

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 11/10/2022 15:12 (SGT)
Reported by Driver
Date of Accident 10/10/2022 21:10 (SGT)
Exact Location of Accident S730900, 900 South Woodlands Drive, W'Lands Civic Ctr, Singapore 730900
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNE4696Z

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) +65-96374371
Alternative Phone No (Office) +65-68820888

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? No - Reporting only
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_03

DRIVER

Name of Driver SEET CHEW ENG LINDA
NRIC No S1401978B
Date Of Birth 07/10/1960

Occupation	Outdoor
Date Of Driving Pass	31/12/1992
Driving experience	29 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96374371
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	26 NIVEN ROAD
Address complement	-
Postcode	228373
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 10/10/2022 AT ABOUT 2110HRS I WAS DRIVING ALONG WOODLANDS AVENUE 5. WHILE WANTED TO PICK UP PASSENGER AT WOODLANDS CIVIC CENTRE, MY PASSENGER CHANGE LOCATION AND I DECIDED TO LEAVE THE CIVIC CENTRE. WHILE EXIT THE LOCATION TOWARDS WOODLANDS AVE 5 SUDDENLY VEHICLE B (SDJ9600J) APPROACHING AT FAST SPEED AND UNFORTUNATELY VEHICLE B LEFT REAR PORTION SWIPE VEHICLE A FRONT RIGHT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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	SDJ9600J
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR LEE
Contact Number	(Phone) +65-90220339
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' 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 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' 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), which may be sited outside of Singapore, for one or more of the above Purposes.



**FLASH ACCIDENT
REPORTING OFFICER**
FRO NAZREEN



Policyholder's Signature / Date & Time

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

11/10/2022 1440HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SNE4696Z

B - SDJ9600J

WOODLANDS AVENUE 5

Describe Circumstances of the Accident

ON 10/10/2022 AT ABOUT 2110HRS I WAS DRIVING ALONG WOODLANDS AVENUE 5. WHILE WANTED TO PICK UP PASSENGER AT WOODLANDS CIVIC CENTRE, MY PASSENGER CHANGE LOCATION AND I DECIDED TO LEAVE THE CIVIC CENTRE. WHILE EXIT THE LOCATION TOWARDS WOODLANDS AVE 5 SUDDENLY VEHICLE B (SDJ9600J) APPROACHING AT FAST SPEED AND UNFORTUNATELY VEHICLE B LEFT REAR PORTION SWIPE VEHICLE A FRONT RIGHT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

I/We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER**

FRO NAZREEN

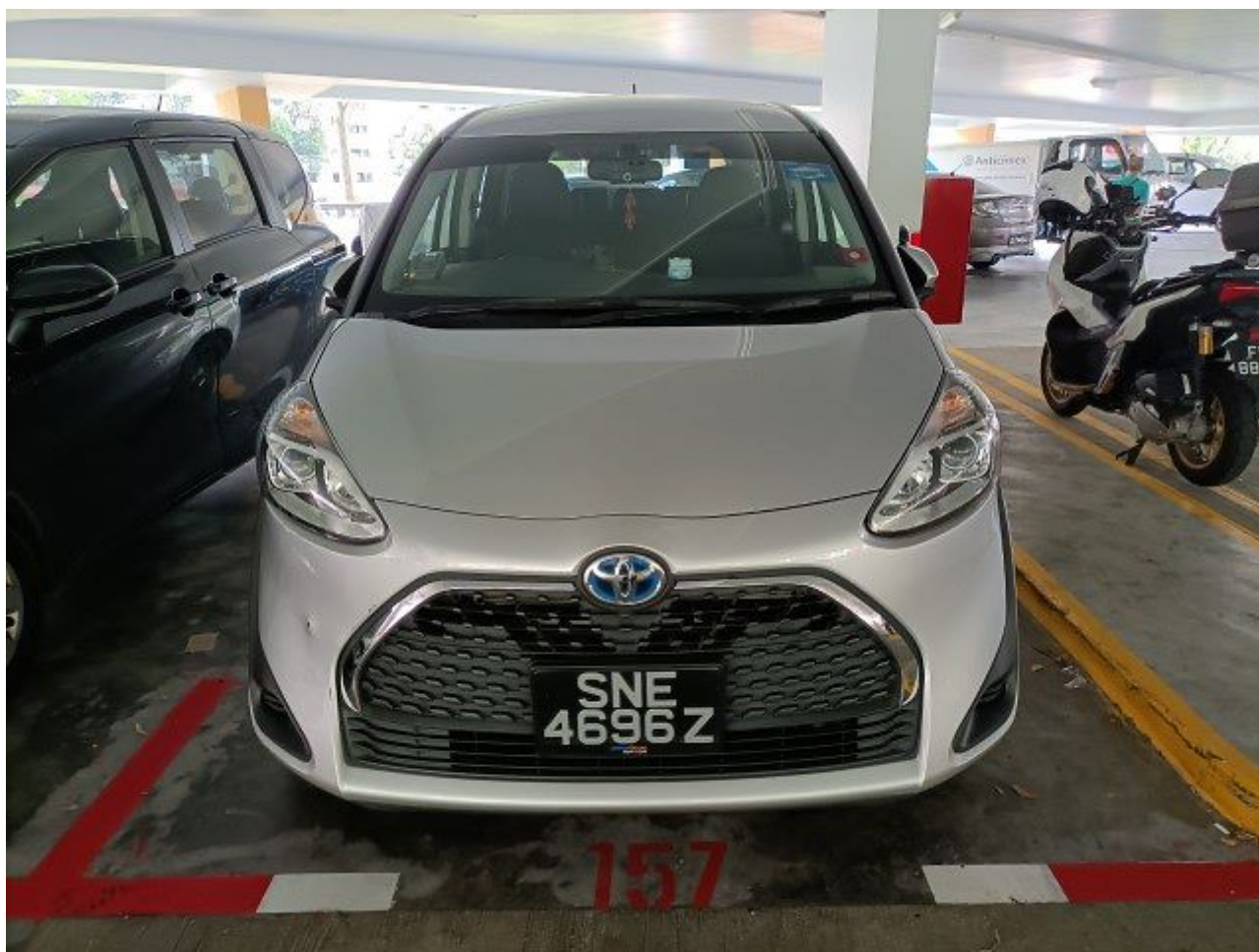


Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time **11/10/2022 1440HRS**

Witnessed by Reporting Centre
Personnel



































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: SJ0G22AB000Q Vehicle Registration No: SNE4696Z

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: 10/10/2022 Time of Accident: 21:10

Place of Accident: S730900, 900 South Woodlands Drive, W'Lands Civic Ctr

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:

UPDATE THIRD PARTY PLATE NUMBER

Policyholder / Driver's Signature
Date:

NAVA

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 11/10/2022

