

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 13/12/2021 18:36 (SGT)
Date of Accident 11/12/2021 18:20 (SGT)
Exact Location of Accident 10 Bayfront Ave, Singapore 018956
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ6698T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO RENT-A-CAR PTE LTD
Company Reg No 1XXXXX775H
Email Address dannyng@cdgrentacar.com.sg
Mobile Phone No (Phone) +65-98165642
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vellfire
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 2493

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 FANG TAI WAH DALE
NRIC No SXXXX632F

Date Of Birth	15/03/1959
Occupation	Outdoor
Date Of Driving Pass	22/12/1978
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-98165642
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 257A COMPASSVALE ROAD #02-509
Address complement	-
Postcode	541257
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 - Major/Minor Rd
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 THE 11/12/2021 AT AROUND 1820HRS, I VEHICLE A(SLZ6698T) WAS WAITING AT B3 PAIZA PARKING AREA. AT AROUND 1818HRS, I WAS INFORMED THAT MY GUEST HAVE ARRIVED AND I PROCEED OVER TO B3 MAIN LOBBY. I MADE A LEFT TURN AND PROCEED STRAIGHT. JUST AFTER ON MY RIGHT, SIDE VEHICLE B(SU19L) JUST CAME OUT WITHOUT CHECKING CAUSING ME TO JAM BRAKE AND COULD NOT BRAKE IN TIME AND WE COLLIDED. I WISHED TO STATE THAT THIRD PARTY TOLD MYSELF THAT HE WAS BEING BLOCKED OF VIEW FROM THE PILLAR ON HIS LEFT.

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	SU19L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

SKETCH PLAN**IMPORTANT NOTICE**

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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

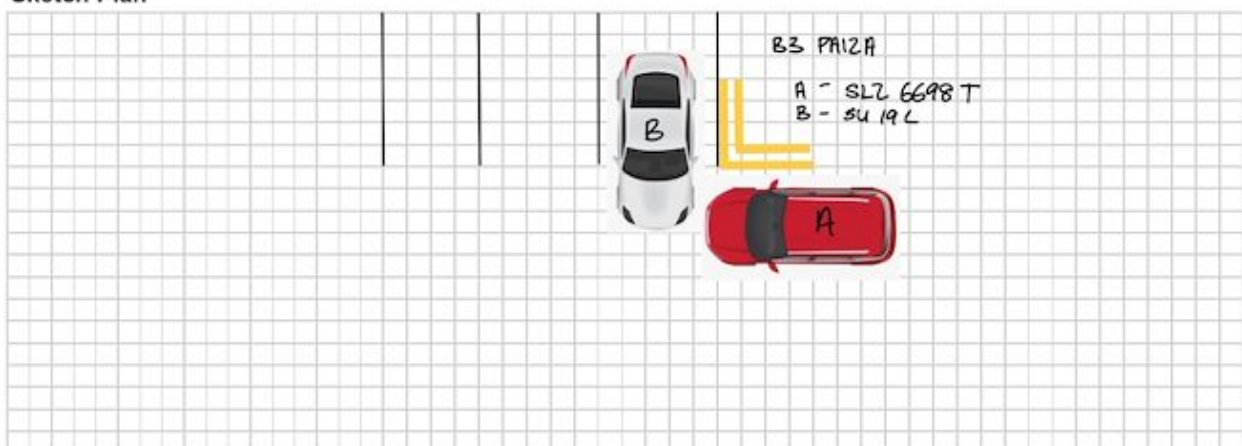
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13/12/2021 1330

Dahnial

Witnessed by Reporting Centre Personnel

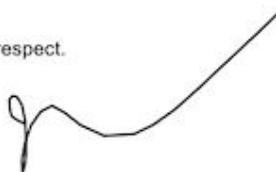
Sketch Plan

Describe Circumstances of the Accident

ON THE 11/12/2021 AT AROUND 1820HRS, I VEHICLE A(SLZ6698T) WAS WAITING AT B3 PAIZA PARKING AREA. AT AROUND 1818HRS, I WAS INFORMED THAT MY GUEST HAVE ARRIVED AND I PROCEED OVER TO B3 MAIN LOBBY. I MADE A LEFT TURN AND PROCEED STRAIGHT. JUST AFTER ON MY RIGHT, SIDE VEHICLE B(SU19L) JUST CAME OUT WITHOUT CHECKING CAUSING ME TO JAM BRAKE AND COULD NOT BRAKE IN TIME AND WE COLLIDED. I WISHED TO STATE THAT THIRD PARTY TOLD MYSELF THAT HE WAS BEING BLOCKED OF VIEW FROM THE PILLAR ON HIS LEFT.

Declaration

I/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 13/12/2021 1330



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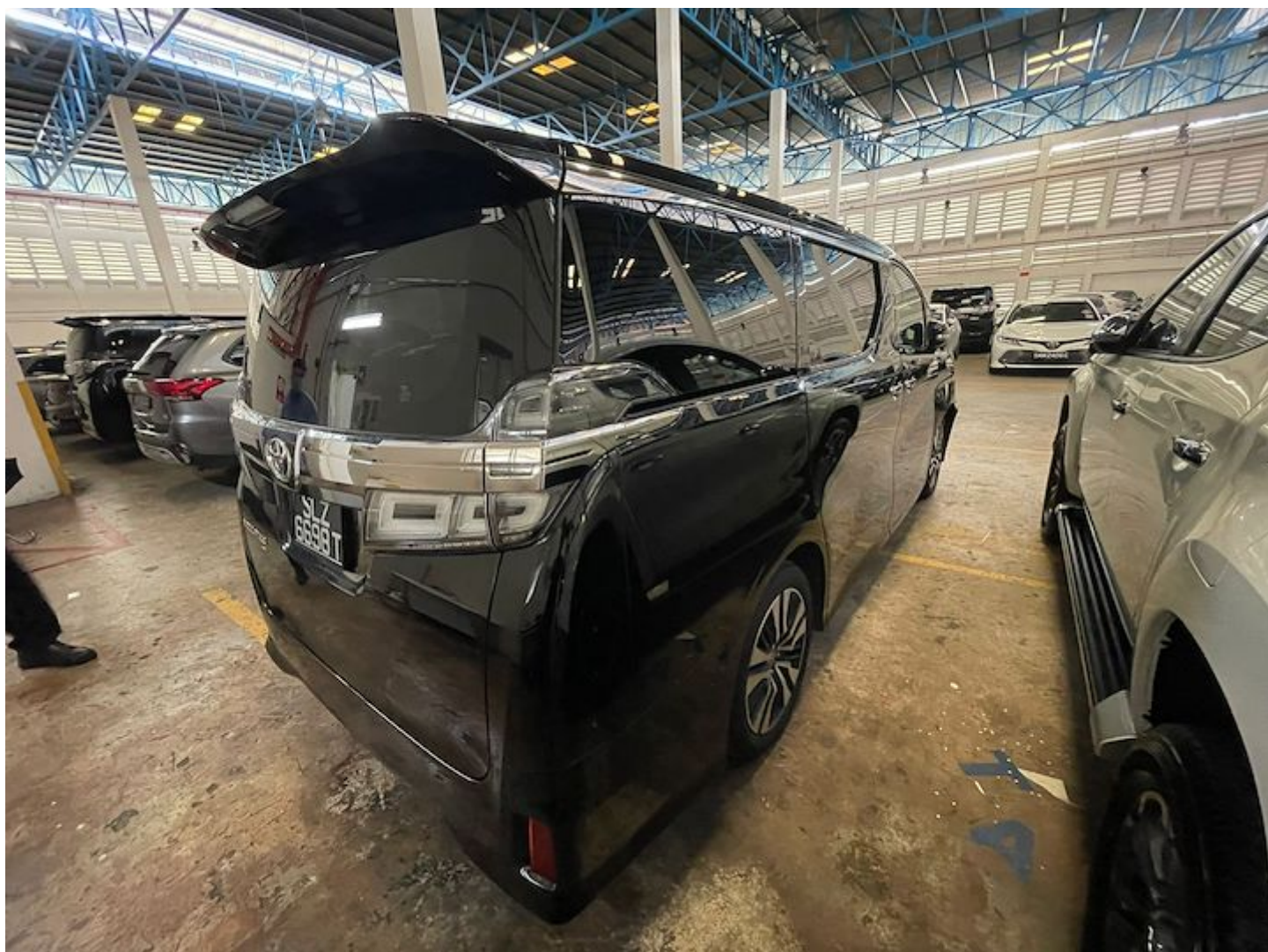
Witnessed by Reporting Centre Personnel











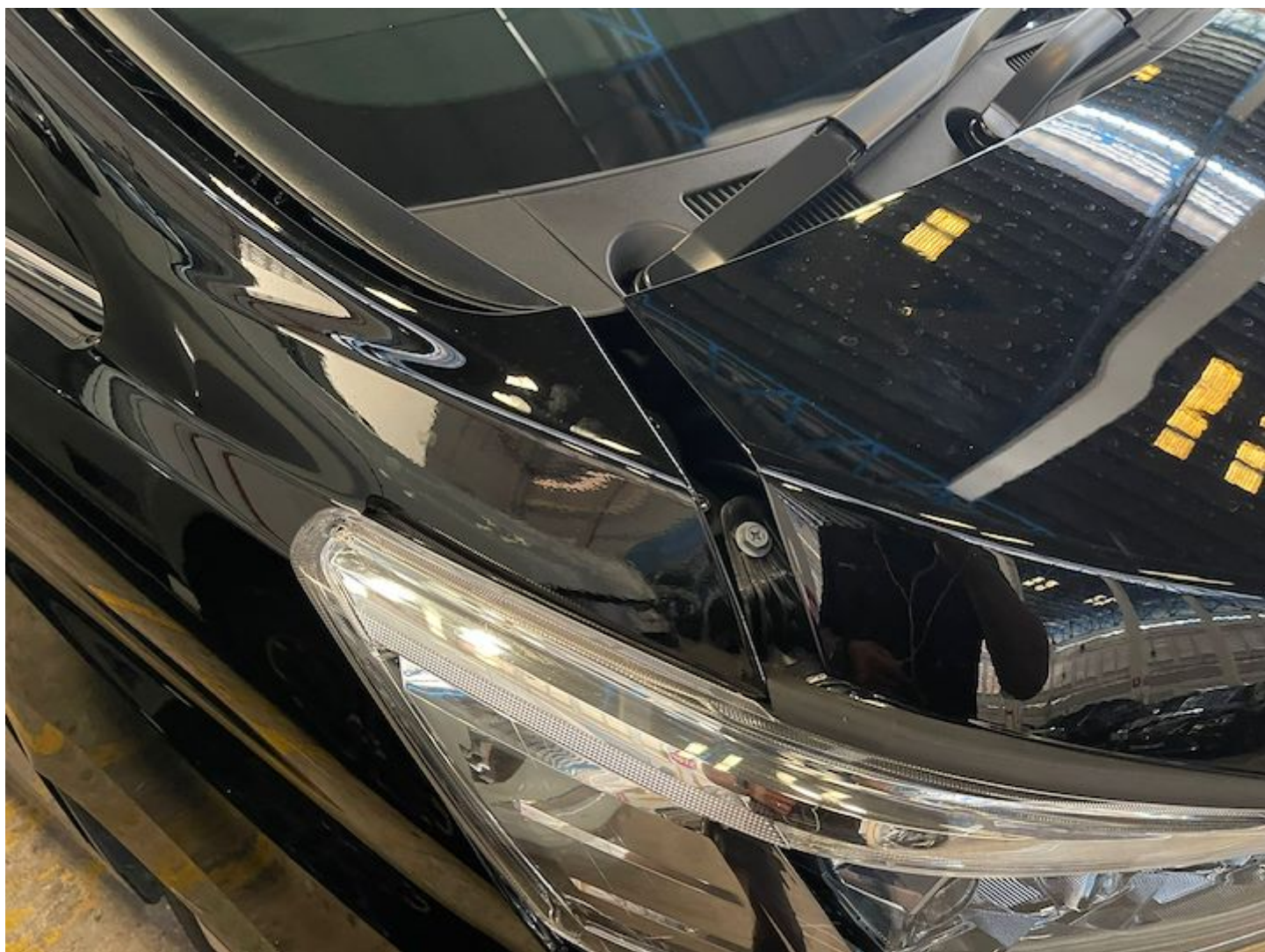










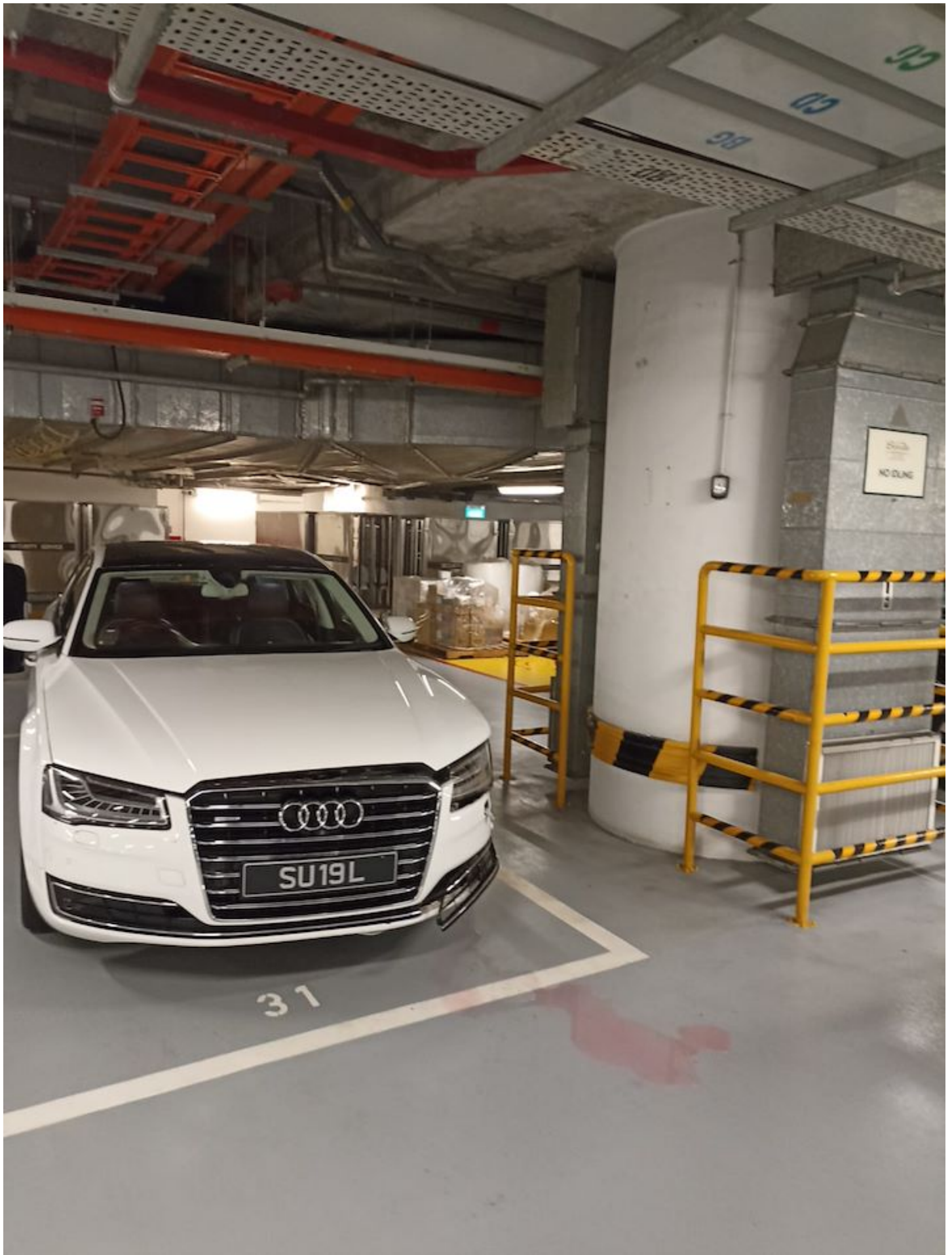


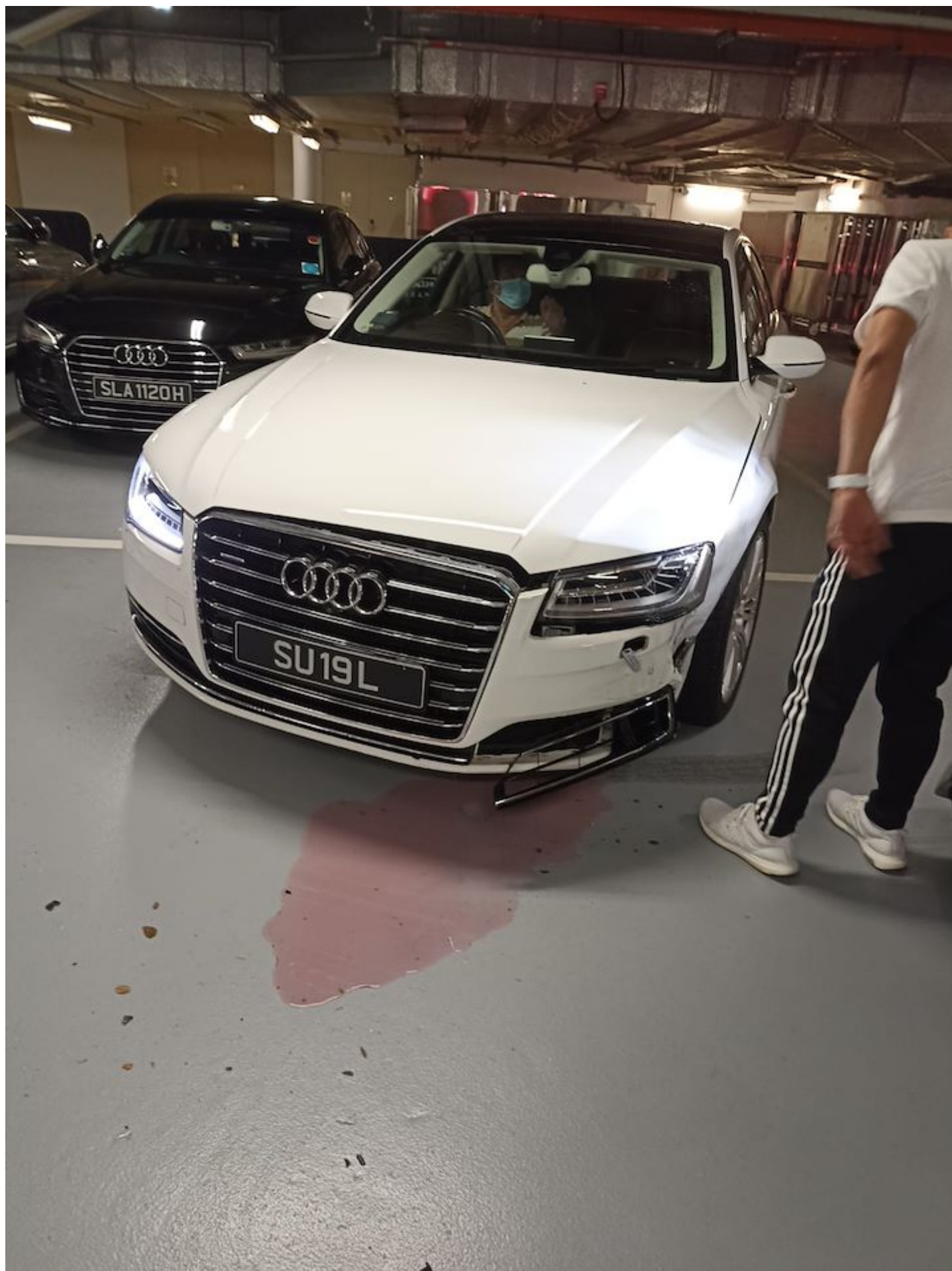














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0421CD001E Vehicle Registration No: SLZ8888T
 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: 11/12/2021 Time of Accident: 18:20hrs
 Place of Accident: 10 Bayfront Ave, Singapore 018956
 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:

- CHANGE TO OWN DAMAGE CLAIM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: KAVI
NRIC/FIN No.:
Date: 27.12.2021

GIARMC Addendum Form