SJ0G22AB000F / JP Knights Pte Ltd ENTRY DATE & TIME: 11/10/2022 13:41 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (11/10/2022 13:41 (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 Actual 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.

- 4. The issue and acceptance of this is form by instrained 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 13:41 (SGT) Reported by Driver Date of Accident 11/10/2022 10:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information BEFORE KPE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number SMG4727U

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) +65-83440568 Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer

Model 3 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 No - Reporting only your vehicle? 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 ABDUL RAZAK BIN ABU BAKAR NRIC No S7721220E Date Of Birth 05/08/1977 Occupation Outdoor

Date Of Driving Pass 22/11/2017 Driving experience 4 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-83440568 Alt. Phone Number Email Address dannyng@cdgrentacar.com.sg Address 447A BUKIT BATOK WEST AVENUE 9 #07-126 Address complement Postcode 651447 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 Male DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 11/10/2022 AT AROUND 1000HRS, I WAS DRIVING VEHICLE A (SMG4727U) ALONG PIE EXPRESSWAY TOWARDS TUAS. WHILE DRIVING ALONG THE SAID EXPRESSWAY NEAR THE ENTRANCE OF KPE, VEHICLE B (SMW9860A) SUDDENLY INCREASED ITS SPEED, JAM BRAKED AND REAR ENDED VEHICLE C (SJX8280K). I COULD NOT STOP IN TIME AND UNFORTUNATELY, VEHICLE A REAR ENDED VEHICLE B. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMW9860A

Vehicle Registration Number

Vehicle Manufacturer	Mini
Vehicle Model	Cooper
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PHUAH KEN HAO
Contact Number	(Phone) +65-82882929
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SJX8280K Mazda 5 -
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HONG QIXIAN
Contact Number	(Phone) +65-96544995
Address	<del>-</del>
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

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 8. Consent under the Personal Data Protection Act(PDPA)

Lunderstand, acknowledge, 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 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 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, 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

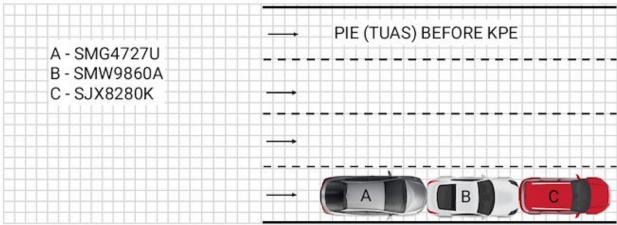
FLASH ACCIDENT

Policyholder's Signature / Date & Time

8 Time Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

ON 11/10/2022 AT AROUND 1000HRS, I WAS DRIVING VEHICLE A (SMG4727U) ALONG PIE EXPRESSWAY TOWARDS TUAS. WHILE DRIVING ALONG THE SAID EXPRESSWAY NEAR THE ENTRANCE OF KPE, VEHICLE B (SMW9860A) SUDDENLY INCREASED ITS SPEED, JAM BRAKED AND REAR ENDED VEHICLE C (SJX8280K). I COULD NOT STOP IN TIME AND UNFORTUNATELY, VEHICLE A REAR ENDED VEHICLE B. NOBODY WAS INJURED AND NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

Declaration

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

Policyholder's Signature / Date & Time

& Time 11/10/2022 1145HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT REPORTING OFFICE FRO SUFIYAN













