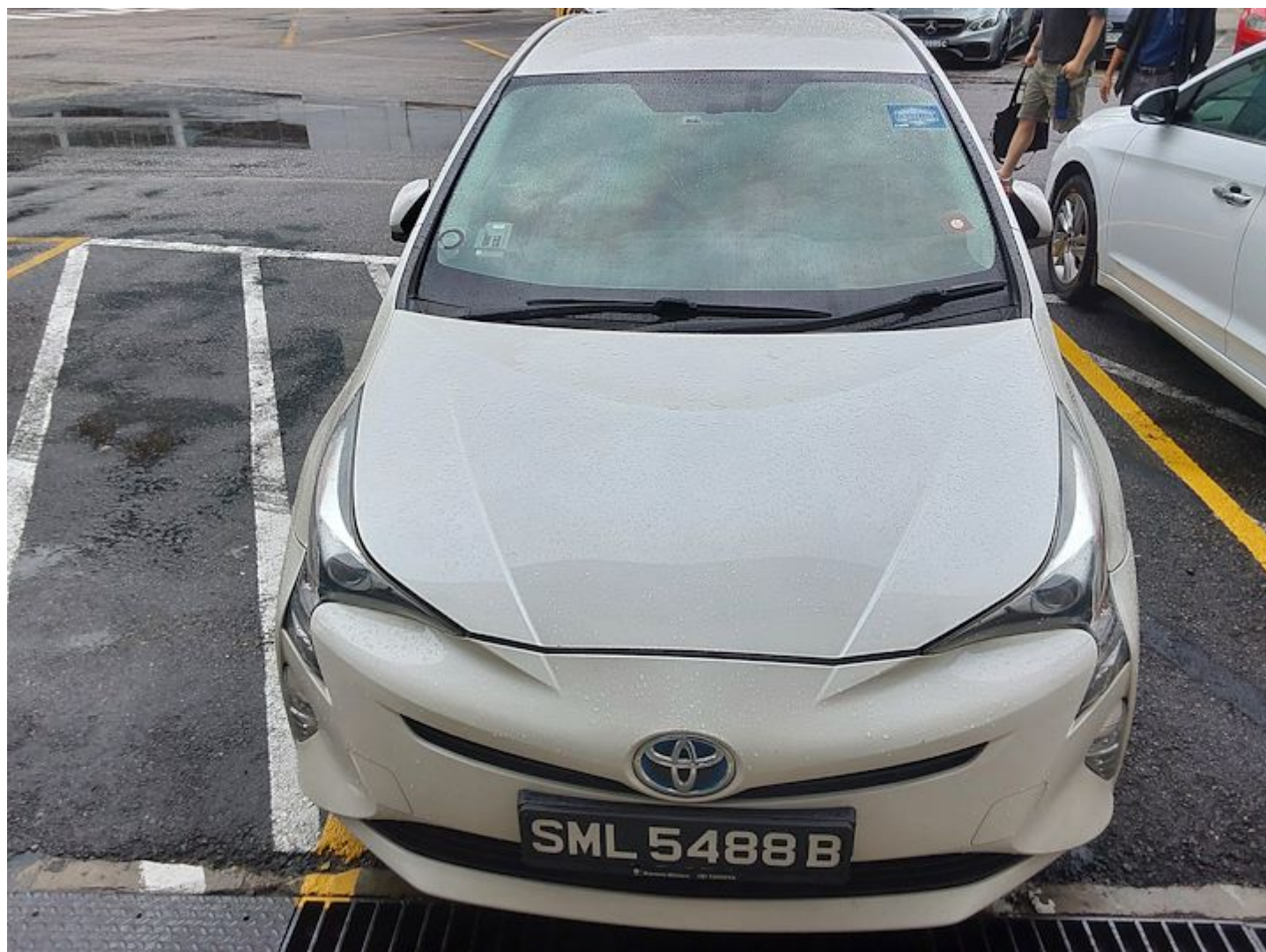


Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 03/11/24
10:50HRS

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: SJ0G24B4000H Vehicle Registration No: SML5488B
 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: 03/11/2024 Time of Accident: 08:30
 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: 06.11.2024

