

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	27/06/2022 12:35 (SGT)
Reported by	Owner
Date of Accident	24/06/2022 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF KIM CHUAN RD/UPPER PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN206X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO DRIVING CENTRE PTE LTD
Company Reg No	1XXXXX882C
Email Address	DARYLTAN@CDC.COM.SG
Mobile Phone No	(Phone) +65-90072819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0000618-02

DRIVER

Name of Driver	HU SHU YI
NRIC No	SXXXX679J
Date Of Birth	30/10/1981
Occupation	Indoor

Date Of Driving Pass	24/06/2022
Driving experience	0 MONTH
Gender	Female
Mobile Number	(Phone) +65-82984945
Alt. Phone Number	-
Email Address	DARYLTAN@CDC.COM.SG
Address	BLK 18 LEICESTER RD #17-03
Address complement	-
Postcode	358847
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	Collision - Head to Rear
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)	2
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	NG CHEA HUAT JOHNNY
Gender	Male

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 JUNE 2022 AT ABOUT 145PM, I WAS DRIVING THE CDC TRAINING CAR WITH REGISTRATION NO : SMN206X (TAG NO 624) ALONG KIM CHUAN RD AND THE WEATHER CONDITION IS CLEAR AND ROAD SURFACE IS DRY THAT TIME. WHILE I WAS DRIVING AND APPROACHING KIM CHUAN RD AND UPPER PAYA LEBAR RD, I HAD TO MAKE THE CDC STOP AT THE STOPLINE (SINGLE WHITE LINE) COMPLETELY TO ENSURE CLEAR TRAFFIC ON THE RIGHT AND PREPARE TO DRIVE OFF. BUT WITHIN A SECOND, THERE WAS SUDDENLY A LOUD BRAKING SOUND AND I FELT SOMETHING COLLIDED INTO THE REAR OF MY VEHICLE. IT WAS THE 3RD PARTY (SNE578H) .IT WA SO SUDDEN BUT LUCKILY NO ONE WAS 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	SNE578H
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NGU KIM HUAT
NRIC No	SXXXX353E
Contact Number	-
Address	BLK 419 HOUGANG AVE 8 #11-944
Address complement	-
Postcode	530419
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	NG CHEA HUAT JOHNNY
Phone	(Phone) +65-91070700
Email	-

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.





Policyholder's Signature / Date & Time
27/12/22 1040am

Sketch Plan



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



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On 24 June 2022 at about 1:45 PM, I was driving the CDC training car with registration no: S1W206X (tag no 624) along Kim Chuan Rd and the weather condition is clear and road surface is dry that time.

While I was driving and approaching the junction of Kim Chuan road and Upper Payalher Road, I had to make the CDC car stop at the STOP LINE (Stop white line) completely to ensure clear traffic on the right and prepare to drive off. But within a second, there was suddenly a loud braking sound and I felt something slid into the rear of my vehicle. It was the 2nd party (SNE57PH).

It was so sudden but luckily no one was injured.

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 27/6/22 1040am



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



Witnessed by Reporting Centre Personnel