

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 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	21/07/2018 21:02
Date Of Accident	21/07/2018 15:10
Exact Location Of Accident	ALONG PIE(CHANGI) BEFORE CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ8099T
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	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP,6EAT
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	
Driver	
Name of Driver	GOH MUI SENG, PATRICK
NRIC No	S1798120Z
Date Of Birth	19/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98573859
Fax Number	
Contact Number	
Email Address	PATRICK@STARNETMARKETING.COM

Address	APT BLK 339B KANG CHING ROAD #14-334 SINGAPORE 612339
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : PATRICIA NEO
	GENDER: : FEMALE

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 traveling along PIE(Changi) on the right lane. A car in front of me made a sudden braking. I managed to brake and stop on time. After stopping, I got an impact from the rear of my car. Upon alighting to check, car SKL933P had collided onto the rear of my car. Another car SKT7117R had collided onto the rear of car SKL933P. Total of 3 cars were involved. Damages to my car were on the rear portion. No injuries were involved

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM HIRER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL933P
Vehicle Make/Model/Colour	INFINITI/Q50 2.0T PREMIUM A/T
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOEL WEE CHONG MIN
NRIC/Passport Number	S8923484J
Contact Number	92206754
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKT7117R

Vehicle Make/Model/Colour

BENTLEY/CONTINENTAL GT SPEED 6.0 A

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN WEI YAN, TIMOTHY

NRIC/Passport Number

S8635385G

Contact Number

90218466

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 liability.
4. The issue and acceptance 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 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 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.
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 insurers who have insured vehicle(s) involved in this accident (all insurers 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 envelope/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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Fabilah

Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

THE (CHANG) RECORD
CITE 5411

A: SKG 8094T
B: SKJ 933P
C: SKT 7117R

ACCIDENT STATEMENT (2000 characters)

I was traveling along PIE(Changi) on the right lane. A car infront of me made a sudden braking. I managed to brake and stop on time. After stopping, i get an impact from the rear of my car. Upon alighting to check, car SKL933P had collided onto the rear of my car. Another car SKT7117R had collided onto the rear of car SKL933P. Total of 3 cars were involved. Damages to my car were on the rear portion. No injuries were involved.

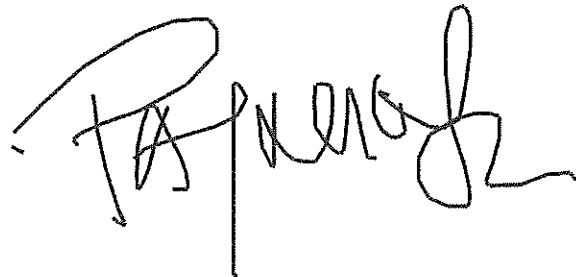
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

21 July 2018 at 5:04 PM

Date/Time:

21 July 2018 at 5:04 PM



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

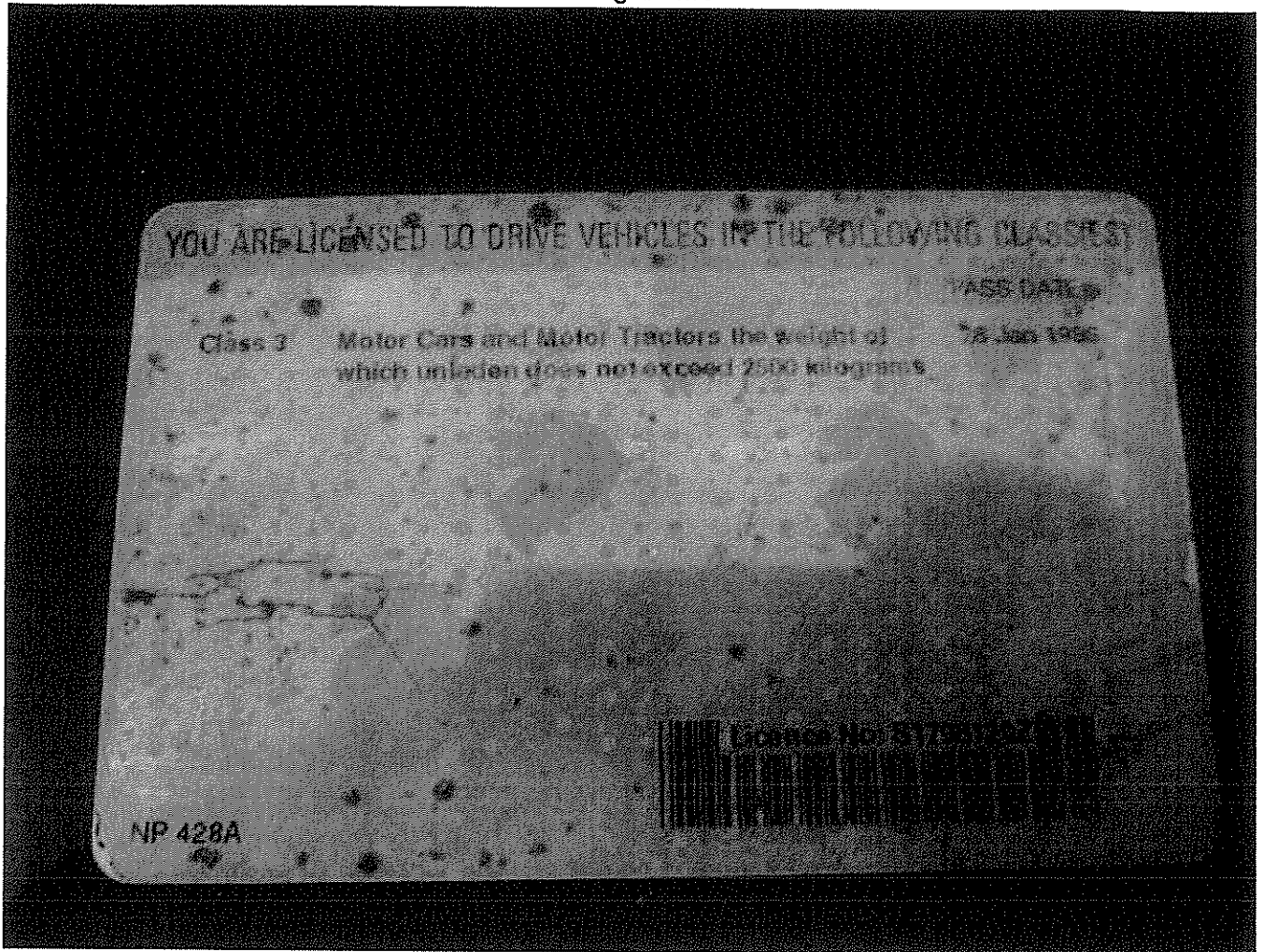
Licence Number **S 1798120Z**
Name
GOH MUI SENG, PATRICK

Birth Date: **19 Jun 1967**
Issue Date: **16 Dec 2002**

000021570B



Driving License



**INDIA INTERNATIONAL INSURANCE PTE LTD**

Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X
64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.
The Certificate must be returned if the Insurance is suspended during its currency.

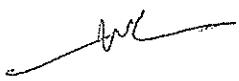
Agency Code: 10827SE Comprehensive	Excess: As per Policy Schedule
CERTIFICATE NO.	M495128/R1/453
1. Index Mark and Registration Number of Vehicle	SKQ8099T
2. Name of Policy Holder	COMFORTDELGRO RENT-A-CAR PTE LTD
3. Effective date of the commencement of Insurance for the purposes of the Act	01 January 2018
4. Date of Expiry of Insurance	31 December 2019
5. Persons or Classes of Persons entitled to drive*	
Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use*	
Use only for social domestic and pleasure purposes in connection with the Policyholder's business.	
The Policy does not cover	
(1) Use for hire or reward	
(2) Use for racing, pace-making, reliability trial or speed-testing.	
(3) Use for the carriage of goods (other than samples) in connection with any trade or business.	
(4) Use for any purposes in connection with the Motor Trade.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.	

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Date of Issue: RL/08.01.2018

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M.L. 406 (HIRE CAR)
THIRD DRIVING


Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act. (Cap. 189).
The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.