

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	01/04/2019 20:21
Date Of Accident	01/04/2019 16:45
Exact Location Of Accident	GLENEAGLES HOSPITAL OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9609U
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-68820882
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PREVIA AERAS 2.4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NA
Driver	
Name of Driver	ADAHA BIN ATAN
NRIC No	S7440130I
Date Of Birth	23/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2000
Driving Experience	18 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94522276
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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

My vehicle was parked inside the lot and I was in my vehicle. Suddenly a vehicle reversed from the parking lot and brushed onto my vehicle right side rear portion.

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	SME3996B
Vehicle Make/Model/Colour	BMW 218I CONVERTIBLE
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SHEOW LEI
NRIC/Passport Number	S7145900D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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4. The issue and acceptance of this form by insurance companies is not an admission of policy validity on the part of insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Ministry of the Civil Service Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will be a fee for those services provided by insurance companies.
7. By the completion of this report to the Ministry, you have consented to the archiving of this report from date and to release of the report being made whenever necessary.
8. Consent under the Personal Data Protection Act (PDPA):
 - (a) Understand, acknowledge, agree and consent that:
 - (i) My details, my address and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, disclose and/or process my personal data (personal information) and other personal information provided by me or collected by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have caused or contributed to this accident (all insurers) who have caused or contributed to this accident and be collectively referred to as the "Insurers"; the insurers' lawyers (law firms), the Ministry of the Civil Service and any relevant government's agencies directly (such as the police) for the purposes 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 service relating with my instructions or responding to any enquiries by me.
 - (iv) administering my claims (including the making of correspondence, statements, evidence, reports or records to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as of the external cover of correspondence) packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) I understand that the insurers and the insurers' lawyers (law firms) may be 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 also be disclosed by any of the insurers and/or GIAS to their third party service providers or agents (including their lawyers (law firms)) which may be used outside of Singapore for one or more of the above purposes.

VERIFIED BY AJAX MARK
REPORTING OFFICER

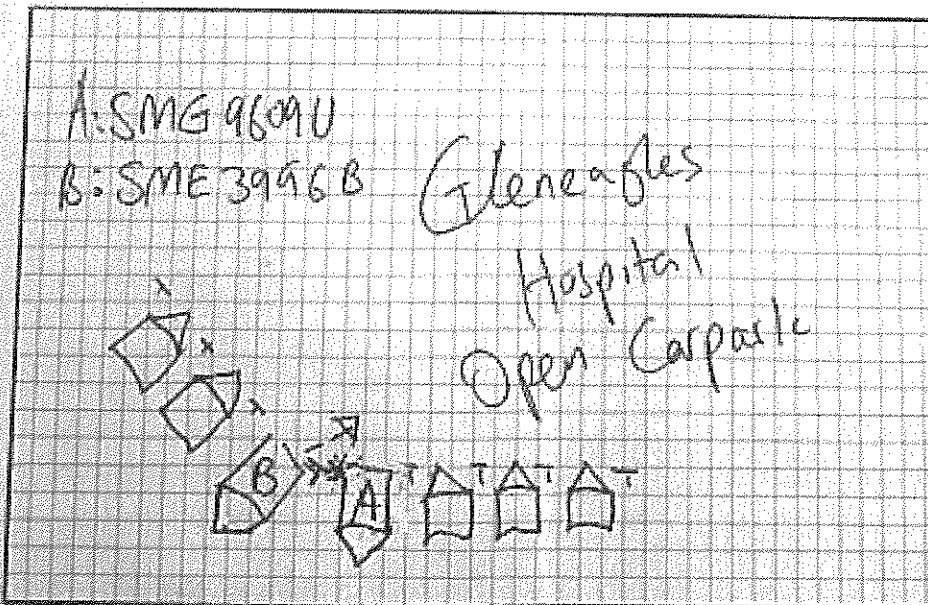
AIZAM BIN ATAN

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 Pg. 1

ACCIDENT STATEMENT (2000 characters)

My vehicle was parked inside the lot and I was in my vehicle. Suddenly a vehicle reversed from the parking lot and brushed onto my vehicle right side rear portion.

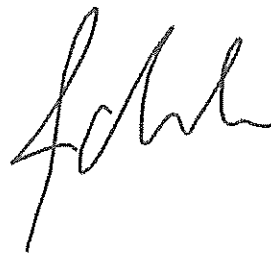
Taxi Voucher No.:

DECLARATION

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

VERIFIED BY AJAX MARS REPORTING OFFICER -
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

1 April 2019 at 7:00 PM

Date/Time:

1 April 2019 at 7:00 PM

TEL: 63837466/7730/7656/7362 FAX: 62815767



CASH DAMAGED REPAIR QUOTATION

Please sign below if you agree with our quotation and fax to us @ 62815767

Company Stamp : _____
Date : _____