

# 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 ..... 27/01/2022 12:40 (SGT)  
Date of Accident ..... 26/01/2022 14:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... AIRPORT RD TWDS MACPHERSON RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SND2113H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORTDELGRO DRIVING CENTRE PTE LTD  
Company Reg No ..... 199601882C  
Email Address ..... DARYLTAN@CDC.COM.SG  
Mobile Phone No ..... (Phone) +65-90072819  
Alternative Phone No ..... +65-99072819

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Manual  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D20MFL0000618-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE CHUAN LING, MICHELLE  
NRIC No ..... S9916415H

Date Of Birth .....	25/05/1999
Occupation .....	Indoor
Date Of Driving Pass .....	26/01/2022
Driving experience .....	0 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-81382208
Alt. Phone Number .....	-
Email Address .....	DARYLTAN@CDC.COM.SG
Address .....	BLK 644 BEDOK RESERVOIR RD #07-91
Address complement .....	-
Postcode .....	410644
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEARNER
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 - U-Turn
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ZULKEPLI
Gender .....	Male

#### 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 26 JAN 2022, AT ABOUT 220PM, I WAS DRIVING ALONG AIRPORT RD TOWARDS MACHPERSON RD. I WAS MAKING A U TURN WHEN MY VEHICLE (SND2113H) SUDDENLY COLLIDED INTO THE REAR OF A STATIONARY 3RD PARTY VEHICLE (GY4799M).

#### 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 .....	GY4799M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MR TAN
Contact Number .....	(Phone) +65-97843033
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	ZULKEPLI
Phone .....	-
Email .....	-

## SKETCH PLAN

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  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.

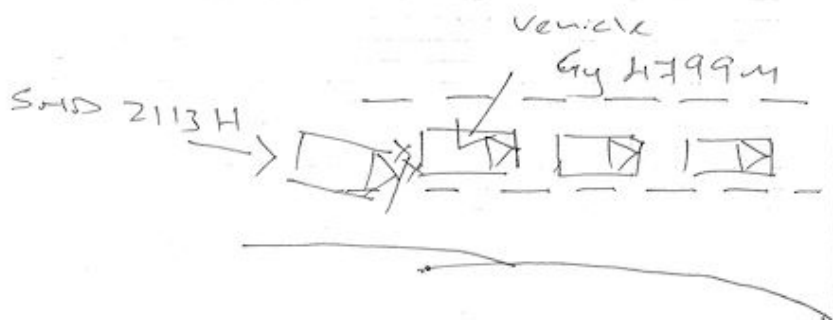
Jason Sng  
Field Facility Officer

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

On 26 Jan 2022, at about 2.20 pm, I was driving along Airport Road towards Macpherson Rd. I was making a U turn when my vehicle (SND2113M) suddenly collided into the rear of a stationary 3rd party vehicle (GY4799M).

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

## Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

26/01/2022

2:50 PM

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

Witnessed by Reporting Centre Personnel















