

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 17/03/2022 16:18 (SGT)
Date of Accident 16/03/2022 17:00 (SGT)
Exact Location of Accident 390 Havelock Rd, Singapore 169662
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB4373X

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) +65-84985960
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D20MFL0000326_01
Cover Note Number -

DRIVER

Name of Driver CHEVALLIER FRANCOIS ROGER ANDRE
Passport No/FIN G4030117N

Date Of Birth	09/05/1985
Occupation	Outdoor
Date Of Driving Pass	13/07/2021
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84985960
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	15 LEEDON HEIGHT #2-52
Address complement	-
Postcode	267951
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	JUV4751
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220317/2016

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	JUV4751
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	RIDER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	JUV4751
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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



A - SNB4373X

B - JUV4751

390 HAVELOCK ROAD

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20220317/2016

Declaration

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

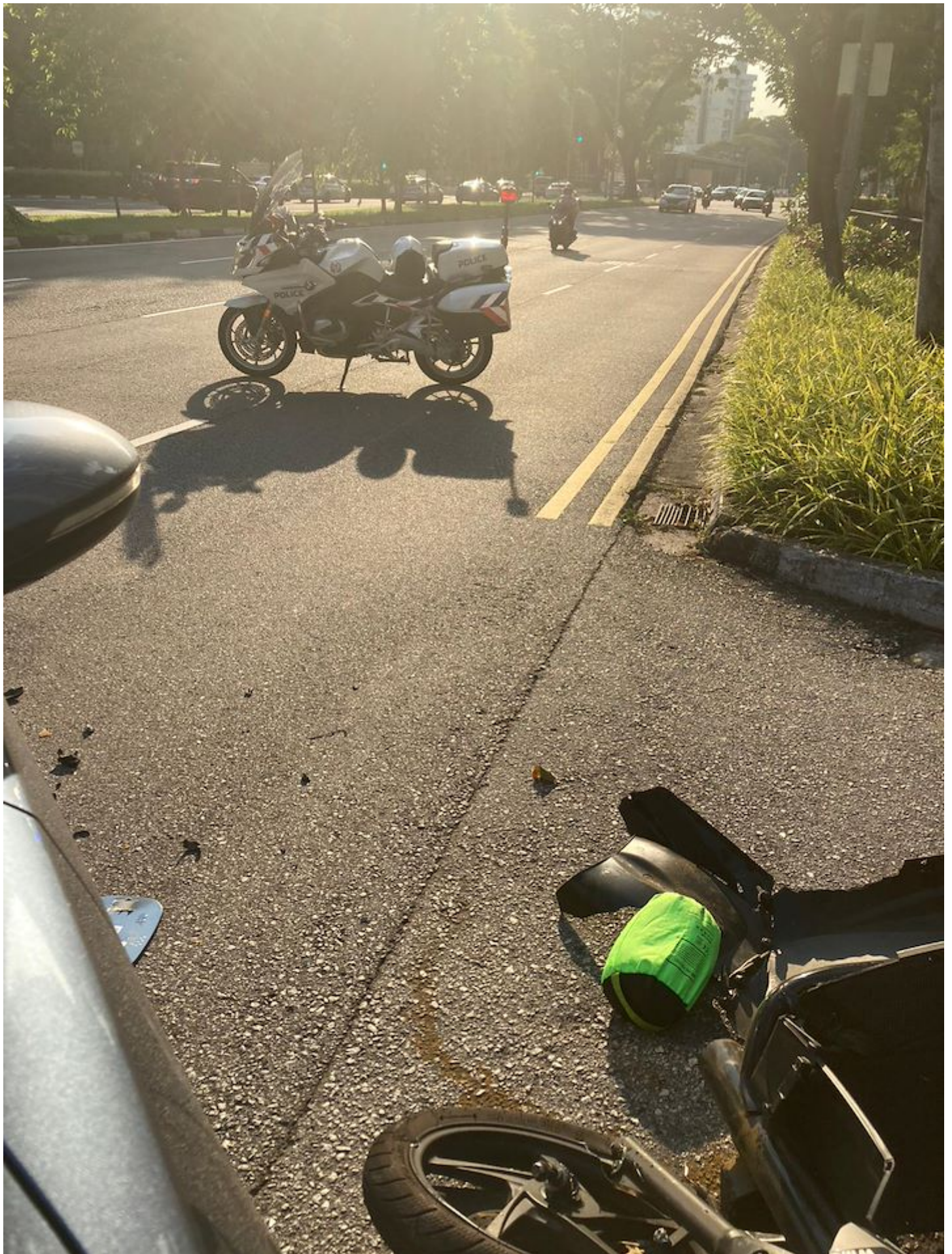
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

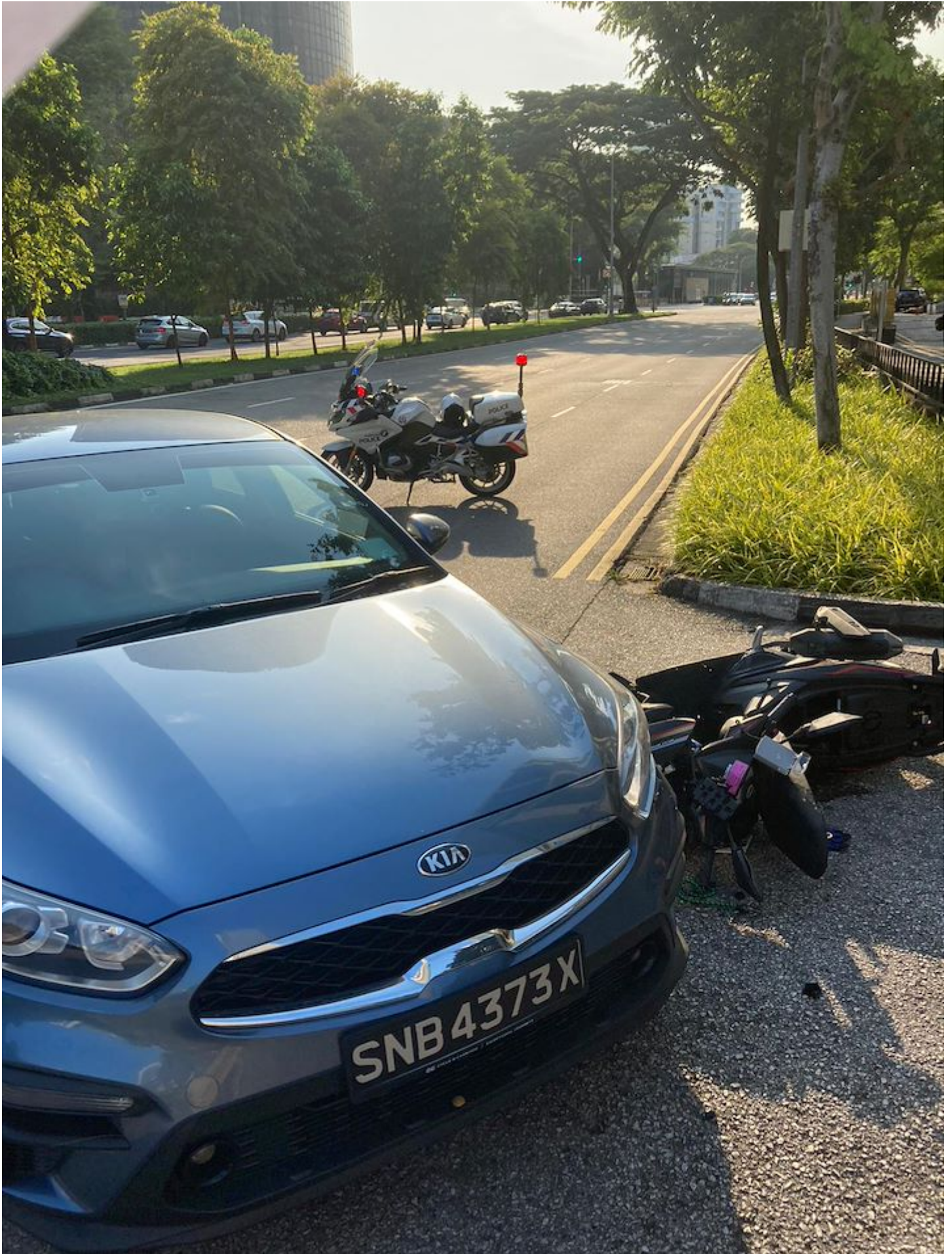
17/03/2022 1430

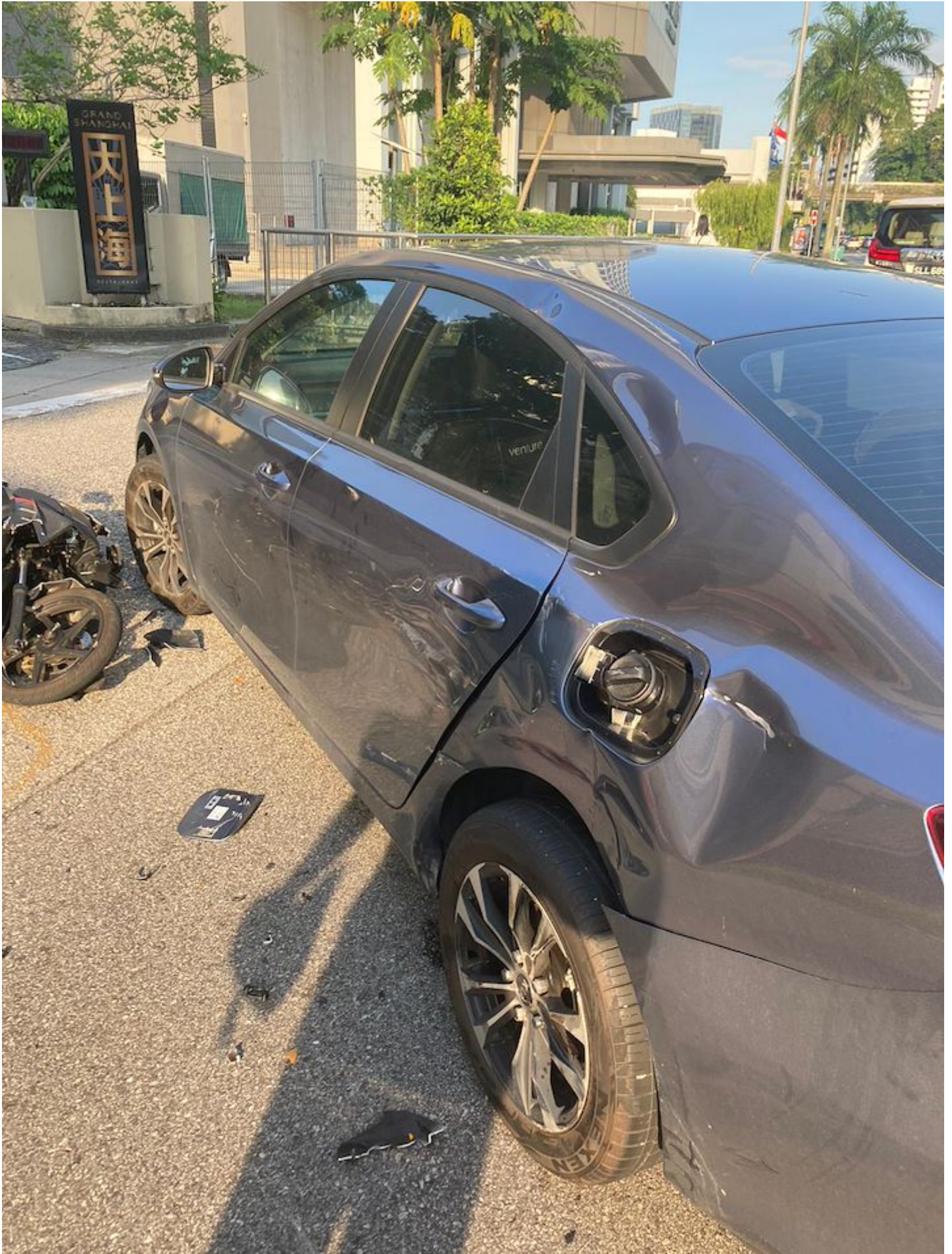
LATIFF

























**SINGAPORE
POLICE FORCE**



T/20220317/2016

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No: T/20220317/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2022 11 24		Vide Report No.: A/20220316/0117		Station Diary No.: 30	
Informant's Particulars					
Name of Informant: CHEVALLIER FRANCOIS ROGER ANDRE			Address: 11 TUAS SOUTH AVENUE 12 SINGAPORE 637131		
ID Type / ID No.: FIN NO / G4030117N			Contact No.: Home/Office: Mobile: 84985960		
Nationality: FRENCH			Email: chevallier255@gmail.com		
Sex: Male	Age: 36	Date of Birth: 09/05/1985	Type of Informant: Driver		
Race: Caucasian			Language:		Institution / School Name:
Occupation: ENGINEERING MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/03/2022 17:00	Type of Location: Bend
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JUV4751	Motorcycle				Seriously Damaged	0
SNB4373X	Car				Seriously Damaged	1



SINGAPORE
POLICE FORCE



T/20220317/2016

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20220317/2016

CONTINUATION OF REPORT

and slightly veered right to ease my turn

Brief Details:

On 16/03/2022 at 1700hrs, I was driving my vehicle (SNB4373X) along Havelock road. I was on lane 4, I signaled left as I was making a sharp left turn into a small road outside My Millennium hotel. When I was making the turn, one motorcycle (JUV4751) collided into me from lane 4 into the left side of my vehicle. I immediately stopped my vehicle and the rider flew off her motorcycle.

Passerby assisted to call for police and ambulance. After the ambulance arrived, the rider was conveyed and she was conscious. My vehicle suffered major dents on the left passenger side door, left front fender and side mirror. The motorcycle suffered major damages throughout her motorcycle.

The traffic police then arrested me, I was then bailed out on 16/03/2022 at 2359hrs and they informed me to lodge a police report.

I am lodging this report for record purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20220317/2016

3 of 3

Report No. T/20220317/2016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
E / Other CHAN JUN MIN,
STANLEY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/03/2022 11:24

Officer In Charge Of Case:
TP / GIT /
Other NG BEIFENG
Contact No.: 65476845

Classification Of Case:

NP168

SINGAPORE POLICE FORCE	VN/15	SN 065



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: SJ04223H000E Vehicle Registration No: SNB4373X
 Name (as shown in NRIC): COMFORTDELGRO RENT-A-CAR PTE LTD NRIC/FIN/Passport No: 1XXXXX775H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 16/03/2022 Time of Accident: 17:00
 Place of Accident: 390 Havelock Rd,
 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:

UPDATE TO OWN DAMAGE CLAIM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Siti
NRIC/FIN No.:
Date: 08.04.2022

GEARHC Addendum Form