

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 Submission 12/03/2021 10:53 (SGT)
Date of Accident 11/03/2021 12:50 (SGT)
Exact Location of Accident Cairnhill Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC1503P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE LTD
Company Reg No 198105775H
Email Address dannyng@cdgrentacar.com.sg
Mobile Phone No (Phone) +65-82988501
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Mazda
Model Cx-5
Variant -
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 - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D20MFL0000326_01
Cover Note Number -

DRIVER

Name of Driver LEMAIRE STEPHANE PHILIPPE MARIE JEAN
Passport No/FIN G3303459N
Date Of Birth 15/06/1961
Occupation Outdoor

Date Of Driving Pass	19/09/2017
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82988501
Alt. Phone Number	-
Email Address	STLEMAIRE@AIRFRANCE.FR
Address	C/O 3 NASSIM ROAD
Address complement	-
Postcode	258371
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/03/2021 @ AROUND 1250PM, I WAS DRIVING ALONG CAIRNHILL ROAD ON THE EXTREME RIGHT LANE ON BOARD MY VEHICLE SMC1503P. I WASN'T QUITE SURE ON THE ACCOUNTS AND DETAILS OF HOW THE INCIDENT HAPPENED. ALL I REMEMBER WAS DRIVING ON A STRAIGHT ROAD AND THE ACCIDENT HAPPENED TOO FAST AND THE ONLY RECOLLECTION OF THE ACCIDENT I HAD WAS SEEING A BLACK CAR ON MY LEFT. IT APPEAR TO BE EITHER ONE OF US HAD SIDE SWIPED ONTO ONE ANOTHER. NO INJURY SUSTAINED FROM BOTH PARTIES.

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	SDW3033S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM SIONG GOH
NRIC No	S0026492Z
Contact Number	-

Address	BLK 661 JALAN DAMAI #03-127
Address complement	-
Postcode	410661
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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.

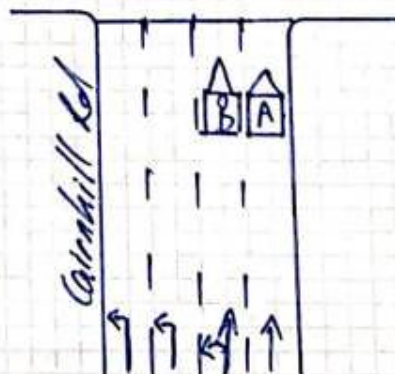
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A - SMC 1503 P
Veh B - SDW 3033 S



Describe Circumstances of the Accident

On 11/3/21 @ around 1250pm, I was driving along Cairnhill road on the extreme right lane onboard my vehicle SMC150SP. I wasn't quite sure on the accounts and details of how the incident happened. All I remembered was driving on a straight road and the accident happened too fast and the only recollection of the accident I had was seeing a black car on my left. It appear to be either one of us had side swiped onto one another. No injury sustained from both parties.

Declaration

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

Witnessed by Reporting Centre Personnel

2015hrs

11/3/21



















