

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	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
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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	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 your vehicle?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1198
Vehicle Fuel	Petrol-Electric
First Registration 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	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
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?	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 - 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	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)	3
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?	-

CIRCUMSTANCES OF 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.

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	SJS1273D
Vehicle Manufacturer	Toyota
Vehicle Model	PREVIA AERAS 2.4 CVT MR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	M.GOH
Contact Number	(Phone) +65-97666725
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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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.
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

22/11/24
13:10HRS

Witnessed by Reporting Centre Personnel



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 same 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 ()

Contact (Tel): _____ Mobile No.: _____

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

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 25.11.2024

