

## 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 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	14/11/2018 08:47
Date Of Accident	13/11/2018 16:00
Exact Location Of Accident	PIE TOWARDS AIRPORT BEFORE AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT1698U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORTDELGRO RENT-A-CAR PTE. LTD.
Co Reg No	198105775H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68820804

### Vehicle Particulars

Manufacturer	MAZDA
Model	CXCX-5
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	DAWSON MARK EDWARD PETER
NRIC No	G5443954M
Date Of Birth	08/03/1976
Occupation	INDOOR
Date Of Driving Pass	17/02/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94567472
Fax Number	
Contact Number	
Email Address	MARK.DAWSON@HALLIBURTON.COM

Address	NIL
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	
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)	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 ALONG PIE TOWARDS CHANGI . VEHICLE IN FRONT OF ME DRIVING VERY SLOWLY. I SLOW DOWN MY VEHICLE BUT SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES 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	SHB9837M
Vehicle Make/Model/Colour	RENAULT / LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KWANG SENG
NRIC/Passport Number	
Contact Number	84184039
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Sketch Plan

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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 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' 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 envelopes/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.

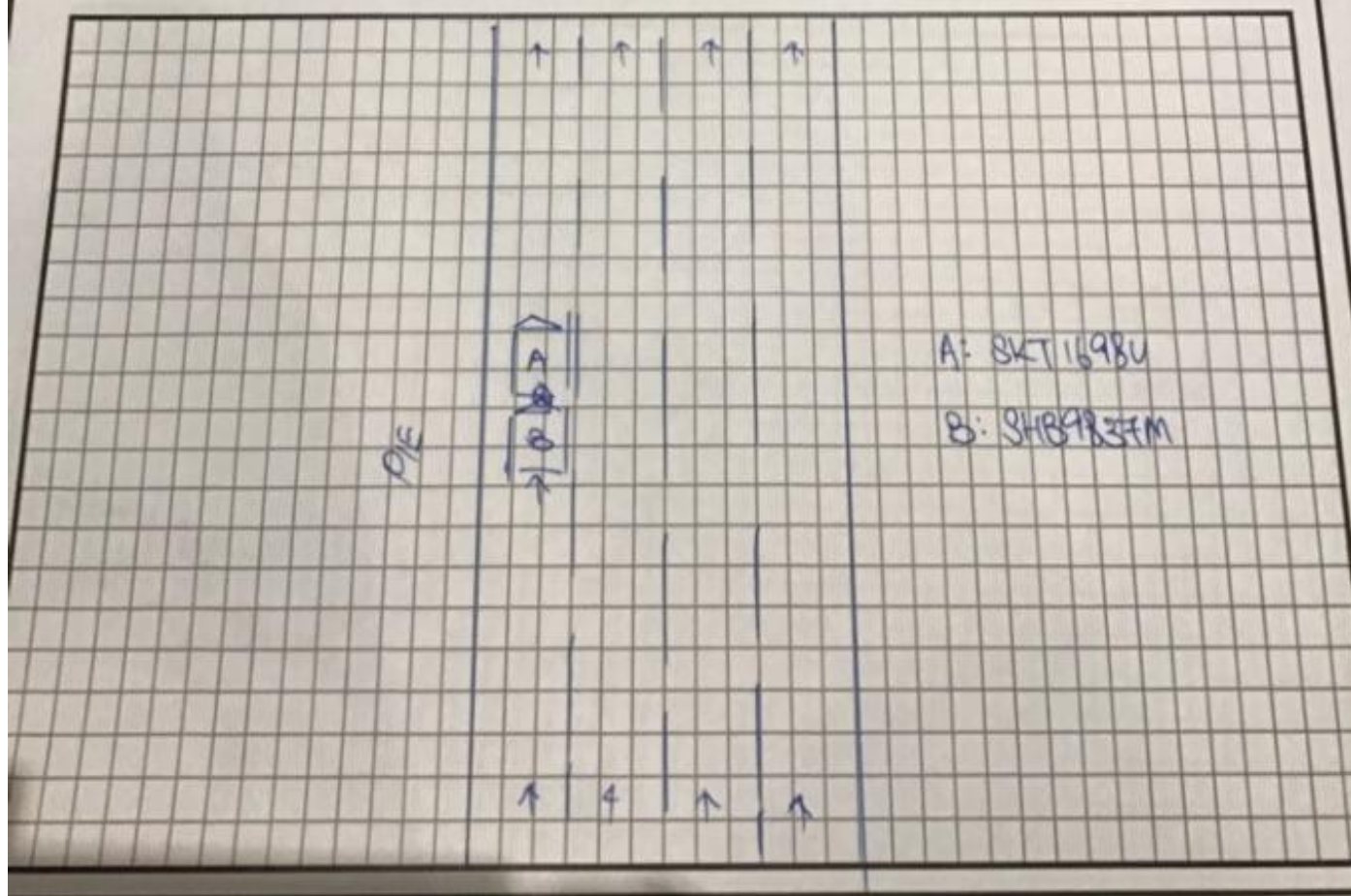
**VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Jun Keat**

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

## Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I WAS DRIVING ALONG PIE TOWARDS CHANGI . VEHICLE IN FRONT OF ME DRIVING VERY SLOWLY. I SLOW DOWN MY VEHICLE BUY SUDDENLY VEHICLE B COLLIDED ONTO REAR OF MY VEHICLE . NO INJURIES INVOLVED.

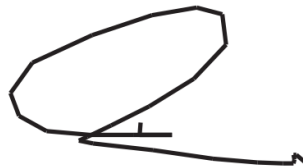
Taxi Voucher No.:

**DECLARATION**

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

VERIFIED BY AJAX MARS REPORTING OFFICER -  
WONG JUN KEAT

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

13 November 2018 at 7:16 PM

Date/Time:

13 November 2018 at 7:16 PM

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Identification Number: **G5443954M**

Name: **DAWSON MARK EDWARD PETER**

Birth Date: **08 Mar 1976**

Issue Date: **10 Nov 2017**

Valid Till: **16/02/2020**





**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**HALLIBURTON FAR EAST PTE LTD**

Name:  
**DAWSON MARK EDWARD PETER**

Occupation:  
**VICE PRESIDENT**

FIN:  
**G5443954M**

Date of Application:  
**09-08-2017**

Date of Issue:  
**07-08-2017**

Date of Expiry:  
**07-08-2019**







**L8210372**

# Driving License

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

**EFFECTIVE DATE** 17 Feb 2015

**Class 3** Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

**Licence No: G5443954M**

**NP 428A**

**VISIT PASS**  
**Immigration Regulations**

**Name**  
**DAWSON MARK EDWARD PETER**

	<b>Date of Birth</b> <b>08-03-1976</b>	<b>Sex</b> <b>M</b>	<b>Nationality</b> <b>AMERICAN</b>
	<b>FIN</b> <b>G5443954M</b>	<b>Date of Issue</b> <b>07-08-2017</b>	<b>Date of Expiry</b> <b>07-08-2019</b>

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

