

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	26/02/2022 10:27 (SGT)
Date of Accident	24/02/2022 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ComfortDelGro Driving Centre Circuit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7865C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ComfortDelGro Driving Centre Pte Ltd
Company Reg No	1XXXXX882C
Email Address	daryltan@cdc.com.sg
Mobile Phone No	(Phone) +65-90072819
Alternative Phone No	+65-90072819

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR125
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	124

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D20MFL0000637_02
Cover Note Number	-

DRIVER

Name of Driver	Mohamed Imran Bin Rafiq Marican
NRIC No	TXXXX719E

Date Of Birth	16/10/2001
Occupation	Indoor
Date Of Driving Pass	24/02/2022
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-81845144
Alt. Phone Number	-
Email Address	imrrannnn@gmail.com
Address	84 Jalan Kelichap
Address complement	-
Postcode	534289
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

See attached sketch plan and police report no: G/20220225/7050 (Learner was having riding lesson/tuition)

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	FBN7900J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	Yeo Zong Xian Adrian
Contact Number	(Phone) +65-90060163
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Mohamed Imran Bin Rafiq Marican
Gender	Male
Phone No	(Phone) +65-81845144
Address	84 Jalan Kelichap
Address Complement	-
Post Code	534289
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN7865C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS


WITNESS 1

Name	Mohd Rafiq
Phone	(Phone) +65-96805735
Email	-

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.



Policyholder's Signature / Date & Time

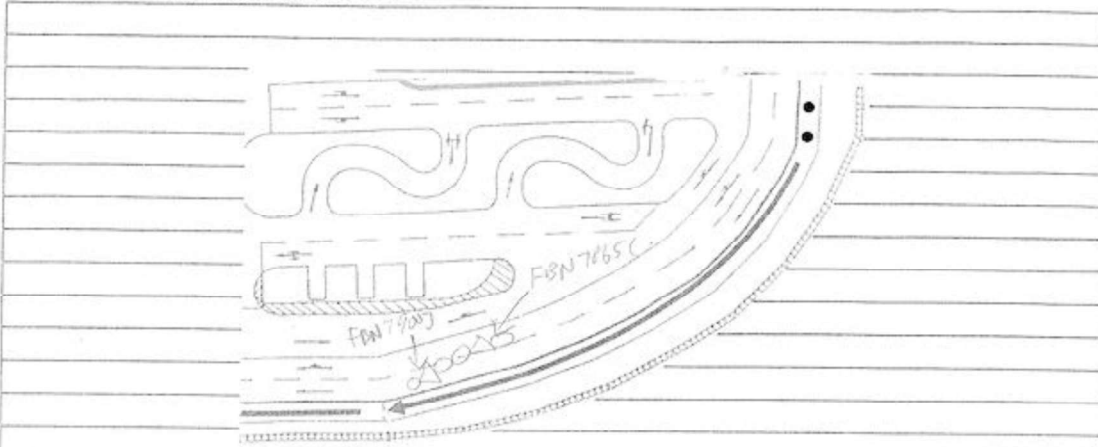
Sketch Plan



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

Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident



On 24 Feb 2022 at about 2150 hrs, I was riding FBN 7865C. The 3rd party (FBN 7900J) was in front of me when he skidded off his motorcycle and I was caught in the collision.

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.

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



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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: SKOM222Q0001 Vehicle Registration No: FBN7865C
 Name (as shown in NRIC): ComfortDelGro Driving Centre Pte Ltd NRIC/FIN/Passport No: 199601882C
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 205 Ubi Avenue 4 Singapore (408805)
 Contact (Tel): _____ Mobile No.: 90072819
 Email Address: clarytan@cdc.com.sg
 Date of Accident: 24/2/2022 Time of Accident: 21.50pm
 Place of Accident: ComfortDelGro Driving Centre Circuit
 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:

To amend to claim third party



Policyholder / Driver's Signature

Date: 4/3/2022



Alvin

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 4/3/2022