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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTANT NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- 3. Information provided must be as trutified and accurate as possible. Any willul misrepresentation of withouting of material tasts may allow missions companies and the insurance companies.

 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 Date of Accident Exact Location of Accident Additional Location Information	22/01/2022 11:59 (SGT) 21/01/2022 18:17 (SGT) Near 2 Jurong East Central 1, Singapore 609731
Country/State of Loss	- Singapore

DETAILS O	F OWN VEHICLE
Vehicle Registration Number	PC7674D
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes COMFORTDELGRO BUS PTE LTD 1XXXXX256W lucychin@comfortdelgrobus.com.sg (Phone) +65-64169697 +65-64169697

Manufacturer Model	Volvo B8r
\/	Dol
Exact purpose for which vehicle was being used at time of	
Are you claiming under your	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	N. O. L
Vehicle Category	No - Claiming third party
	Bus
Transmission	Auto
CC	8000

INSURANCE COMPANY

Name of Insurance Company	India International Incomes De Lea
Type of Coverage	India International Insurance Pte Ltd Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0003256 01
Cover Note Number	-

DRIVER

Name of Driver	***************************************	SUN FANG
Passport No/FIN		SON PANG
Passport No/FIN		GXXXXX44L
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

of Birth	
The state of the s	04/01/1979
The state of the s	Indoor
of Driving Pass  iving experience	16/04/2008
Gender	13 YEARS AND 9 MONTHS
Mobile Number	Male
Alt. Phone Number	(Phone) +65-86850558
Email Address	•
Address	lucychin@comfortdelgrobus.com.sg
Address complement	BLK 121D SENG KANG EAST WAY #04-73
Postcode	-
is the driver the policyholder?	544121 No.
ii No, Relationship of the Driver with the Insured	No 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	O-Weign Olympia
Weather Conditions	Collision - Change/cross lane
Road Surface	Clear Dry
	ы
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
Vas there any video captured by Car Camera?	Yes Yes
Reasons for not uploading a video of the accident	DRIVER DID NOT PROVIDE AT TIME OF REPORTING.
Vas there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
ehicle Registration Number	OMPZ
	SMD7120R
ehicle Manufacturer ehicle Model	-
ehicle Variant	•
ehicle Colour	•
ehicle Category	- Private ee
ame of Driver	Private car
RIC No	SXXXX321J
antact Number	0.000.002.10

NRIC No
Contact Number

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Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No Of Passenger (Including Driver)

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# SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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.
- By the lodgment 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 insurers) 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- [e] the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/TIN No.

1 12-6740	(8) NO.			
3 13ND7008		JU	rong Ea	ystential

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policynalder's Signature

Onver's Signature (if driver is not the policyholder) Dato & Time:

Reporting Centre Personnel's Signature Name. NR C/FIN No.: