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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	3 · · · · · · · · · · · · · · · · · · ·	
	ACCIDENT STATEMENT	
Date Of Report	27/07/2018 21:28	
Date Of Accident	26/07/2018 18:50	
Exact Location Of Accident	FILTER FROM ULU PANDAN TOWARDS CLEMENTI ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJY8266Y	
Insured/Policyholder		
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE. LTD.	
Co Reg No	198105775H	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-68820888	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	TOYOTA WISH 2.0 AUTO	
Exact Purpose for which vehicle was being used a time of accident	t PRIVATE	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
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	

Driver

Cover Note Number

Name of Driver BARTEL ROBERT SEAN

 NRIC No
 G6076441M

 Date Of Birth
 17/11/1973

 Occupation
 INDOOR

 Date Of Driving Pass
 27/05/2009

Driving Experience 9 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96237137

Fax Number
Contact Number

EMail Address NOEMAIL

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I was inside a filter lane and there was a van ahead of me. Suddenly the van did an emergency brake and I did an emergency brake too. But unlucky for me I did not manage to brake in time thus hitting the rear of the van gently. We exchange particulars. No injury involved. I only manage to take part of the van plate number.

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 UNKNOWN

Vehicle Make/Model/Colour VAN / SILVER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver AZIZ BIN JOYANE

NRIC/Passport Number S7201243G Contact Number 98322369

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN IMPORTANT NOTICE Please report correctly the details of the accident to speed up the claims process. This Form must be completed by the Policyholder and/or the Authrolised Driver. Internation provided must be as truthful and accurate as possible. Any willul mistrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies. Any false reporting may be referred to the Police for Investigation. The report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) for archiving and that copies of this report will for a fee be made available application by interested parties. By the lodgerment 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 alloresaid. 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 ("GtA") may/are permitted to collect, use, disclose and/or process my personal disappressed information set out in this (form) and any other personal information provided by me or possessed by 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' tawyers law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposecs) 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 to administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve the administering my claims (including the mailing of correspondence of the same as well as on the external cover of envelopes/mail.) disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail (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 sted outside of Singapore, for one or more of the above Purposes. 27 7 18 VERIFIED BY AJAX MARS REPORTING OFFICER Mohammad Azaly Bin Abdullah noidely Date & Time Witnessed by Reporting Centre Policyholder's Signature / Date & Time Driv Sketch Plan CLEMENTI ROAD - SJY8266Y 3 4 3 3 6 5 6 0 ULU PANDAN

Sketch Plan #2 Pg. 1

ACCIDENT STATEMENT (2000 characters)

	van ahead of me. Suddenly the van did an by brake too. But unlucky for me I did not rear of the van gently.	
We exchange particulars.		
No injury involved.		
I only manage to take part of the van plate number.		
Taxi Voucher No.:		
DECLARATION		
I/We declare that the above particulars & information provide	ded above are true in every aspect	
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMMAD AZALY BIN ABDULLAH	Respons	
MARS Officer	Registered Owner or Driver's Signature	
Job Complete Date/Time	Date/Time:	
27 July 2018 at 7:54 PM	27 July 2018 at 7:54 PM	





















