

## 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	25/10/2022 17:20 (SGT)
Reported by	Driver
Date of Accident	22/10/2022 19:30 (SGT)
Exact Location of Accident	Near 185 Selegie Rd, Singapore 188330
Additional Location Information	Selegie Road towards Rochor Canal before Mackenzie Road
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME413L
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Q911 CAR RENTAL
Company Reg No	5XXXX365B
Email Address	polarbear89071@gmail.com
Mobile Phone No	(Phone) +65-86935159
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
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	1685

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MFL0007084

#### DRIVER

Name of Driver	Abdelaziz Ketfi
NRIC No	SXXXX427G
Date Of Birth	31/12/1973
Occupation	Outdoor

Date Of Driving Pass	31/08/2009
Driving experience	13 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97970377
Alt. Phone Number	-
Email Address	polarbear89071@gmail.com
Address	Blk 782E Woodlands Crescent #08-359
Address complement	-
Postcode	735782
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	Raining
Road Surface	Wet

#### 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

Refer to Sketch Plan

#### 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	SJC7993D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

**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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Selegie Road before Malvern Road



(A) SMC 413L  
(B) 5JC 7093D



Describe Circumstances of the Accident

On 22/10/2022 at about 1930hrs at along Selege Road  
 towards Rochor Canal before Mackenzie Road. I was  
 travelling on the fourth lane at the above mentioned road  
 and traffic was heavy. Suddenly a vehicle (B) from my  
 right veered into my lane without caution and without  
 checking his blind spot and hit onto the right portion of  
 my vehicle (A) causing damages to my vehicle. After the  
 accident, he did not stop and I turned to his attention  
 and we managed to exchanged particulars. I could not recall  
 how many passengers onboard my vehicle  
 (A) SME 43L  
 (B) SJC 7993D


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your  
 your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.

  
 25/10/22

Policyholder's Signature / Date &  
 Time

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

Witnessed by Reporting Centre  
 Personnel