

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	09/11/2020 11:32
Date Of Accident	06/11/2020 19:10
Exact Location Of Accident	KAKI BUKIT RD 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2486L
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Co Reg No	1XXXXX882C
Email Address	DARYLTAN@CDC.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67401636

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (M)
Exact Purpose for which vehicle was being used at time of accident	TRAINING
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	D20MFL0000618
Cover Note Number	

Driver

Name of Driver	HOSSAIN AKTER
Passport No/FIN	GXXXX468U
Date Of Birth	01/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2020
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83713757
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 Postcode -
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - LEARNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
 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? YES
 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) 2
 Passenger 1 NAME: : MUHAMMAD AZAM BIN ADBULLAH
 GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name 10 UBI AVENUE 3
 Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

SEE ATTACHED POLICE REPORT : T/20201107/7001

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Was there any audio recorded? NO

Details of Witness 1

Name MUHAMMAD AZAM BIN ABDULLAH
 Phone Number 96698901
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC1343H
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR

Name of Driver	ANDY TAN KIM LONG
NRIC/Passport Number	
Contact Number	98555908
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AZAM BIN ABDULLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKE2486L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

DelGro Driving Centre Pte Ltd
205 Ubi Ave 4
Singapore 408805

Policyholder's Signature
Date & Time:

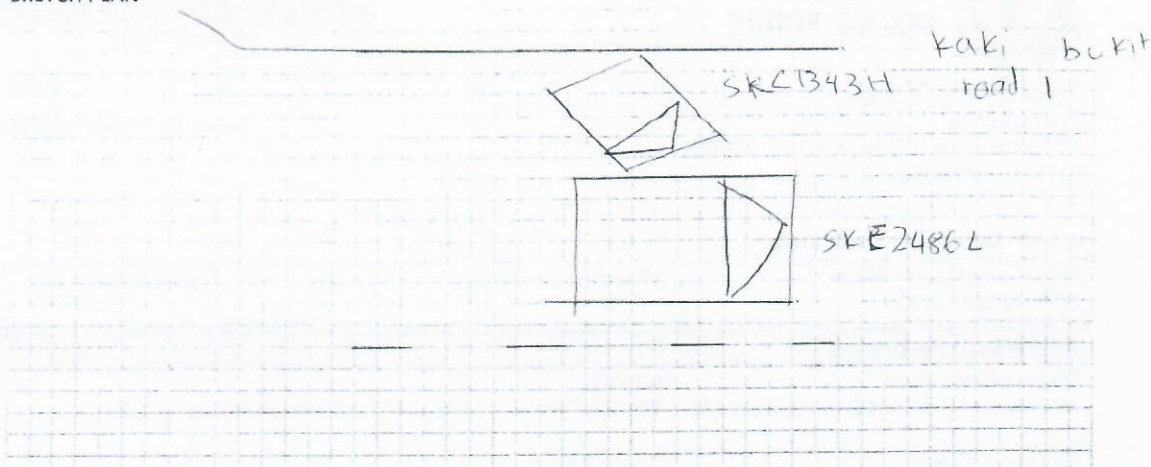
Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/11/2020

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

1907 HYS

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/11/2020 at about 1907 hrs at Kaki Bukit
road 1 a 3rd party vehicle bearing registration number SKL1343H
suddenly collided into the side front of my vehicle

DECLARATION

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

DelGro Driving Centre
205 Ubi Ave 4

Policyholder Signature: _____
Date & Time: _____

Driver's Signature
(If driver is not the policyholder)

Date & Time: 6/11/2020

1907 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201107/7001

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201107/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2020 14:38		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD AZAM BIN ABDULLAH			Address: 101 RIVERVALE WALK #02-32 SINGAPORE 540101		
ID Type / ID No.: NRIC NO / S9530280G			Contact No.: Home/Office: Mobile: 96698901		
Nationality: SINGAPORE CITIZEN			Email: AZAMABDULLAH1995@GMAIL.COM		
Sex: Male	Age: 25	Date of Birth: 29/08/1995	Type of Informant: Passenger		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Driving instructor/tester		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/11/2020 19:10	Type of Location: Straight Road
Location: KAKI BUKIT ROAD 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SKE2486L	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201107/7001

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No 65470000

Report No T/20201107/7001

CONTINUATION OF REPORT

Passenger			
Name	MUHAMMAD AZAM BIN ABDULLAH	ID No.	S9530280G
Related Vehicle	SKE2486L (Car)	Contact No.	96698901
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/11/2020	Date	07/11/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 06/11/2020 at about 1907 hrs, i was travelling along kaki bukit road 1 beside eunos technolink. Suddenly, a vehicle (B) on my left veered into my lane without caution and collided onto my left portion vehicle (A) causing damages to my vehicle. I was the passenger inside the vehicle (A)

Vehicle involving in the situation

- (A) SKE2486L
- (B) SKC1343H



**SINGAPORE
POLICE FORCE**



T/20201107/7001

3 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20201107/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/11/2020 14:38

Classification Of Case: