SJ04226N0005-01 / JP Knights Pte Ltd
ENTRY DATE & TIME: 23/06/2022 10:37 (SGT)
SUBMITTED BY: Kavi
VERSION: 2 (23/06/2022 13:00 (SGT))

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 witholding 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	23/06/2022 10:37 (SGT)
Reported by	Driver
Date of Accident	23/06/2022 07:05 (SGT)
Exact Location of Accident	Sinaran Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND5080Z

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) +65-68820888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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?	Yes
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_02

DRIVER

Name of Driver	BILLY JAMES TAN
NRIC No	S1823979E
Date Of Birth	07/06/1967
Occupation	Outdoor

Date Of Driving Pass	23/02/1987
Driving experience	35 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86603079
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 270 BANGKIT ROAD #11-16
Address complement	-
Postcode	670270
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 - Major/Minor Rd
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

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 THE 23/06/2022 AT ABOUT 0705 HOURS, I WAS DRIVING VEHICLE A (SND5080Z) ALONG SINARAN DRICE MOVING OUT OF THE PICK UP POINT AT ALONG NOVENA MEDICAL CENTRE WHEN THERE IS A UNKNOWN STATIONARY MALAYSIAN MOTORCYCLE PARKED INDISCRIMINATELY ON MY LEFT AT THE EXIT OF THE MINOR ROAD AND I HAD TO POSITION MY CAR TO THE RIGHT TO AVOID HITTING HIM AS I AM EXITING THE MINOR ROAD. AS I WAS CONSTANTLY CHECKING ON MY LEFT TO AVOID HITTING HIM AND MOVING FORWARD, I ACCIDENTALLY CROSSED THE STOP LINE AND COLLIDED INTO THE LEFT REAR RIM PORTION OF VEHICLE B (SMH81U) AS SHE PAST BY INFRONT OF ME TRAVELLING ON THE MAJOR ROAD. NOBODY IS INJURED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH81U
Vehicle Manufacturer	Porsche
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FUN LI-LING, WENDY
NRIC No	S7709508Z
Contact Number	(Phone) +65-81256186
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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6. The report w ill be forw arded 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 w ill 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknow ledge, agree and consent that :

(a) My insurer , my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

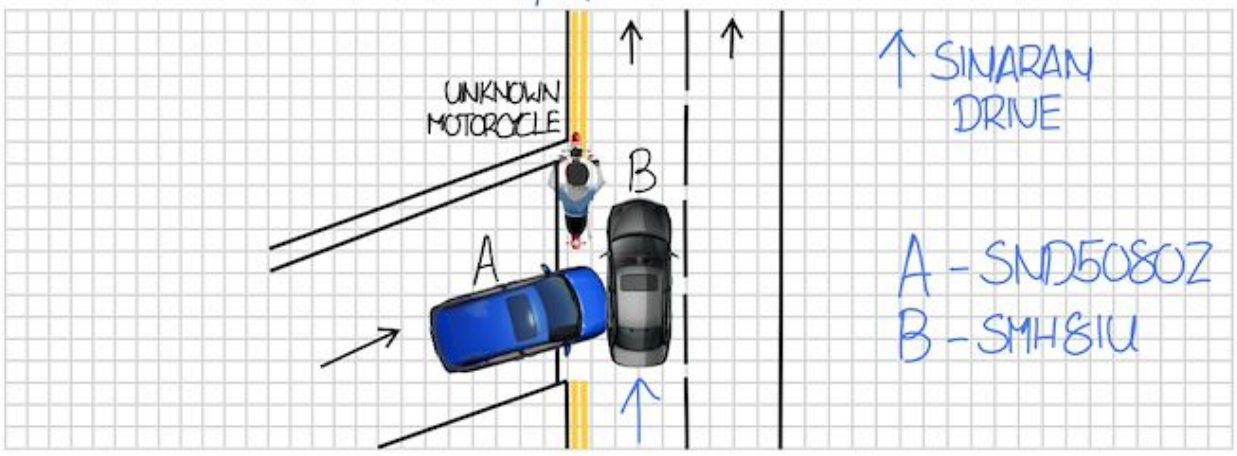
(collectively the "**Purposes**")

(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 yers/law firms), w hich 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
	23/06/22 0945	

Sketch Plan



Describe Circumstances of the Accident

ON THE 23/06/2022 AT ABOUT 0705 HOURS, I WAS DRIVING VEHICLE A (SND5080Z) ALONG SINARAN DRICE MOVING OUT OF THE PICK UP POINT AT ALONG NOVENA MEDICAL CENTRE WHEN THERE IS A UNKNOWN STATIONARY MALAYSIAN MOTORCYCLE PARKED INDISCRIMINATELY ON MY LEFT AT THE EXIT OF THE MINOR ROAD AND I HAD TO POSITION MY CAR TO THE RIGHT TO AVOID HITTING HIM AS I AM EXITING THE MINOR ROAD. AS I WAS CONSTANTLY CHECKING ON MY LEFT TO AVOID HITTING HIM AND MOVING FORWARD, I ACCIDENTALLY CROSSED THE STOP LINE AND COLLIDED INTO THE LEFT REAR RIM PORTION OF VEHICLE B (SMH81U) AS SHE PAST BY INFRONT OF ME TRAVELLING ON THE MAJOR ROAD. NOBODY IS INJURED.

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
	23/06/22 0945	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

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: SJ04226N0005 Vehicle Registration No: SND5080Z

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: 23/06/2022 Time of Accident: 0705HRS

Place of Accident: SINARAN DRIVE

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:

AMEND CLAIM TYPE. RO > OD.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: KHAIRUL
NRIC/FIN No.:
Date: 23/06/2022

GIARMC Addendum Form


9:50
始動時は
ブレーキを踏みながら
パワースイッチを
押してください
ODO 60643 km