

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	24/03/2019 02:01
Date Of Accident	22/03/2019 17:20
Exact Location Of Accident	AYE(CTE) BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT1681S
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	MAZDA
Model	MAZDA3
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 Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M460802
Cover Note Number	

Driver

Name of Driver	PETERSON PATRICK EARL
NRIC No	G3136903M
Date Of Birth	17/07/1962
Occupation	INDOOR
Date Of Driving Pass	15/09/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90118140
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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 traveling along AYE(CTE) on the 2nd lane from the right. Traffic was heavy and slow moving. Vehicle GZ6603B in front of me braked. I braked but could not stop on time and collided onto the rear of vehicle GZ6603B. Vehicle GZ6603B then collided onto vehicle GBD626A. Damages to my car were on the front side.

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	GZ6603B
Vehicle Make/Model/Colour	TOYOTA DYNA 150 DC
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VEERAPERUMAL MUMMORTHY
NRIC/Passport Number	G7780375R
Contact Number	87374375
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD626A
Vehicle Make/Model/Colour	KIA K2500 6M/T
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMAKRISHNAN PRABU
NRIC/Passport Number	G7950180H
Contact Number	87635288
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN**IMPORTANT NOTICE**

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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**

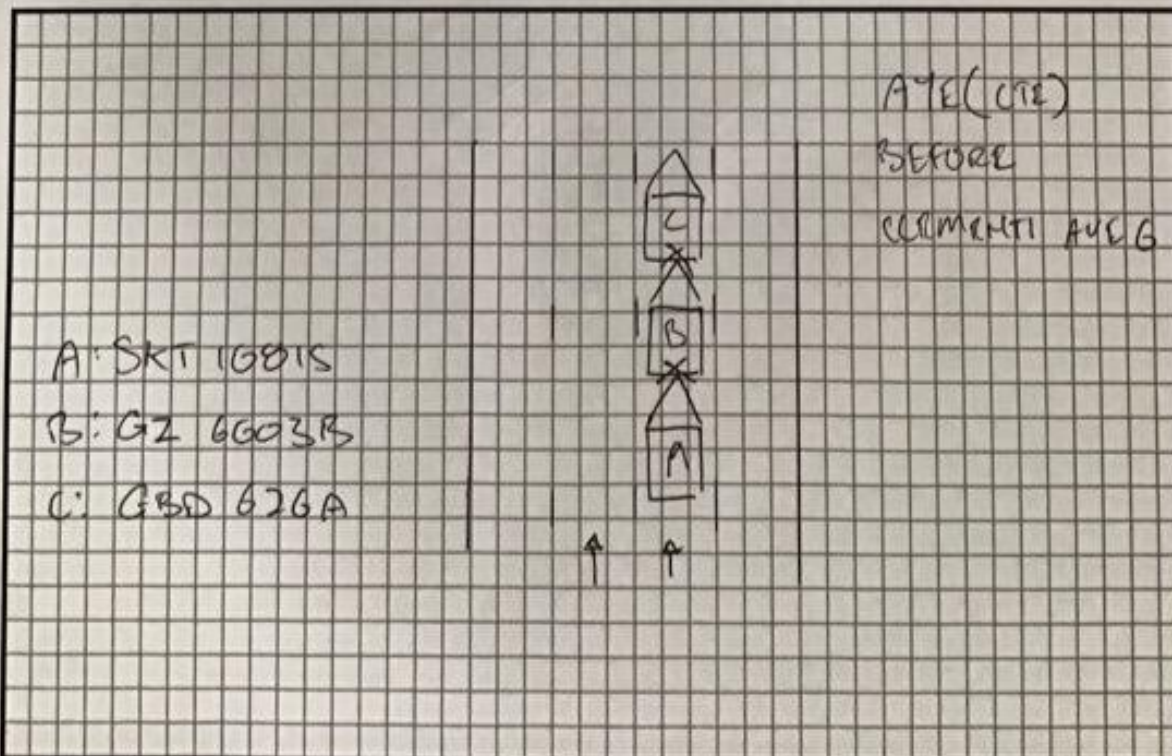
Muhammad Faizal

Bin Pabila

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Common Statement

ACCIDENT STATEMENT (2000 characters)

I was traveling along AYE(CTE) on the 2nd lane from the right. Traffic was heavy and slow moving. Vehicle GZ6603B in front of me braked. I braked but could not stop on time and collided onto the rear of vehicle GZ6603B. Vehicle GZ6603B then collided onto vehicle GBD626A. Damages to my car were on the front side.

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

23 March 2019 at 2:29 PM

Date/Time:

23 March 2019 at 2:29 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



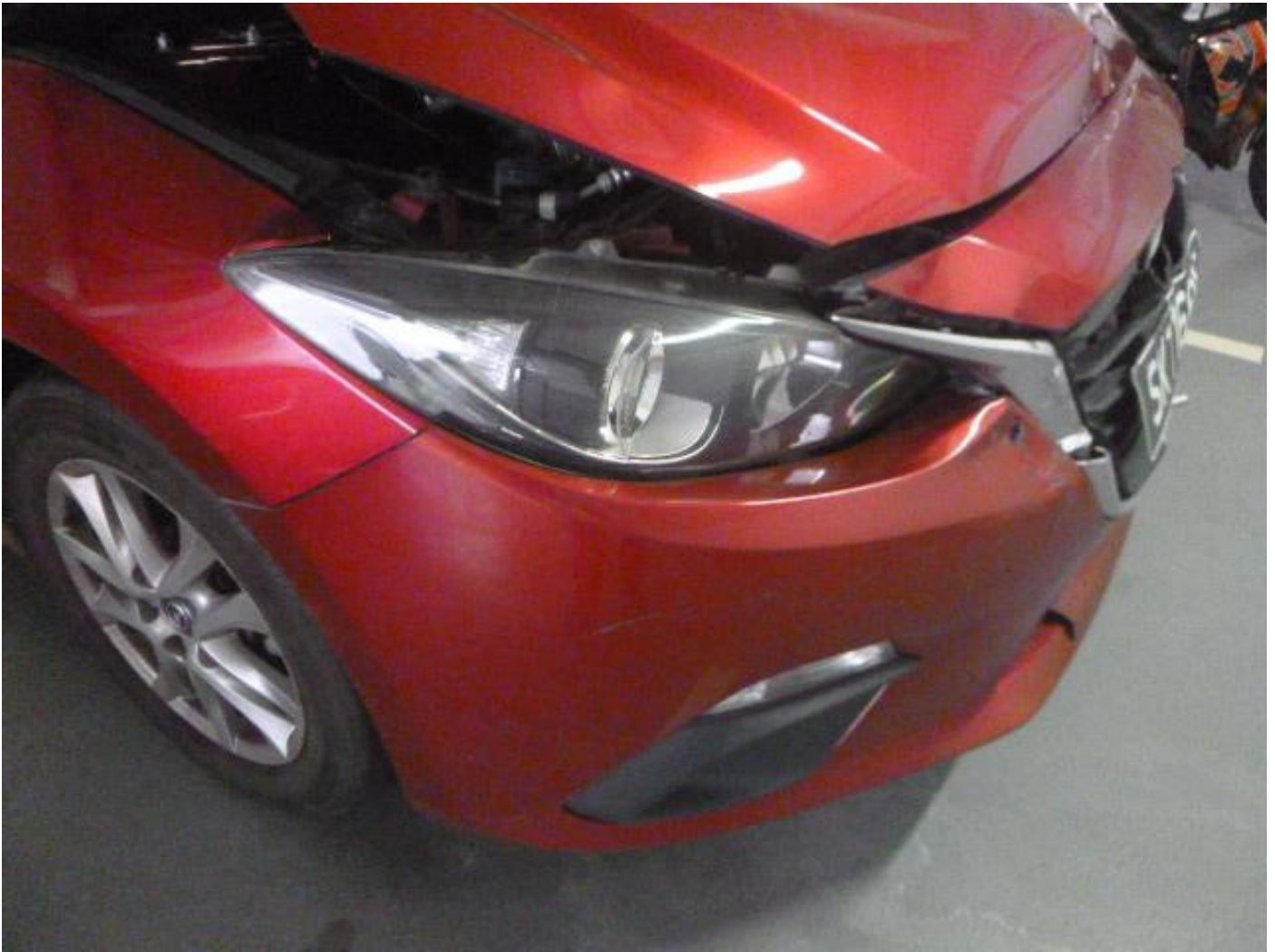
Accident Photo



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Accident Photo



Driving License



Driving License



WORK PERMIT

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

Employer
EXXONMOBIL CHEMICAL OPERATIONS PRIVATE LIMITED

Name
PETERSON PATRICK EARL

Occupation
SAP SPECIALIST

FIN
G3136903M

Date of Application
30-01-2018

Date of Issue
06-02-2018

Date of Expiry
06-02-2020

 **L8602922**

WORK PERMIT

VISIT PASS
Immigration Regulations

Name
PETERSON PATRICK EARL



Date of Birth	Sex	Nationality
17-07-1962	M	AMERICAN
FIN	Date of Issue	Date of Expiry
G3136903M	06-02-2018	06-02-2020

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.**



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH19038307 Vehicle Registration No: SKT1681S
Name(as shown in NRIC) : PETERSON PATRICK EARL NRIC/FIN/Passport No : G3136903M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 90118140
Email Address : NOEMAIL
Date of Accident : 22/03/2019 Time of Accident : 1720HRS
Place of Accident : AYE(CTE) BEFORE CLEMENTI AVE 6
Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND FROM REPORTING ONLY TO OD CLAIM

Policyholder / Driver's Signature
Date:

JoanneTham
Reporting Centre Personnel's Signature
Name: Joanne Tham
NRIC/FIN No.:
Date: 25 MARCH 2019