

## 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 Authorised 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 ability.
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 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 Report	06/12/2017 19:47
Date Of Accident	05/12/2017 16:35
Exact Location Of Accident	STEVENS RD AFTER BUKIT TIMAH RD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7672R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE. LTD
Co Reg No	198105775H
Email Address	DANNYNG@CDGRENTACAR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68820807

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS RX270 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M460802
Cover Note Number	NA

### Driver

Name of Driver	PIAZZA KATHRYN SUE
NRIC No	G3393233U
Date Of Birth	04/03/1979
Occupation	INDOOR
Date Of Driving Pass	23/11/2016
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98606255
Fax Number	
Contact Number	
Email Address	PIAZZAKATE@GMAIL.COM

Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - HIRER'S SPOUSE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### 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 this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 3

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

I WAS DRIVING ALONG STEVENS ROAD ON THE EXTREME LEFT LANE. UP AHEAD WAS A BUS ALIGHTING PASSENGERS AT THE BUSTOP. SEEING THAT THE LANES WERE MERGING AHEAD, I DROVE INTO THE CENTRE OF BOTH MERGING LANES AND AT THE SAME TIME WAS OVERTAKING THE STATIONARY BUS. I MANAGED TO STOP ON TIME TO AVOID COLLISION WITH THE CAR AHEAD OF ME WHEN IT SUDDENLY STOPPED, BUT VEHICLE SJT7667G BEHIND ME DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJT7667G  
 Vehicle Make/Model/Colour MITSUBISHI/LANCER 1.5 MIVEC  
 Details Of Properties NA  
 Name of Driver MUHAMMAD FAIZAL BIN MUHAMMAD  
 NRIC/Passport Number S8630987D  
 Contact Number 81834905  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

*Longpac*



# Sketch Plan

## SKETCH PLAN

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4. The report and endorsement of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insured to the GIA Accidents Management Centre established by the General Insurance Association of Singapore (GIA) for an being and that details in this report will not be made available application by interested parties.
7. If the report is not report to the insurers, you hereby consent to the issuing of this report at the centre and to copies of the report being made available to insurers.
8. Consistent with the Personal Data Protection Act (PDPA):  
 (a) I consent to the collection, use, disclosure and retention of:  
 (i) my name, my working and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process the personal information set out in this form and any other personal information provided by me or possessed by the insurer, including the personal information, and disclosed and transfer such Personal information to all insurers who have insured the vehicle involved in the accident, all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"; the insurers' representatives from the Maritime Authority of Singapore and any relevant government agency/authority (such as the Police, or the port authority, etc.  
 (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.  
 (iii) investigating the accident and/or my claims.  
 (iv) carrying out and/or dealing with my distribution or responding to any enquiries by me.  
 (v) administering my claims including the making 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 and mail packages, and/or  
 (vi) complying with requests for or administering, processing, handling and/or dealing with my claims.  
 (b) I consent to the "Purposes".  
 (c) All insurers, and any insured vehicles involved in this accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes, and  
 (d) my personal information may be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their overseas firms), which may be used outside of Singapore, for one or more of the above purposes.

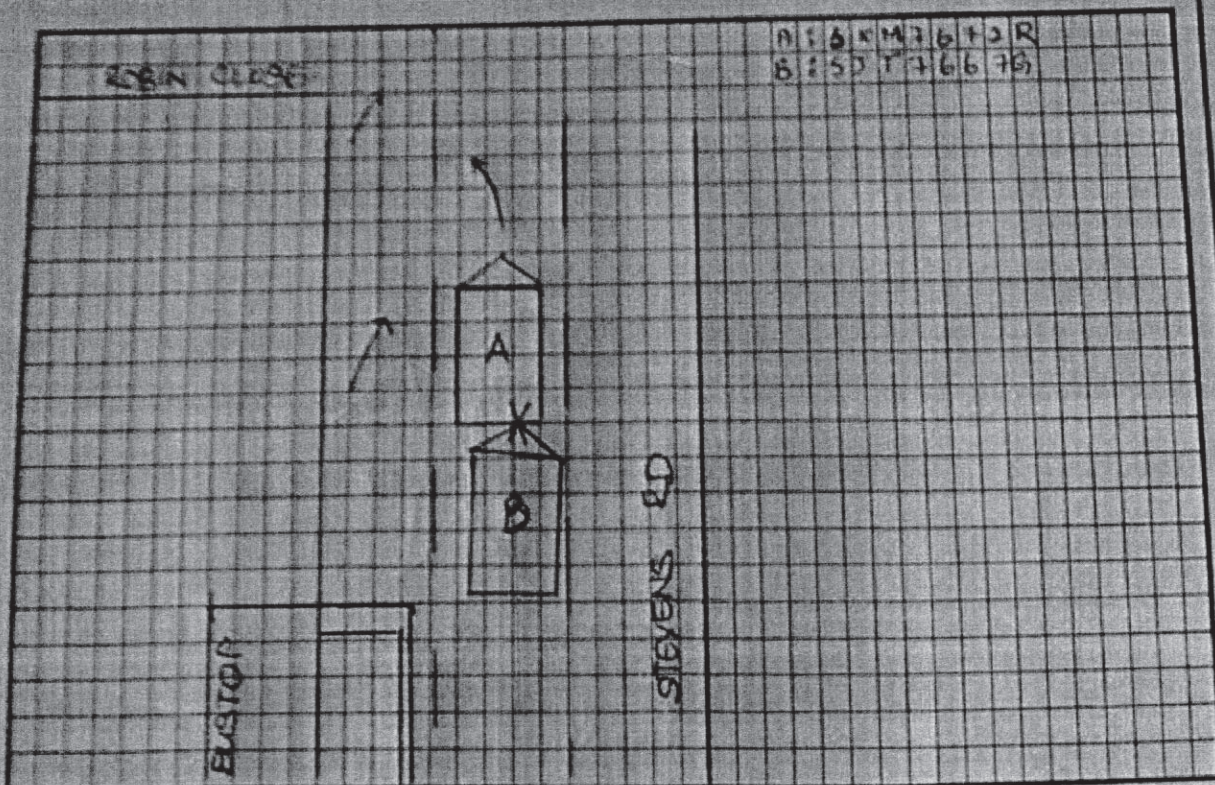
VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Ammar Hamizan Bin  
Khairudin

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan





Common Statement

ACCIDENT STATEMENT (2000 characters)

I WAS DRIVING ALONG STEVENS ROAD ON THE EXTREME LEFT LANE. UP AHEAD WAS A BUS ALIGHTING PASSENGERS AT THE BUSTOP. SEEING THAT THE LANES WERE MERGING AHEAD, I DROVE INTO THE CENTRE OF BOTH MERGING LANES AND AT THE SAME TIME WAS OVERTAKING THE STATIONARY BUS. I MANAGED TO STOP ON TIME TO AVOID COLLISION WITH THE CAR AHEAD OF ME WHEN IT SUDDENLY STOPPED, BUT VEHICLE SJT7667G BEHIND ME DID NOT MANAGE TO STOP ON TIME AND COLLIDED ONTO THE REAR RIGHT PORTION OF MY VEHICLE.

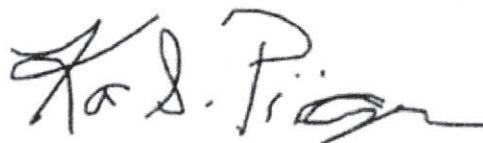
Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time: