

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 25/05/2022 11:39 (SGT)
Date of Accident 24/05/2022 19:10 (SGT)
Exact Location of Accident Penang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR3323A

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) +65-89414826
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Alphard
Variant -
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 2493

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D18MFL0003414_02
Cover Note Number -

DRIVER

Name of Driver LIEW GIM GUAN (LIU JINYUAN)
NRIC No S6917495G

Date Of Birth	03/06/1969
Occupation	Indoor
Date Of Driving Pass	20/07/1995
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89414826
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 475A UPPER SERANGOON CRESCENT #12-505
Address complement	-
Postcode	531475
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	Collision - Change/cross lane
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

ON 24/05/2022 AT ABOUT 19:10HRS. I WAS DRIVING VEHICLE A, SMR3323A TRAVELLING ALONG CLEMENCEAU AVE AT THE CENTER LANE THEN I TURNED LEFT GOING TOWARDS PENANG ROAD TO THE 2ND LANE FROM THE RIGHT. WHEN I WAS ABOUT TO ENTER THE 2ND LANE. VEHICLE B ON THE RIGHT SUDDENLY CUT INTO MY LANE AND MY VEHICLE SENSOR ALARM ON AND I IMMEDIATELY STEPPED ONTO MY FOOTBRAKE BUT VEHICLE B STILL HIT ONTO MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB646G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-88089008

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

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.

<p>Policyholder's Signature / Date & Time</p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p style="text-align: center;"><i>[Handwritten Signature]</i> 10.25 25.05.22</p>	<p>Witnessed by Reporting Centre Personnel</p> <p style="text-align: center;"><i>[Handwritten Signature]</i> MD NAZRIN</p>
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A - SMR3323A

B - SHB646G

Describe Circumstances of the Accident

ON 24/05/2022 AT ABOUT 19:10HRS. I WAS DRIVING VEHICLE A, SMR3323A TRAVELLING ALONG CLEMENCEAU AVE AT THE CENTER LANE THEN I TURNED LEFT GOING TOWARDS PENANG ROAD TO THE 2ND LANE FROM THE RIGHT. WHEN I WAS ABOUT TO ENTER THE 2ND LANE. VEHICLE B ON THE RIGHT SUDDENLY CUT INTO MY LANE AND MY VEHICLE SENSOR ALARM ON AND I IMMEDIATELY STEPPED ONTO MY FOOTBRAKE BUT VEHICLE B STILL HIT ONTO MY VEHICLE.

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
 10.25 25.05.22

 Witnessed by Reporting Centre Personnel
 MD NADZIN























