

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 12/01/2022 17:49 (SGT)
Date of Accident 10/01/2022 21:50 (SGT)
Exact Location of Accident Lorong Chuan, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC819Z

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) +65-92707427
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D18MFL0003414_02
Cover Note Number -

DRIVER

Name of Driver PEH SIT GUAN
NRIC No S6938117J

Date Of Birth	24/10/1969
Occupation	Outdoor
Date Of Driving Pass	15/11/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92707427
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 372 CLEMENTI AVENUE 4 #06-274
Address complement	-
Postcode	120372
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	SGB6633R
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PEH SIT GUAN
Gender	Male
Phone No	(Phone) +65-92707427
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SNC819Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. 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.
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")

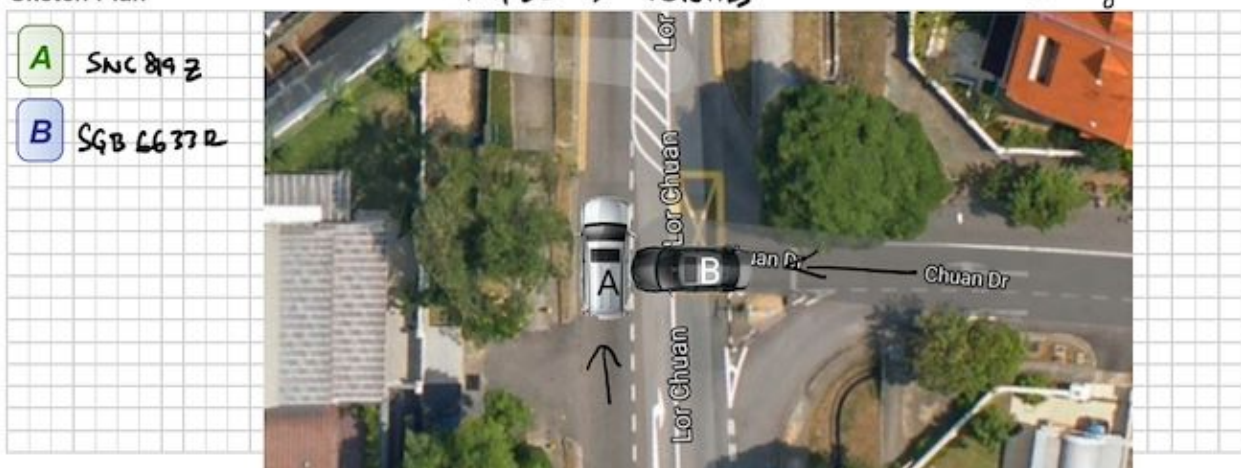
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

Witnessed by Reporting Centre
Personnel

11/01/22 / 20:10 hrs

Borling







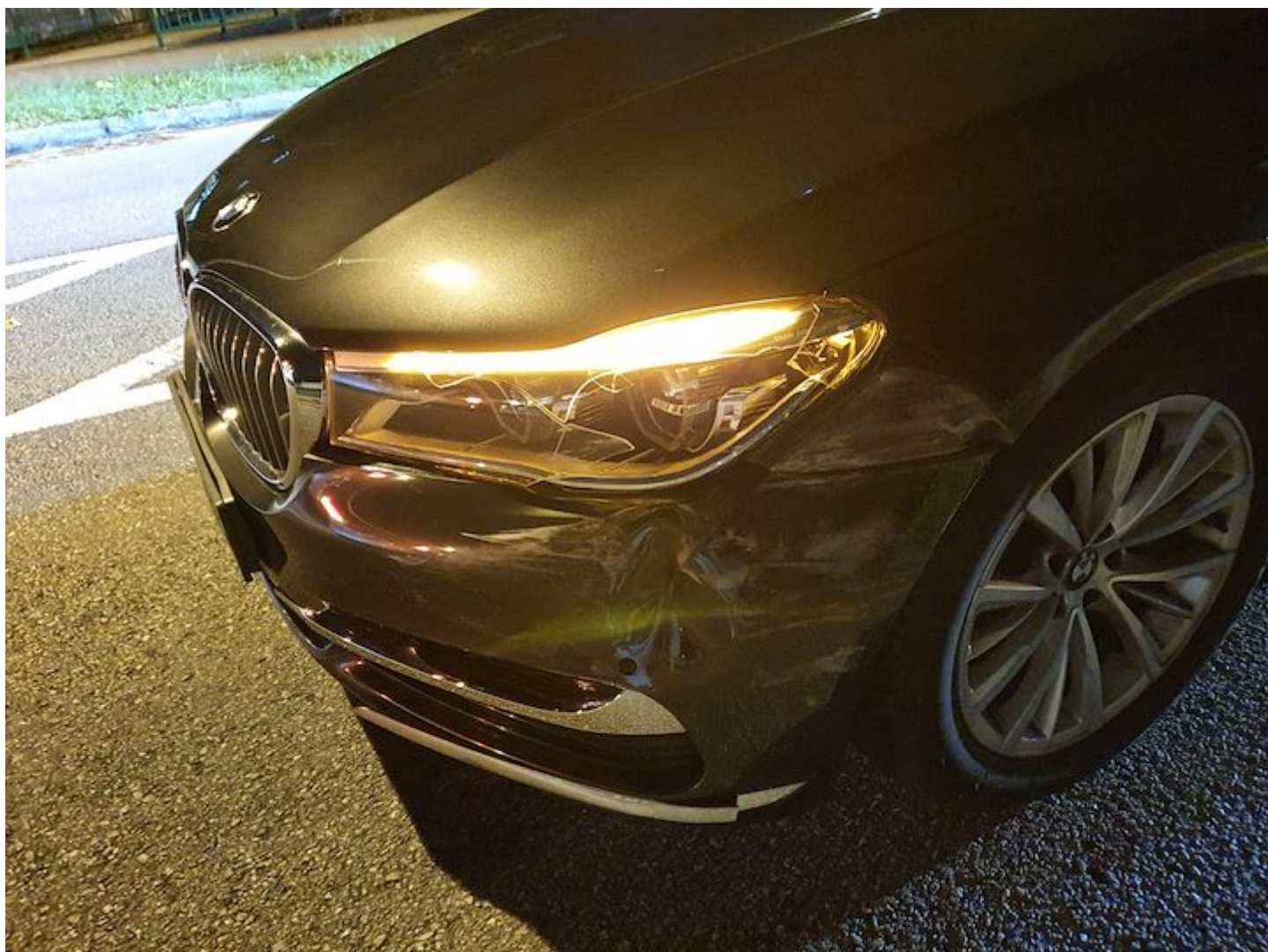


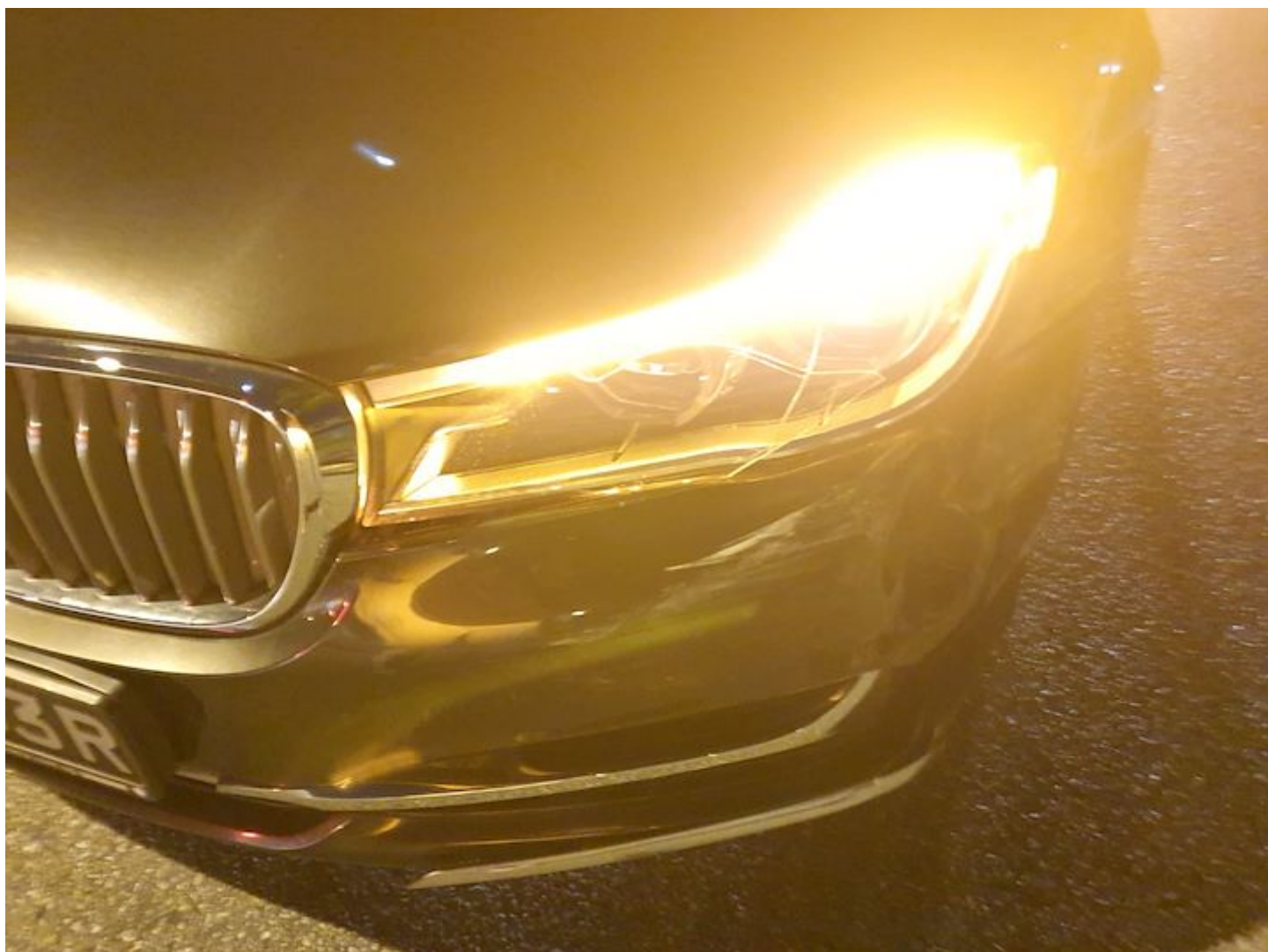




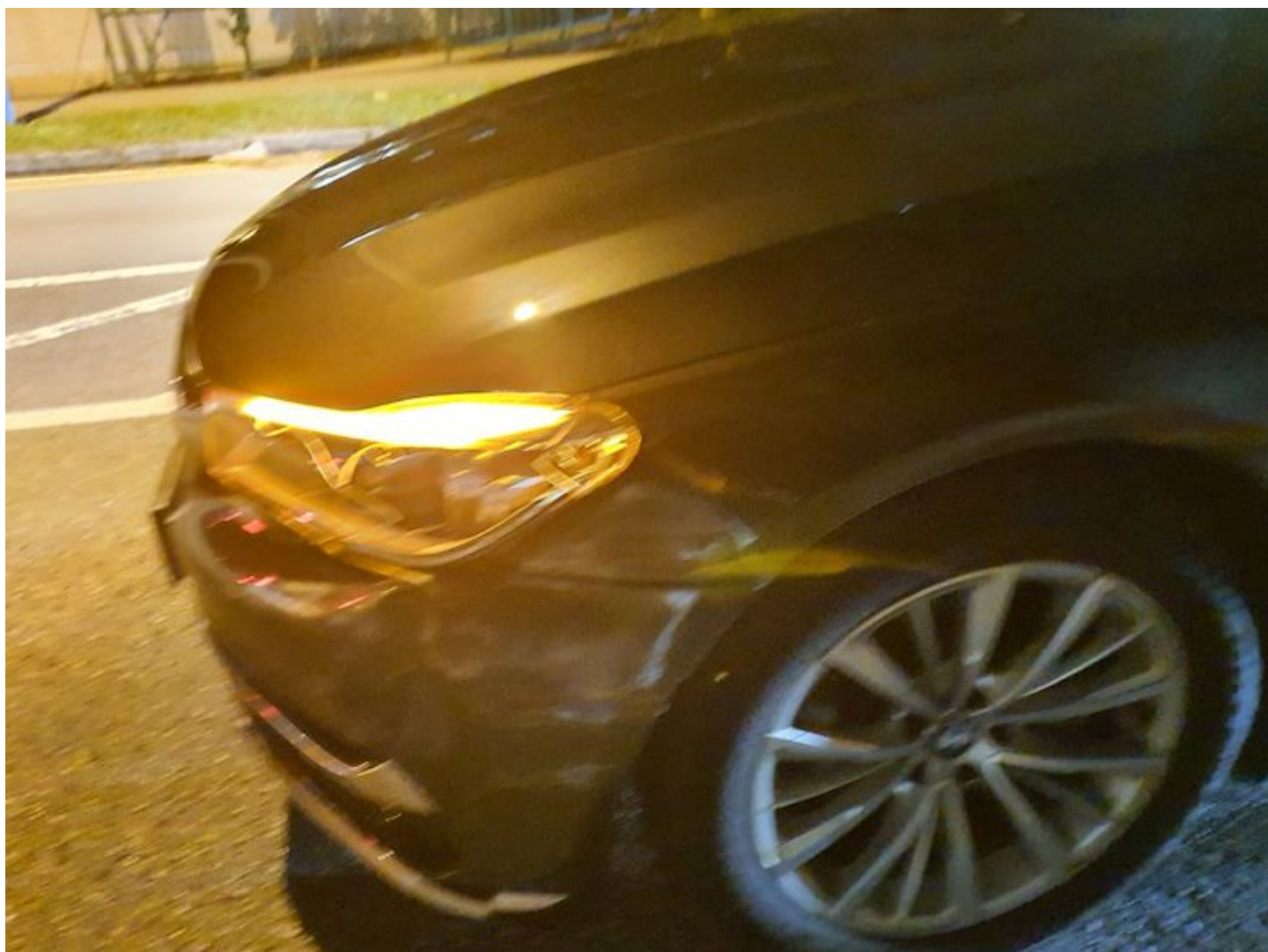


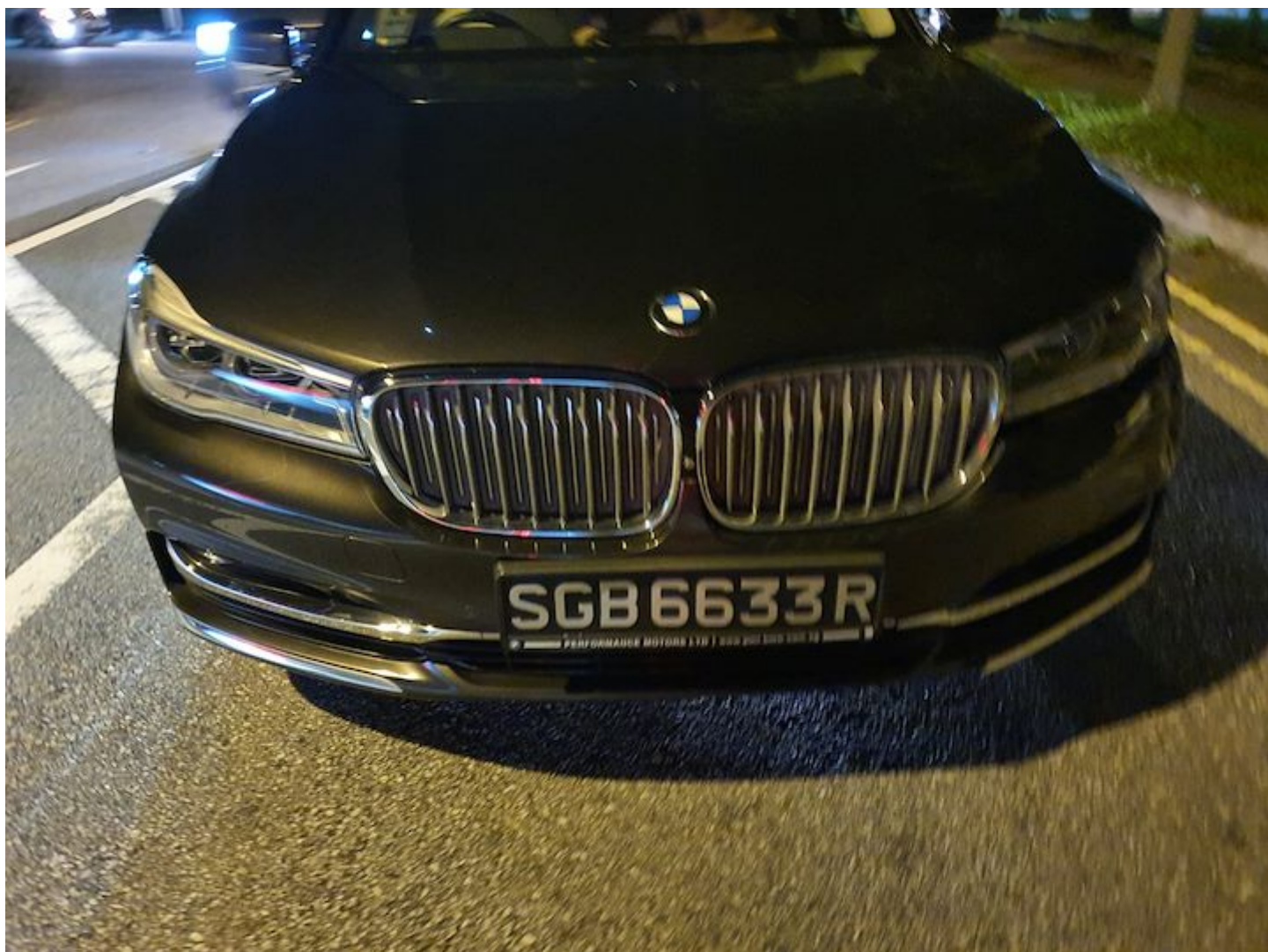













**SINGAPORE
POLICE FORCE**


D/20220111/7019

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Report No. D/20220111/7019

Date/Time Report Made 11/01/2022 12:36		Vide Report No.		Station Diary No.	
Name Of Informant PEH SIT GUAN		Address 372 CLEMENTI AVENUE 4 #06-274 SINGAPORE 120372			
ID Type / ID No. NRIC NO / S6938117J		Contact No. Home/Office:		Mobile: 92707427	
Nationality SINGAPORE CITIZEN		Email Address RICPSG@HOTMAIL.COM			
Occupation driver		Sex Male	Age 52	Date of Birth 24/10/1969	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 10/01/2022 21:50 - 10/01/2022 21:50		Location Of Incident Lorong Chuan in between chuan drive and tai yuan height			
Brief details.					

Car came out from from small road to main road and collided with my car. side of car from middle until back is dented. My car had 3 passenger excluding myself.

Subjects Involved			
Suspect			
Person Name	Lim Shian Seng		
Gender	Male	Age	20

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

This report is lodged at Clementi NPC Kiosk 1

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
11/01/2022 12:36

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220111/7019

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220111/7019

Race	Chinese	Mobile No	83387395
Relation To Informant	a stranger		
Victim			
Person Name	Unknown		
Gender	Unknown	Age	0
Relation To Informant	stranger		
Person Name	Unknown		
Gender	Unknown	Age	0
Relation To Informant	stranger		
Person Name	Unknown		
Gender	Unknown	Age	0
Relation To Informant	stranger		
Person Name	PEH SIT GUAN		
ID Type	NRIC NO	ID No	S6938117J
Gender	Male	Age	52
Race	Chinese	Language	English
Occupation	driver	Address	372 CLEMENTI AVENUE 4 #06-274 SINGAPORE 120372

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

This report is lodged at Clementi NPC Kiosk 1

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
11/01/2022 12:36

Classification Of Case:

**SINGAPORE
POLICE FORCE**

D/20220111/7019

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220111/7019

Mobile No	92707427	Is Informant A Victim?	Yes
Person Name	PEH SIT GUAN (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

This report is lodged at Clementi NPC Kiosk 1

Signature Of Informant:
The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
11/01/2022 12:36

Classification Of Case: