

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 22/04/2022 12:14 (SGT)
Date of Accident 06/04/2022 21:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information ComfortDelGro Driving Centre Circuit - Guard House Bend
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN7901G

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 +65-90072819

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? Yes
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 Nur Hannah Bte Ahmed
NRIC No T0122517G

Date Of Birth	24/07/2001
Occupation	Indoor
Date Of Driving Pass	06/04/2022
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-97200276
Alt. Phone Number	-
Email Address	daryltan@cdc.com.sg
Address	17B Flora Road #02-08 Avila Gardens
Address complement	-
Postcode	509735
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
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

Rider self-skid. On 6 Apr 2022 at about 9.10pm, I was riding FBN7901G in the circuit when I suddenly lost control of my motorcycle along the bend near Gate 3 Guardhouse.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Nur Hannah Bte Ahmed
Gender	Female
Phone No	(Phone) +65-97200276
Address	17B Flora Road #02-08 Avila Gardens
Address Complement	-
Post Code	509735
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	FBN7901G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	Mohammed Rafiq B Gulam Haidir
Phone	(Phone) +65-96805735
Email	-


SKETCH PLAN

IMPORTANT NOTICE

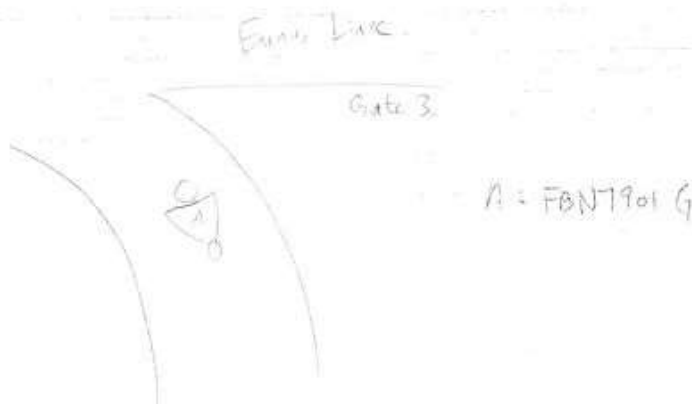
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 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law firms/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' law firms/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 law firms/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 (if driver is not the policyholder) / Date & Time 21/4/2022

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident


On 6 Apr 2022 at about 9.10pm, I was riding FRN79016
in the carpark when I suddenly lost control of my motorcycle along
the bend near Gate 3 Guardhouse.

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
21/4/2022

Witnessed by Reporting Centre Personnel





















