

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 25/09/2020 01:15
Date Of Accident 24/09/2020 17:10
Exact Location Of Accident TOA PAYOH LIBRARY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP4074J
Insured/Policyholder
Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE.LTD
Co Reg No 1XXXXX775H
Email Address DANNYNG@CDGRENTACAR.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-68820888

Vehicle Particulars

Manufacturer MAZDA
Model MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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 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 NA

Driver

Name of Driver TAY HWEE HSI
NRIC No SXXXX683B
Date Of Birth 07/08/1987
Occupation INDOOR
Date Of Driving Pass 14/10/2006
Driving Experience 13 YEARS AND 11 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-92342487
Fax Number
Contact Number
Email Address PIGGYTAY@GMAIL.COM

NA

Driver an employee of the Insured's Company NO
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 SIDE SWIPE
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? NO
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 the carpark and the moving van in front of me stopped and put on his hazard light. I waited for a while and the van did not move. So I drove to the right of his vehicle to make a right turn. Suddenly, The driver of the van reversed without checking and hit the front left of my vehicle. My front left was damaged. No injuries were 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 GBG7572J
Vehicle Make/Model/Colour NISSAN / NV350 PANEL VAN 2.5 5MT 5DR
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MD SHOLIHIN
NRIC/Passport Number SXXXX890E
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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
ANG QI HAO VICTOR**

Policyholder's Signature
Date & Time:

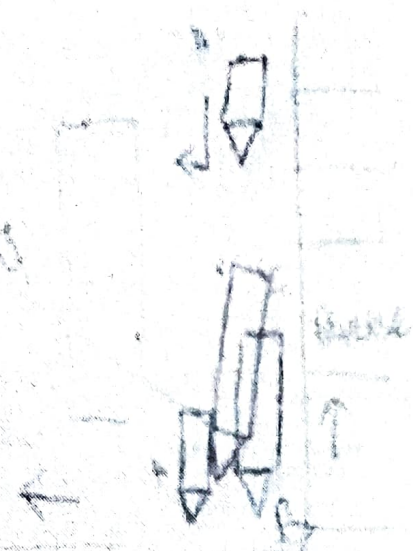
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

7-11-68

(1944-1945)

2000



REFER TO ATTACHED STATEMENT

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The details of the foregoing particulars are given in many, complete

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

Reporting Centre Personnel's Signature
Name: _____
AFRC/FIN No: _____