

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 Actual 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 07/09/2022 10:55 (SGT)
Reported by Driver
Date of Accident 07/09/2022 08:30 (SGT)
Exact Location of Accident Woodlands Ave 12, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD5233A

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) +65-93768888
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0000326_02

DRIVER

Name of Driver NOOR RAMLI BIN MD NOR
NRIC No S2175045Z
Date Of Birth 24/07/1959
Occupation Outdoor

Date Of Driving Pass	25/07/1983
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93768888
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	BLK 629 WOODLANDS RING ROAD #12-340
Address complement	-
Postcode	730629
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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 07/09/2022 AT AROUND 0820HRS, I WAS DRIVING VEHICLE A (SMD5233A) ALONG WOODLANDS AVENUE 12 ON THE EXTREME LEFT LANE. I SLOWED DOWN AND STOPPED UPON APPROACHING A TRAFFIC JAM ENTERING SLE(TPE/CTE) AND AS I WAS STATIONARY, VEHICLE B (SMW1641T) SUDDENLY REAR ENDED VEHICLE A. I SUFFERED NECK AND BACK PAIN BUT I AM UNSURE WHETHER MY PASSENGER ON BOARD SUSTAINED ANY INJURY. NO OTHER VEHICLES INVOLVED.

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	SMW1641T
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Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YEO ENG LEE
NRIC No	S7835655C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NOOR RAMLI BIN MD NOR
Gender	Male
Phone No	(Phone) +65-93768888
Address	BLK 629 WOODLANDS RING ROAD #12-340
Address Complement	-
Post Code	730629
Approximate Age Years Old	63
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SMD5233A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

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

07/09/2022 1000HRS

Witnessed by Reporting Centre Personnel

FRO Sufiyan

Sketch Plan

A - SND5233A B - SMW1641T	→	
	→	
	→	
	→	
WOODLANDS AVENUE 12		

Describe Circumstances of the Accident

ON 07/09/2022 AT AROUND 0820HRS, I WAS DRIVING VEHICLE A (SMD5233A) ALONG WOODLANDS AVENUE 12 ON THE EXTREME LEFT LANE. I SLOWED DOWN AND STOPPED UPON APPROACHING A TRAFFIC JAM ENTERING SLE(TPE/CTE) AND AS I WAS STATIONARY, VEHICLE B (SMW1641T) SUDDENLY REAR ENDED VEHICLE A. I SUFFERED NECK AND BACK PAIN BUT I AM UNSURE WHETHER MY PASSENGER ON BOARD SUSTAINED ANY INJURY. NO OTHER VEHICLES INVOLVED.

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
07/09/2022 1000HRS



Witnessed by Reporting Centre Personnel
FRO Sufiyan



























