

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	11/12/2017 19:59
Date Of Accident	10/12/2017 10:20
Exact Location Of Accident	NEWTON ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP9753L
Insured/Policyholder	
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-98181212
Vehicle Particulars	
Manufacturer	MAZDA
Model	3 4-DOOR SEDAN
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	JACOBS KRIS JEAN A
NRIC No	G3090130X
Date Of Birth	25/10/1964
Occupation	INDOOR
Date Of Driving Pass	07/05/1983
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97290691
Fax Number	
Contact Number	
EEmail Address	KRIS.JACOBS@BOLLORE.COM

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

General Information of the Accident

Type Of Accident COLLISION - ROUNDABOUT
 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) 1

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 in my lane, going direction Bukit Timah, when a driver coming from my right wanted to cut my lane to go direction Scotts Road (see below picture). In attached pictures show that I was in my lane and other car cut lane and hit the right area of my rear bumper. Also attached copy of my driving license and ID.

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 SKZ6460Z
 Vehicle Make/Model/Colour HYUNDAI / ELANTRA 1.6 AT
 Details Of Properties NA
 Name of Driver KWONG SHIWEI
 NRIC/Passport Number S8523225H
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

Common Statement

ACCIDENT STATEMENT (2000 characters)

AS PE ATTACHED SELF RECORDED STATEMENT AND SELF SKETCHED SKETCHPLAN, EMAILED TO MARS OFFICE BY DRIVER.

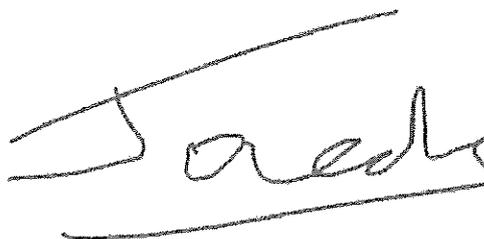
Taxi Voucher No :

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER :
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

11 December 2017 at 4:10 PM

Date/Time

11 December 2017 at 4:10 PM

Individual Statement

I was driving in my lane, going direction Bukit Timah, when a driver coming from my right wanted to cut my lane to go direction Scotts Road (see below picture). In attached pictures show that I was in my lane and other car cut lane and hit the right area of my rear bumper.

Also attached copy of my driving license and ID.

Blue bloc is my car, red bloc is car that hit me.

If you have any question, don't hesitate to contact me.

BR
Kris