

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	08/11/2022 17:51 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 10:50 (SGT)
Exact Location of Accident	Kampong Bahru Rd, Singapore
Additional Location Information	TOWARDS OUTRAM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8841G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Company Reg No	199607256W
Email Address	MohammadHaritz@comfortdelgrobus.com.sg
Mobile Phone No	(Phone) +65-94322378
Alternative Phone No	(Office) +65-64169679

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso rosa
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 - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0003256_01

DRIVER

Name of Driver	ONG ENG TECK
NRIC No	S1425889B
Date Of Birth	12/11/1960
Occupation	Outdoor

Date Of Driving Pass	12/01/1981
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94322378
Alt. Phone Number	-
Email Address	MohammadHaritz@comfortdelgrobus.com.sg
Address	540 SERANGOON NORTH AVENUE 4 #11-99
Address complement	-
Postcode	550540
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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 08/11/22 AT ABOUT 1050HRS I WAS DRIVING VEHICLE A PC8841G ALONG KAMPUNG BAHRU ROAD TOWARDS OUTRAM.I WAS AT THIRD LANE FROM EXTREME RIGHT AS I TRAVELLING STRAIGHT SUDDENLY VEHICLE B SHC1889K APPLIED BRAKE DUE TO THE TRAFFIC AND I UNABLE TO STOP ON TIME. MY VEHICLE REAR ENDED VEHICLE B. EXCHANGED CONTACT NUMBER ONLY AND NO INJURIES AT POINT OF TIME.

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	SHC1889K
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	LIAN
Contact Number	(Phone) +65-96528619
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 BALAJI

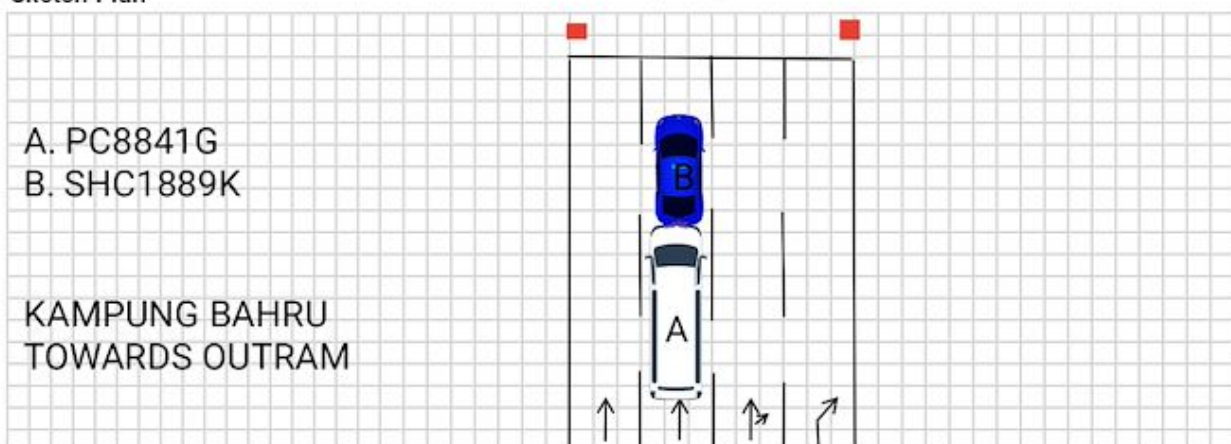


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

1630hrs 08/11/22

Sketch Plan

Describe Circumstances of the Accident

ON 08/11/22 AT ABOUT 1050HRS I WAS DRIVING VEHICLE A PC8841G ALONG KAMPUNG BAHRU ROAD TOWARDS OUTRAM. I WAS AT THIRD LANE FROM EXTREME RIGHT AS I TRAVELLING STRAIGHT SUDDENLY VEHICLE B SHC1889K APPLIED BRAKE DUE TO THE TRAFFIC AND I UNABLE TO STOP ON TIME. MY VEHICLE REAR ENDED VEHICLE B. EXCHANGED CONTACT NUMBER ONLY AND NO INJURIES AT POINT OF TIME.

Declaration

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



FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date &
Time

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

1630hrs 08/11/22

Witnessed by Reporting Centre
Personnel





















