

# 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 ..... 18/05/2022 14:55 (SGT)  
Date of Accident ..... 25/04/2022 21:30 (SGT)  
Exact Location of Accident ..... 8 Scotts Rd, Singapore 228238  
Additional Location Information ..... GRAND HYATT HOTEL EXIT TO 8 SCOTTS RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG7308M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CRAFT LEASING PTE LTD  
Company Reg No ..... 201718381N  
Email Address ..... KH@CRAFTLEASING.COM  
Mobile Phone No ..... (Phone) +65-93833162  
Alternative Phone No ..... +65-93833162

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MFL0005172  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN JEE JIE  
NRIC No ..... S8118477A

Date Of Birth .....	27/05/1981
Occupation .....	Outdoor
Date Of Driving Pass .....	28/06/2007
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86600633
Alt. Phone Number .....	-
Email Address .....	GRABSGJAY@GMAIL.COM
Address .....	BLK 403C FERNVALE LANE #04-157
Address complement .....	-
Postcode .....	S793403
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 .....	Side Swipe
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) .....	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

REFER TO ACCIDENT REPORT ATTACHED

#### 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 .....	SLN7201A
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	3
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	WAI MOE KYAW
Work Permit No .....	G0552910M
Contact Number .....	(Phone) +65-98893114
Address .....	-

Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

# SKETCH PLAN

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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

Sketch Plan

*[Signature]*

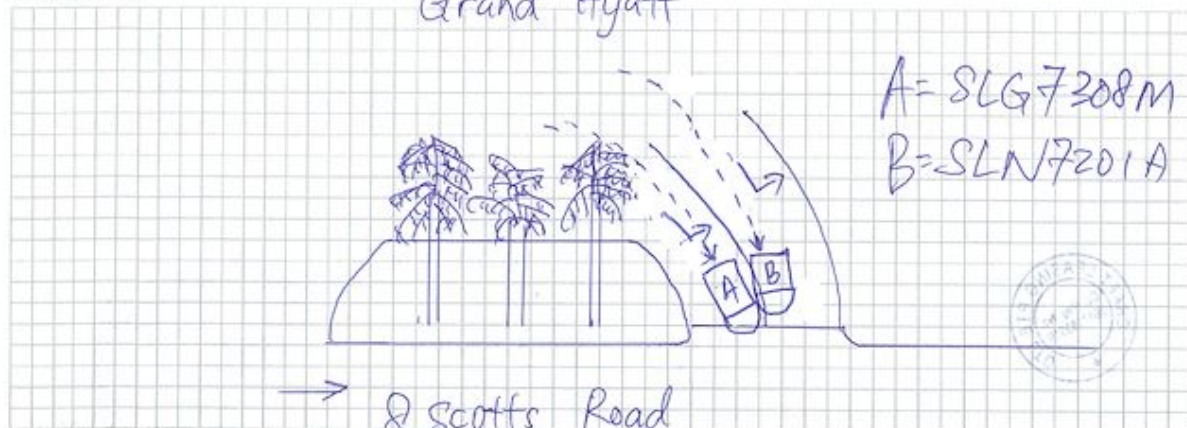
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

ARY CHUA

18 MAY 2022



## Describe Circumstances of the Accident

On 25 Apr 2022, at around 21:30 hours, I was exiting Grand Hyatt hotel along Scotts road,

and had stopped at the stop line to check for oncoming vehicle on my right, and I was the only car at the stop line at the time.

Once it was clear to move, I release my brake to move off and saw on my left a car

approaching very close and brake to stop immediately.

My left front portion was slightly damaged and had no injury.

The other driver (he was the only person in the car) show no visible sign of injury.


## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

14:00hrs.  
18/05/2022



Witnessed by Reporting Centre Personnel ARY CHUA 18 MAY 2022





























