

## 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	15/09/2019 11:41
Date Of Accident	14/09/2019 13:00
Exact Location Of Accident	ALONG CHANGI ROAD JUNCTION OF GEYLANG SERAI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3662A
<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-68820882
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	MAZDA2 SEDAN 1.5 AT STANDARD PLUS EU6
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	REPORTING ONLY
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	FURU RONNIE JOHAN
NRIC No	F2859145N
Date Of Birth	16/11/1978
Occupation	INDOOR
Date Of Driving Pass	04/01/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96230463
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	COLLISION - HEAD TO REAR
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	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

At the traffic junction, front vehicle had already moved and stopped I applied braked not enough time and ended bumped onto front vehicle 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	SKW1183Y
Vehicle Make/Model/Colour	TOYOTA / HARRIER 2.0 PREMIUM AT AIRBAG 2WD / WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : PASSENGER 1  
GENDER: : MALE

## Accident Sketch Plan Pg. 1

### 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 the 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 upon application by interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

**VERIFY BY AJAX MARS (ARC)**  
**REPORTING OFFICER**  
AIZAM BIN ATAN

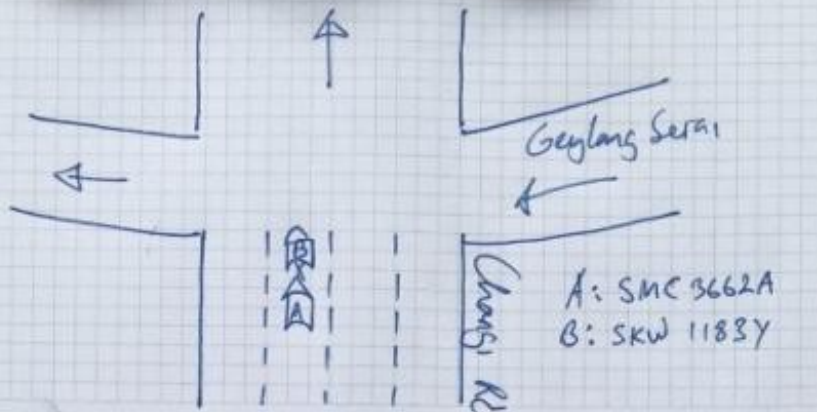
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**ACCIDENT STATEMENT (2000 characters)**

At the traffic junction, front vehicle had already moved and stopped I applied braked not enough time and ended bumped onto front vehicle 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

14 September 2019 at 4:00 PM

Date/Time:

14 September 2019 at 4:00 PM

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



## Driving License

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

Employer  
**BOLLORE LOGISTICS SINGAPORE PTE. LTD.**

Name  
**FURU RONNIE JOHAN**

Occupation  
**REGIONAL OPERATIONS MANAGER**

FIN  
**F2859145N**

Date of Application  
**05-02-2018**

Date of Issue  
**05-03-2018**

Date of Expiry  
**05-03-2020**

**L8636455**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **F2859145N**

Name:  
**FURU RONNIE JOHAN**

Birth Date: **18 Nov 1978**

Issue Date: **04 Jan 2019**

Valid Till **03/01/2024**

**002888955F**



## Driving License

**VISIT PASS**  
Immigration Regulations

Name  
**FLURU RONNIE JOHAN**



Date of Birth	Sex	Nationality
<b>18-11-1978</b>	<b>M</b>	<b>FINNISH</b>
FIN	Date of Issue	Date of Expiry
<b>F2859145N</b>	<b>05-03-2018</b>	<b>05-03-2020</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.



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

	<b>EFFECTIVE DATE</b>
<b>Class 3</b> Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	<b>04 Jan 2019</b>

NP 428A

Licence No: F2859145N



**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: S66SS0020G / 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 : MBHH19122084 Vehicle Registration No: SMC3662A  
Name(as shown in NRIC) : FURU RONNIE JOHAN NRIC/FIN/Passport No : F2859145N  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96230463  
Email Address : NOEMAIL  
Date of Accident : 14/09/2019 Time of Accident : 1300HRS  
Place of Accident : Along Changi Road Junction of Geylang Serai  
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:

ATTACHED ACCIDENT PICS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Joanne Tham  
Reporting Centre Personnel's Signature  
Name: Joanne Tham  
NRIC/FIN No.:  
Date: 16 SEPTEMBER 2019