

# 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 ..... 23/07/2021 13:42 (SGT)  
Date of Accident ..... 23/07/2021 08:10 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TPE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMJ1734C

### 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) +65-92969646  
Alternative Phone No ..... (Office) +65-68820888

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
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? ..... Yes  
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 ..... Yes  
Policy Number ..... D20MFL0000326\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHAN PENG HONG  
NRIC No ..... S6836656I

Date Of Birth .....	01/10/1968
Occupation .....	Outdoor
Date Of Driving Pass .....	02/10/1998
Driving experience .....	22 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92969646
Alt. Phone Number .....	-
Email Address .....	JACKYCHAN.SIN@GMAIL.COM
Address .....	BLK 35 LORONG 5 TOA PAYOH #09-327
Address complement .....	-
Postcode .....	310035
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 .....	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 .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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 23/07/2021 AT ABOUT 0810HRS, I WAS DRIVING MY VEHICLE (A) SMJ1734C ALONG PIE TOWARDS TPE ON THE SLIP ROAD. VEHICLE B SMW8566G WAS IN FRONT OF ME ON THE SLIP ROAD ON THE RIGHT LANE. AS VEHICLE B PROCEED FORWARD, I CHECK FOR THE TRAFFIC BEFORE PROCEEDING WHEN SUDDENLY VEHICLE B PERFORMED AN EMERGENCY BRAKE. I COULD NOT STOP IN TIME AND REAR ENDED VEHICLE B. THERE IS DAMAGE ON THE FRONT LEFT OF VEHICLE A. THERE IS NO INJURIES.

#### 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 .....	SMW8566G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-

Contact Number .....	(Phone) +65-89210688
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

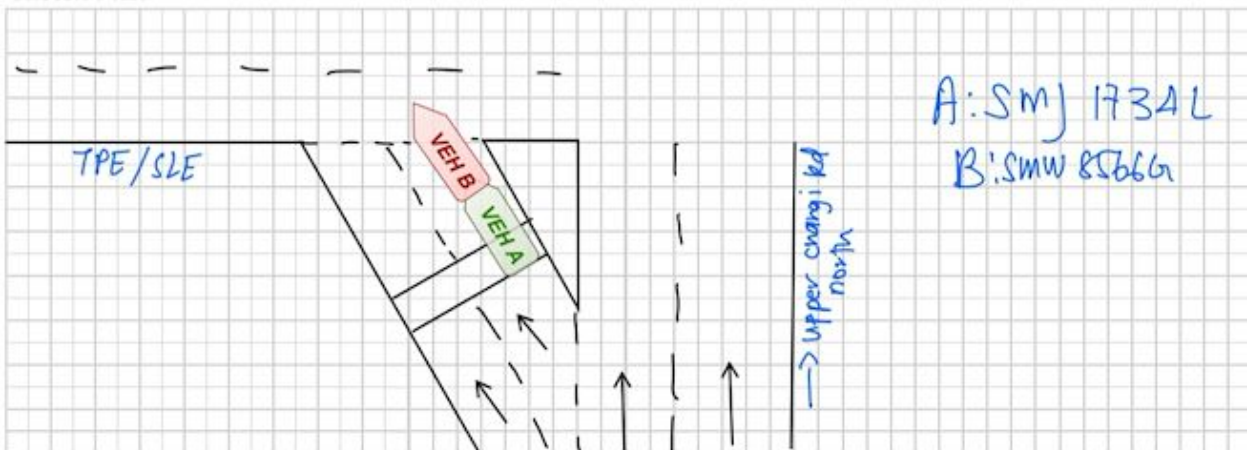
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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 <b>23/7/21 1050</b>	 _____ Witnessed by Reporting Centre Personnel <b>Sayant</b>
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**Sketch Plan**



## Describe Circumstances of the Accident

ON THE 23/07/21 AT AROUND 0810HRS, I WAS DRIVING MY VEHICLE A SMJ1734C ALONG PIE TOWARDS TPE ON THE SLIP ROAD. VEHICLE B SMW8566G WAS IN FRONT OF ME ON THE SLIP ROAD ON THE RIGHT LANE. AS VECHICLE B PROCEED FORWARD, I CHECK FOR THE TRAFFIC BEFORE PROCEEDING WHEN SUDDENLY VEHICLE B PERFORMED AN EMERGENCY BRAKE. I COULD NOT STOP IN TIME AND REAR ENDED VECHICLE B. THERE IS DAMAGE ON THE FRONT LEFT OF VECHICLE A. THERE IS NO INJURIES.

## Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

7 / 8

23/7/21 1050

Sanyat

























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: S66950020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorized Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SJ04217N000A Vehicle Registration No: SMJ1734C  
Name (as shown in NRIC) : COMFORTDELGRO RENT-A-CAR PTE LTD NRIC/FIN/Passport No : 1XXXXX775H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 23/07/2021 Time of Accident : 08:10hrs  
Place of Accident : PIE towards TPE  
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:

Revert to Own damage instead of Reporting Only

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\_\_\_\_\_



Donny Ng  
[Signature]

Policyholder / Driver's Signature  
Name: COMFORTDELGRO RENT-A-CAR PTE LTD  
205 Braddell Road  
Singapore 579701  
Tel: 6882 0888 Fax: 6283 5218

[Signature]

Reporting Centre Personnel's Signature  
Name: caymen