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 witholding 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

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	ACCIDENT STATEMENT	
Date Of Report	23/11/2018 12:31	
Date Of Accident	22/11/2018 18:15	
Exact Location Of Accident	ANG MO KIO AVENUE 3 TOWARDS CTE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SFH8800S	
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-68820888	
Vehicle Particulars		
Manufacturer	VOLVO	
Model	V60 XC	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD	
Type Of Cayarage	COMPDELIENCIVE	

Type Of Coverage **COMPREHENSIVE**

Fleet Policy YES Policy Number M460802

Cover Note Number

Driver

Name of Driver PHILIP MORRIS Work Permit No G5448352Q Date Of Birth 22/03/1966 Occupation **INDOOR Date Of Driving Pass** 27/01/2014

Driving Experience 4 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97353571

Fax Number

Contact Number

EMail Address PHILIP.MORRIS@ST.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 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

Was any body injured in the Accident?

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 1

Number of Passengers (Including Driver)

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 travelling along ANG MO KIO AVENUE 3 TOWARDS CTE it was a 5 lane traffic My vehicle was positioned in the 4th lane vehicle SJM632P which was ahead of me stopped and I could not stop my vehicle SFH8800S on time and collided onto vehicle SJM632P rear that's all I can remember. No injuries involved. CHAIN COLLISION TOTAL 3 VEHICLES INVOLVED.

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 SJM0632P

Vehicle Make/Model/Colour MAZDA MAZDA 3 BROWN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHEONG CHEE KONG

NRIC/Passport Number S7701236B Contact Number 96747207

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

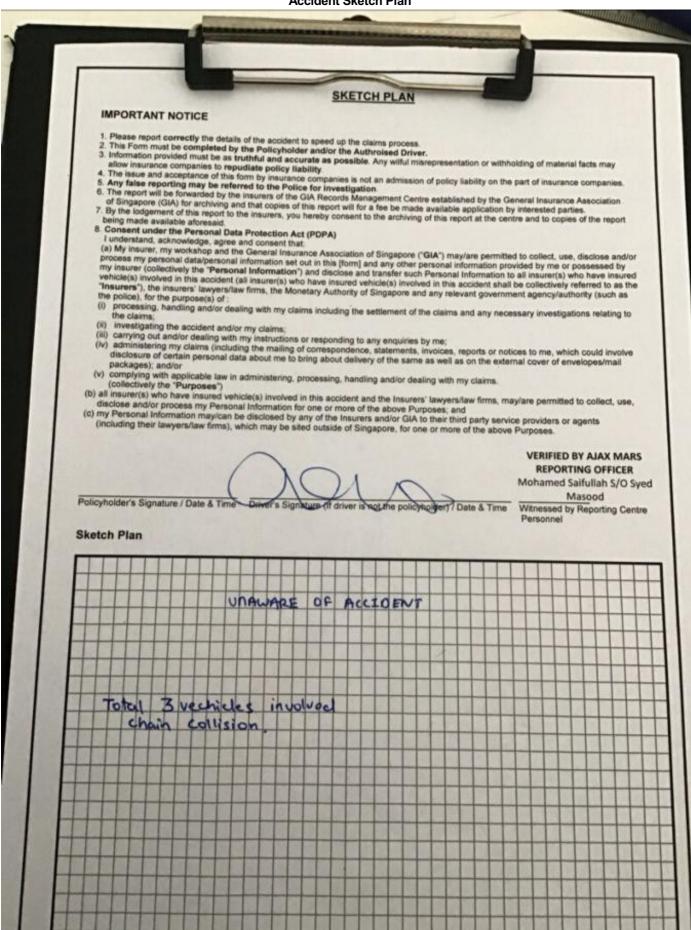
No. Of Passenger (Including Driver)

HYUNDAI 130 WHITE

PRIVATE CAR

TAN YEU MEIN, BRENDA

S9632922I



ACCIDENT STATEMENT (2000 characters)

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CHAIN COLLISION TOTAL 3 VEHICLES INVOLVED.		
Taxi Voucher No.:		
DECLARATION		
I/We declare that the above particulars & information provide	ed above are true in every aspect	
VERIFIED BY AJAX MARS REPORTING OFFICER - MOHAMED SAIFULLAH S/O SYED MASOOD	oll in	
MARS Officer	Designated Over as as Drivede Standard	
Job Complete Date/Time	Registered Owner or Driver's Signature Date/Time:	
23 November 2018 at 10:27 AM	23 November 2018 at 10:27 AM	









