

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 13/11/2021 09:57 (SGT)
Date of Accident 12/11/2021 16:15 (SGT)
Exact Location of Accident Yio Chu Kang Rd, Singapore
Additional Location Information YIO CHU KANG ROAD BEFORE TURNING CTE TO CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GZ1281D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO ENGINEERING PTE LTD
Company Reg No 199506048W
Email Address kwokkf@cdge.com.sg
Mobile Phone No (Phone) +65-63837637
Alternative Phone No +65-63837637

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D20MFL0000767_01
Cover Note Number -

DRIVER

Name of Driver SHAIRUL S/O GULAM MOHAMED
NRIC No S7470759I

Date Of Birth	26/11/1974
Occupation	Indoor
Date Of Driving Pass	03/09/2003
Driving experience	18 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97575840
Alt. Phone Number	-
Email Address	shairul_mohd@yahoo.com
Address	BLK 403B FERNVALE LANE #03-169
Address complement	-
Postcode	792403
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

PLEASE REFER TO ATTACHED.

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	SDV2272E
Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE TECK HUAT ADRIAN
NRIC No	S1412039D
Contact Number	(Phone) +65-83182023
Address	-

Address complement	-
Postcode	-
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.

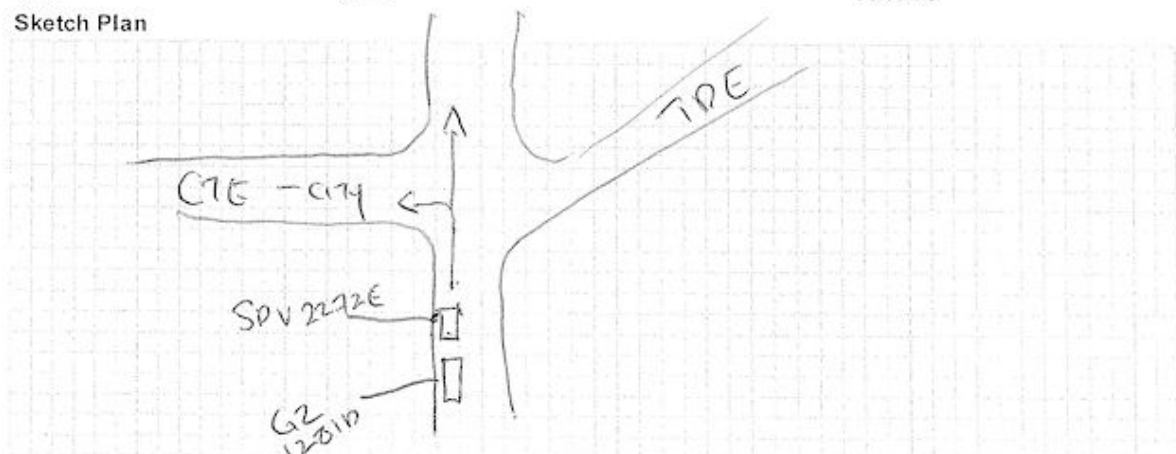
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 12/11/21 at 1615pm, I was driving vehicle No G21281D and was travelling along Yio Chu Kang Rd heading back to office in Braddell HQ.

A few meter away before Entering CTE on the left vehicle in front of me SDV 2272D make a sudden jam break.

Despite applying the break, my body was caught in between the break pedal and it hit my leg, vehicle of No SDV 2272E he told me a Ferrari can suddenly get into his lane and speed off. That is when he applied the jam break.

Both driver are unhurt, we exchanged our particulars and noted to get both insurance parties informed.

Hereby, I put up this incident report to inform on the detail of the accident.

Declaration

We declare the foregoing particulars are true in every respect.

COMFORTDELTA ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Policyholder's Signature / Date & Time
13/11/21

Driver's Signature (If driver is not the policyholder) / Date & Time
Sheng S G Calan Mohand.

Witnessed by Reporting Centre Personnel



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 190701792K (NST Reg. No. M2.0070406-X)
64 Cecil Street #04-005 / #06-02 IOH Building / Singapore 049771
Office (65) 63376100 Email: insure@ii.com.sg
Fax: (65) 62215174 Website: www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0000767_01		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	: GZ1281D	
Chassis No	: JTFHS02P500034840	
2. Name of Policyholder	: COMFORTDELGRO ENGINEERING PTE. LTD.	
3. Effective date of Insurance	: 01 Jan 2021	
4. Expiry date of Insurance	: 31 Dec 2021	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p>	
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
EXCESS: S\$2000/- SECTION II FOR DRIVERS AGED BELOW 21 YEARS &/OR THE HOLDER OF A PROVISIONAL DRIVING LICENCE.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD		For India International Insurance Pte Ltd
Date of Issue : 11/01/2021 10:47:28		
M.Z. 300C - GOODS CARRYING(Company's use)		
		 Authorised Signatory

hueywen/11/01/2021 10:47:28

11/01/2021 10:48:53















