

## 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 ..... 01/12/2022 16:46 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 29/11/2022 22:15 (SGT)  
Exact Location of Accident ..... Compassvale Dr, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKT1725A

#### 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) +65-98363669  
Alternative Phone No ..... (Office) +65-68820888

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0000326\_02

#### DRIVER

Name of Driver ..... TNG BAN GUAN  
NRIC No ..... S7304770F  
Date Of Birth ..... 14/02/1973  
Occupation ..... Indoor

Date Of Driving Pass .....	30/12/1997
Driving experience .....	24 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98363669
Alt. Phone Number .....	-
Email Address .....	dannyng@cdgrentacar.com.sg
Address .....	28 JALAN DATOH #05-08
Address complement .....	-
Postcode .....	329426
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 .....	Collided into Parked Vehicle
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 29/11/2022 AT ABOUT 2215HRS, I WAS DRIVING VEHICLE A (SKT1725A). I PARKED VEHICLE A AT LEFT SIDE OF THE DROP OFF POINT AT LUXURIE CONDO ATCCOMPASSVALE ROAD WAITING TO PICK MY DAUGHTER UP.

AFTER ABOUT 3 MIN, I DECIDED TO REVERSE VEHICLE A SLIGHTLY. I CHECKED THE BLINDSPOT AND THERE WAS NO VEHICLE VISIBLE. THEN I RELEASED THE HANDBRAKE AND ENGAGED INTO REVERSE GEAR AND RELEASED THE FOOT BRAKE. I ALSO WANT TO MENTION THAT I DID NOT STEP ON THE ACCELERATOR AT ALL.

VEHICLE (A) ROLLED BACK AND SUDDENLY I HEARD A GRAZED TYPE OF NOISE. I GOT OF VEHICLE A AND NOTICED THAT THERE WAS VEHICLE B(SMR4224X) BEHIND ME. I ALSO REALISED THAT THE RIGHT HALF OF THE FRONT BUMPER OF VEHICLE B WAS IN CONTACT WITH THE RIGHT HALF OF THE REAR BUMPER OF VEHICLE A.

BOTH PARTIES INSPECTED BOTH VEHICLES. THERE WAS NO VISIBLE DAMAGE ON REAR BUMPER OF VEHICLE A. FOR VEHICLE B, EXCEPT FOR THE RIGHT SIDE OF ITS FRONT BUMPER WHICH VEHICLE B DRIVER POINTED TO ME AT THE SCENE THAT IT WAS DISLODGED SLIGHTLY, VEHICLE B DRIVER NOTICED THAT THERE WAS NO OTHER DAMAGE ON THE FRONT BUMPER OF VEHICLE B.

I ALSO POINTED TO VEHICLE B DRIVER THAT THERE WERE MANY MARKS AND DAMAGES ON THE FRONT BUMPER OF VEHICLE B. VEHICLE B DRIVER ADMITTED THAT THESE WERE PRE -EXISTING DAMAGES AND NOT DUE TO THE INCIDENT ON 29/11/2022.

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 ..... SMR4224X  
 Vehicle Manufacturer ..... Honda  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private hire  
 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****IMPORTANT NOTICE**

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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)**

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

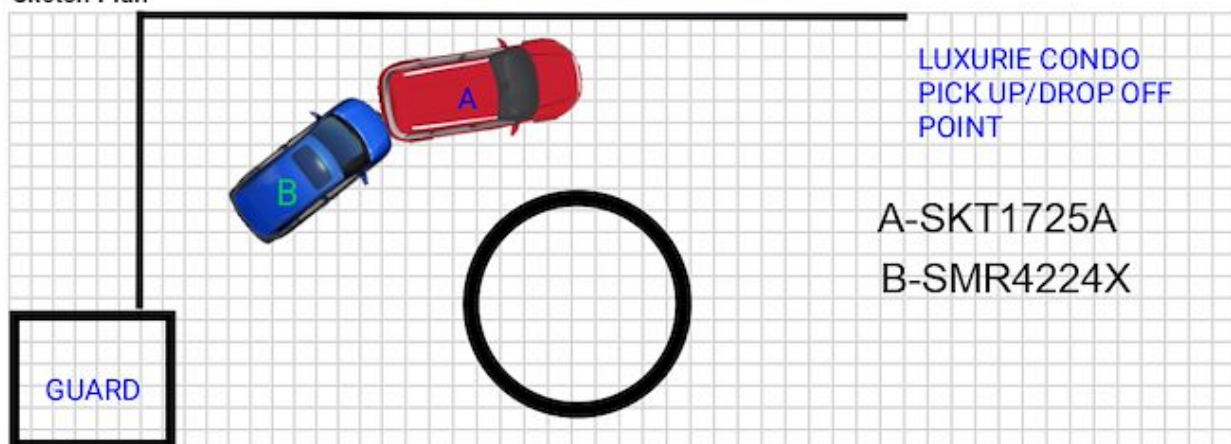
Driver's Signature (If driver is not the policyholder) / Date & Time

01/12/2022 1555HRS

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO VICKY

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

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## 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  
01/12/2022 1555HRS

FLASH ACCIDENT  
REPORTING OFFICER

FRO VICKY



Witnessed by Reporting Centre Personnel

























