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 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.

ACCIDENT STATEMENT

Date of First Submission 22/11/2024 14:47 (SGT) Reported by **Actual Driver** Date of Accident 22/11/2024 08:45 (SGT) Exact Location of Accident Punggol E, Singapore Additional Location Information TOWARDS KPE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNH849K

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 Nissan Model Serena Variant 1.2L HIGHWAY STAR PREMIUM E-POWER 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 Yes your vehicle? Vehicle Category Private hire Transmission Auto

CC 1198 Vehicle Fuel Petrol-Electric First Regisration Date

Chassis no JN1EBAC27Z0001360 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 ONG CHIN KEONG (WENG ZHENQIANG) NRIC No S7345624Z Date Of Birth 26/04/1973 Occupation Outdoor Driving Pass Date 13/03/1998 Driving License Pass Class Driving License Validity Valid Driving experience 26 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91831314 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 511B YISHUN STREET 51 #08-433 Address complement Postcode 762511 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 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 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) 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 PASSENGER 2 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?

ON THE 22/11/24 AROUND 08:45HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNH849K ALONG PUNGGOL EAST TOWARDS KPE ENROUTE FROM PUNGGOL EAST 656A PUNGGOL EAST I PICK UP MY PASSENGERS TOWARDS MOUNT ELIZABETH MEDICAL CENTRE I GOING TO DROP OFF MY PASSENGERS. WHILE I TURN LEFT SUDDENLY FRONT OF ME VEHICLE B BEARING REGISTRATION NUMBER SJS1273D APPLIED JAM BRAKE SO I TO APPLIED JAM BRAKE BUT UNFORTUNATELY I CAN'T STOP MY VEHICLE ON THE TIME SO I HIT ONTO THE VEHICLE B BACK BUMPER.NOBODY WAS INJURED.

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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category 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

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
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- 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. The 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.
- 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)

Lunderstand, 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

naveen

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE 22/11/24 AROUND 08:45HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNH849K ALONG PUNGGOL EAST TOWARDS KPE ENROUTE FROM PUNGGOL EAST 656A PUNGGOL EAST I PICK UP MY PASSENGERS TOWARDS MOUNT ELIZABETH MEDICAL CENTRE I GOING TO DROP OFF MY PASSENGERS.WHILE I TURN LEFT SUDDENLY FRONT OF ME VEHICLE B BEARING REGISTRATION NUMBER SJS1273D APPLIED JAM BRAKE SO I TO APPLIED JAM BRAKE BUT UNFORTUNATELY I CAN'T STOP MY VEHICLE ON THE TIME SO I HIT ONTO THE VEHICLE B BACK BUMPER.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 22/11/24

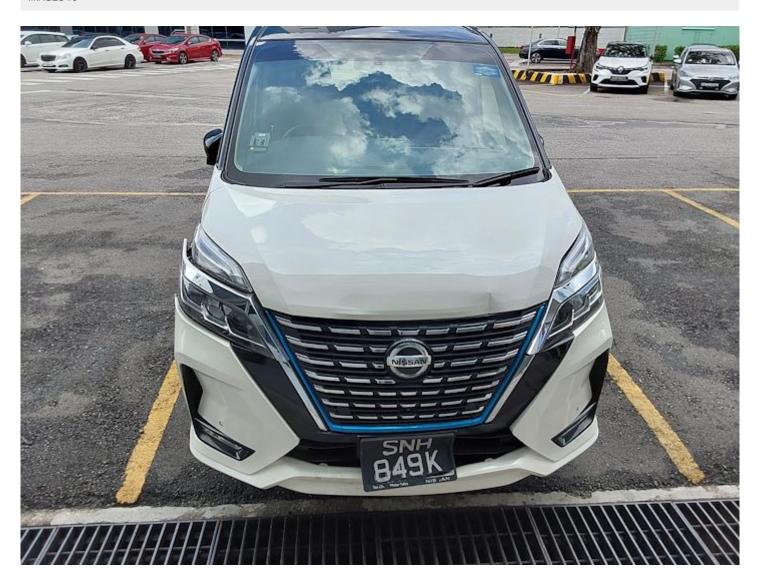
13:10HRS



Witnessed by Reporting Centre Personnel





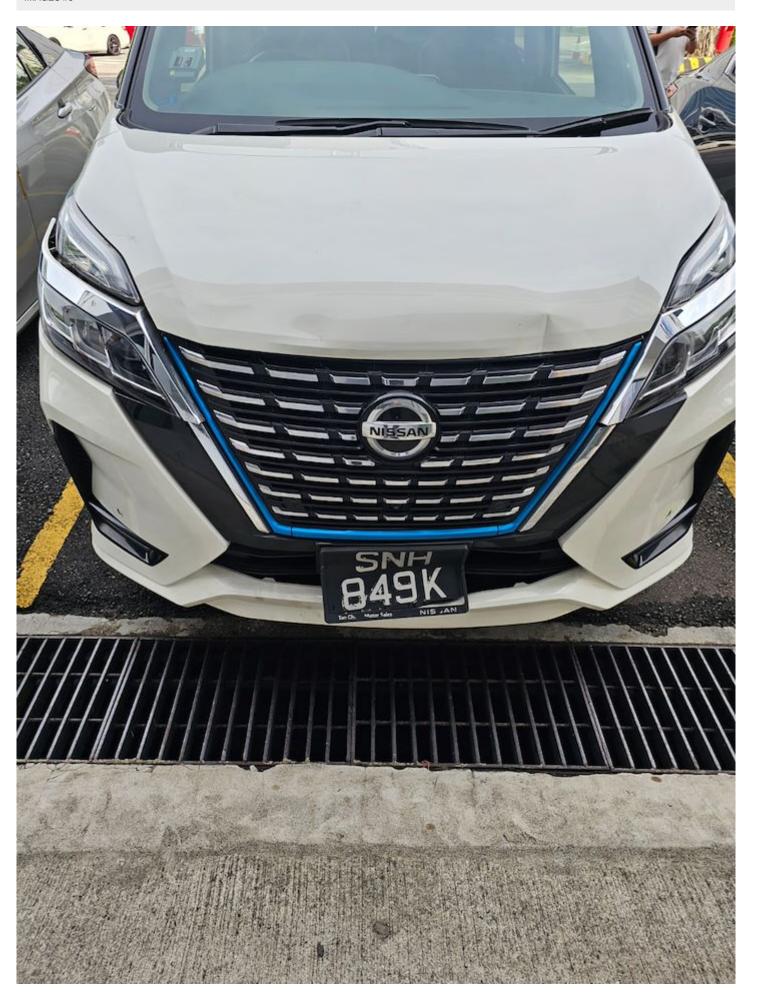


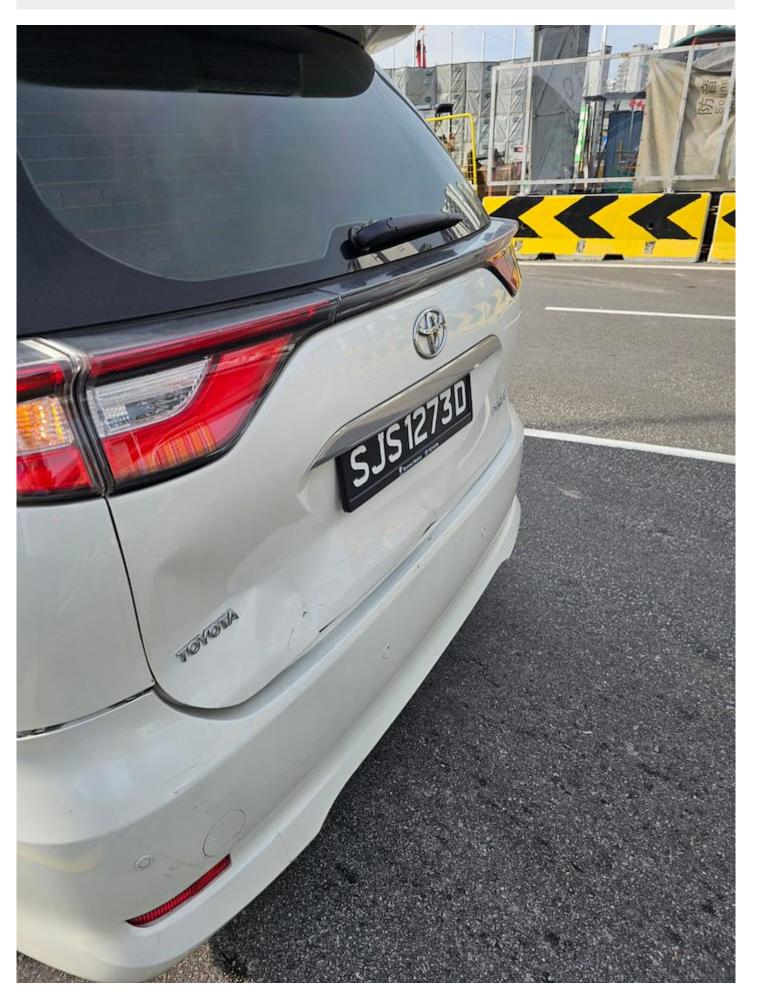


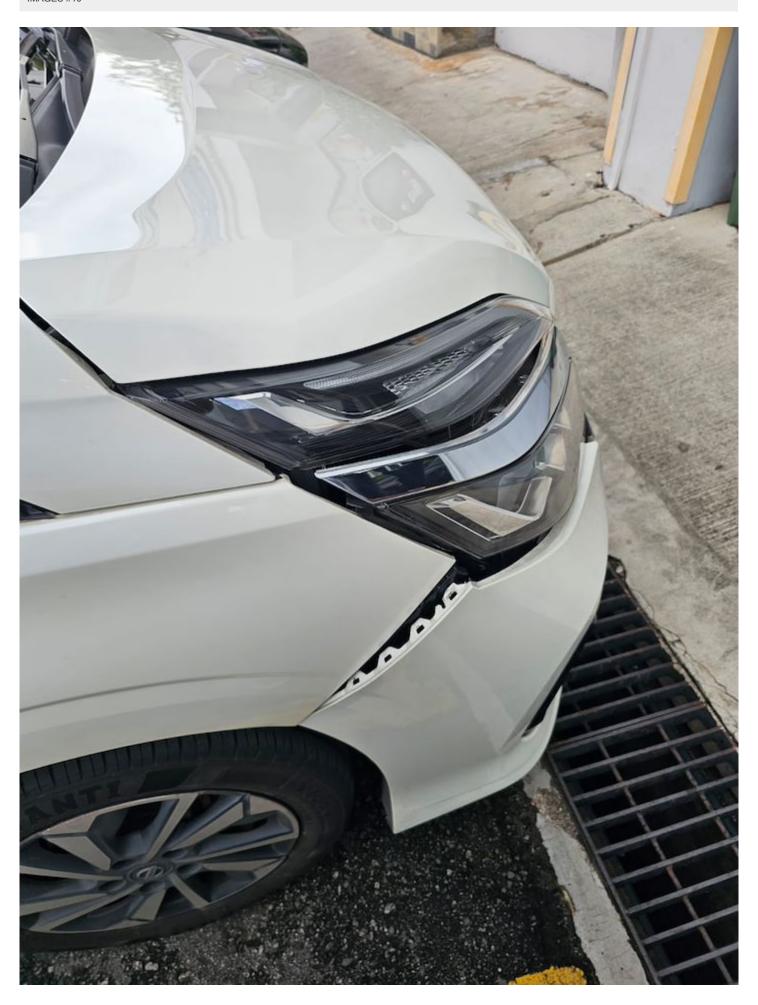


















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SJ0G24BM000H _____ Vehicle Registration No: SNH849K 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 (_____ Mobile No.: ____ Contact (Tel):__ Email Address: _ Date of Accident: 22/11/2024 _____ Time of Accident: _08:45 Place of Accident: Punggol E, 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 Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name:

GIARMC Addendum Form



Date: 25.11.2024

NRIC/FIN No.:

