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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 14/04/2021 11:02 (SGT) Date of Accident 13/04/2021 13:35 (SGT) Exact Location of Accident Marina Blvd, Singapore Additional Location Information **TOWARDS SHENTON WAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI 71793J

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) +65-98574637 Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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 car

Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D20MFL0000326_01 Cover Note Number

DRIVER

Name of Driver LUQMAN HAKIM BIN MUSTAPHA KAMAL NRIC No. S9127807C

Date Of Birth 07/08/1991 Occupation Outdoor Date Of Driving Pass 22/03/2010 Driving experience 11 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-98574637 Alt. Phone Number Email Address LUQMAN.HAKIM.1991@GMAIL.COM Address BLK 161 YUNG PINK ROAD #15-27 Address complement Postcode 610161 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 13/4/21 AT ABOUT 1335HRS, I WAS DRIVING VEHICLE A SLZ1793J ALONG MARINA BLVD TOWARDS SHENTON WAY WHEN I CAME TO A COMPLETE STOP ALONG MARINA BLVD AT TRAFFIC LIGHT. WHILE WAITING FOR THE LIGHT TO TURN GREEN, A COCKROACH RUN UP TO MY LEG CAUSING ME TO LOOSE MY FOOTING. IN THE SPUR OF THE MOMENT, MY FOOT LIFTED OFF THE BRAKES CAUSING THE CAR TO MOVE FORWARD AND COLLIDED ONTO THE REAR OF VEHICLE B SLE 468R. MY FRONT SUSTAIN MINOR DAMAGED. EXCHANGED PARTICULARS. NO INJURY. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration NumberSLE468RVehicle ManufacturerToyotaVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate hireName of DriverLIM LIAN CHYE

Was there any audio recorded?

NRIC No	S1388370Z
Contact Number	(Phone) +65-82189511
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to spred up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 we inclied 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 refevant government agency/authority (such as the police), for the purpose(s) of singapore.
 - 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:
 - 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.

Policyholder's Signature Date & Firme:

Driver Signature (If driver is not the policyholder)

Date & Time:

13/4/4/ 1720 1005

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

Bang

Icyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel Reporti	KETCH PLAN					
SCRIBE CIRCUMSTANCES OF THE ACCIDENT CIN 15/4/M AT PROJECT 1737 HAS, I WAS DRIVING WHILLE IN SER 17437 AROLE MARLIAM BLVD FROMOG SHENTON WAY, WHIP! CAME TO A COMPLETE STUP ANDRED RATING BLVD AT TRAFFIC LIGHT. WHILE WANTING COMPLETE STUP ANDRED RATING THEER, A COCKROACH RAIN UP TO MY LEA CINCUMS ME TO LOOSE MY FESTING. IN THE SPUR OF THE MOMENT, MY FROM LIFTED ONE THE BRAKES CONTING THE CAM TO MOVE FERMINAND AND CULLIDED DATO THE BRAKES CONTING THE CAM TO MOVE FERMINAND AND CULLIDED DATO THE BRAKES CONTING THE CAME TO PROVINCEMENT. NO INGUISE DATO THE BRAKES OF VEHICLE TO SEE YEBS. MY PIVELINE PROM SWIFTSTAIN MIND A BRANCHED. EXCHANGED PROVINCIAMAD. NO INGUISE THE DETAIL THE DISTRIBUTE OF THE MOMENTS SENATURE DIVERS		\$ 36		\leq		
CHALLE OF THE BRAKES CANDING THE CAME TO MOVE THE WARD AND THE SEARCES CANDING THE CAME TO MOVE THE BRAKES CANDING THE CAME TO MOVE FIRMAND AND COLLIDED THAT THE BRAKES CANDING THE CAME TO MOVE FIRMAND AND COLLIDED THAT THE BRAKES CANDING THE CAME TO MOVE FIRMAND AND COLLIDED THAT THE BRAKES CANDING THE CAME TO MOVE FIRMAND AND COLLIDED THAT THE BRAKES CANDING THE CAME TO MOVE FIRMAND AND COLLIDED THAT THE BRAKES CANDING THE CAME TO MOVE FIRMAND AND COLLIDED THAT THE BRAKES CANDING THE CAME TO MOVE FIRMAND AND COLLIDED THAT THE BRAKES CANDING THE CAME TO PROVIDE THE BRAKES TO PROVIDE THE BRAKES TO PROVIDE THE BRAKES THE CAME TO PROVIDE THE PROPORTIES AND INDICATING CONTROL TO PROVIDE THE BRAKES THE COLLIDED THE BRAKES THE COLLIDED THE BRAKES SIGNATURE TO PROVIDE THE PROPORTIES SIGNATURE THE RESIDENCE OF THE PROPORTIES SIGNATURE OF THE PROPORTIE	DESCRIBE CIRCUMSTANCES OF	1919	P P	A		
COMPLETE STUP MUNCH ANTHONY STEETER WHY I CAME TO A COMPLETE STUP MUNCH ANTHONY BUYO BY TRANSPIC LIGHT. WHILE WANTING TOO THE LIGHT TO THAN CITEEN, A COCKROALH RAM UP TO MY LEA CITEMA ME TO LOOSE MY FOOTING. IN THE SPUR OF THE MOMENT, MY FOOT LIFTED ONE THE BRAKES CANDING THE CAM TO MOVE FORMAND AND CULLIDED DATO THE BEAR OR VEHICLE TO SLE YEAR IN MY PVEHILLE FRONT SUBSTAIN MIND A BANNIED. EXCUMINED PROTICULARS NO LINGS CLARATION Le declare the foregoing particulars are true in every respect. In the control of the control of the college of the c			Si Tako	To stand	a. 12 da	_
COMPLETE STUP AND A THEN THE NAME AND BY TRACTIC LIGHT. WHILE WASTING FOR THE LIGHT TO THEN CITETAN, A COCKROALLY RAM UP TO MY LEG CHELLICA ME TO LOOSE MY FOOTING. IN THE SPUR OF THE MOMENT, MY FOOT LIFTED ONE THE BRAKES CALFING THE CAM TO MOVE FIRMAND AND CULLIDED DATO THE BRAKES CALFING THE CAM TO MOVE FIRMAND AND CULLIDED DATO THE BEAR OR VEHILLE TO SEE YEAR INTO PROVINCIANTED ADD THOMAS CLARATION Ve declare the foregoing particulars are true in every respect. INSTANTANTO DIVERS SIGNATURE INTO DATE SIGNATURE DIVERS SIGNATURE OFFICE SIGNATURE DIVERS SIGNATURE NAME:	214/101 111	1317 Has	1 was Dilli	ma watte	# n S62 1773	7
COMPLETE STUP AND A THEN THE NAME AND BY TRACTIC LIGHT. WHILE WASTING FOR THE LIGHT TO THEN CITETAN, A COCKROALLY RAM UP TO MY LEG CHELLICA ME TO LOOSE MY FOOTING. IN THE SPUR OF THE MOMENT, MY FOOT LIFTED ONE THE BRAKES CALFING THE CAM TO MOVE FIRMAND AND CULLIDED DATO THE BRAKES CALFING THE CAM TO MOVE FIRMAND AND CULLIDED DATO THE BEAR OR VEHILLE TO SEE YEAR INTO PROVINCIANTED ADD THOMAS CLARATION Ve declare the foregoing particulars are true in every respect. INSTANTANTO DIVERS SIGNATURE INTO DATE SIGNATURE DIVERS SIGNATURE OFFICE SIGNATURE DIVERS SIGNATURE NAME:	Plane Morrison Biv	o Francis Ste	uron was	WHELL C	to A	
CLARATION /e declare the foregoing particulars are true in every respect. icyholder's Signature Driver's Signature (if driver is not the policyholder) Date & Time: Date & Time: NRIC/FIN No:	FUOT CIFTID OFF THE CULLIDED DATE TH	E BRAKES CAUTION	8-1% THE S 4 THE COM	pur of the	homent, m Frunano Aug Premise	
Ve declare the foregoing particulars are true in every respect. Icyholder's Signature	ings					
Ve declare the foregoing particulars are true in every respect. Icyholder's Signature						
te & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No:	ECLARATION We declare the foregoing particula	urs are true in every respect.			Ν.	
	olicyholder's Signature wte & Time:	(If driver is not the policy	holderj	Name:	Personnel's Signature	
	manal seem med	13/4/21	112211		my !	





















