

9) N12: Idue Mobile 301



# 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 ..... 05/01/2023 17:29 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 03/01/2023 12:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UPPER PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMM2866H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORTDELGRO DRIVING CENTRE PTE. LTD.  
Company Reg No ..... 1XXXXX882C  
Email Address ..... kangcar@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-90072819  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Policy Number / Cover Note Number ..... D-23100460MFQC/67

### DRIVER

Name of Driver ..... NUR KHAIRIAH BINTE HASIM  
NRIC No ..... SXXXX241J



Date Of Driving Pass .....	04/08/2022
Driving experience .....	5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82074476
Alt. Phone Number .....	-
Email Address .....	kangcar@singnet.com.sg
Address .....	APT BLK 505 SERANGOON NORTH AVENUE 4
Address complement .....	# 07-458
Postcode .....	550505
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	CDC DRIVING INSTRUCTOR
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	DAVE PHUA
Gender .....	Male

#### 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

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	GBL6302C
Vehicle Manufacturer .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	CHER WEE TECK ( XU WEIDA)
NRIC No .....	SXXXX183Z
Contact Number .....	(Phone) +65-87553822
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	NUR KHAIRIAH BINTE HASIM
Gender .....	Female
Phone No .....	(Phone) +65-82074476
Address .....	APT BLK 505 SERANGOON NORTH AVENUE 4
Address Complement .....	# 07-458
Post Code .....	550505
Approximate Age Years Old .....	-
Injuries Sustained .....	BODILY INJURED
Injured person in which vehicle? .....	SMM2866H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No



## SKETCH PLAN

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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)

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.



Policyholder's Signature / Date & Time

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

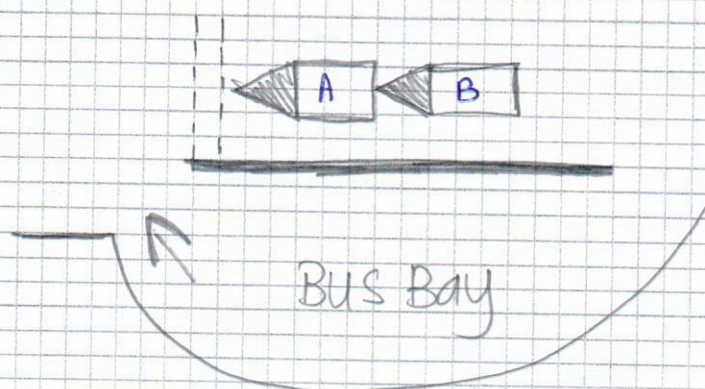
Witnessed by Reporting Centre Personnel

### Sketch Plan

upper Pagar Jalar Road

A-SMM 2866H

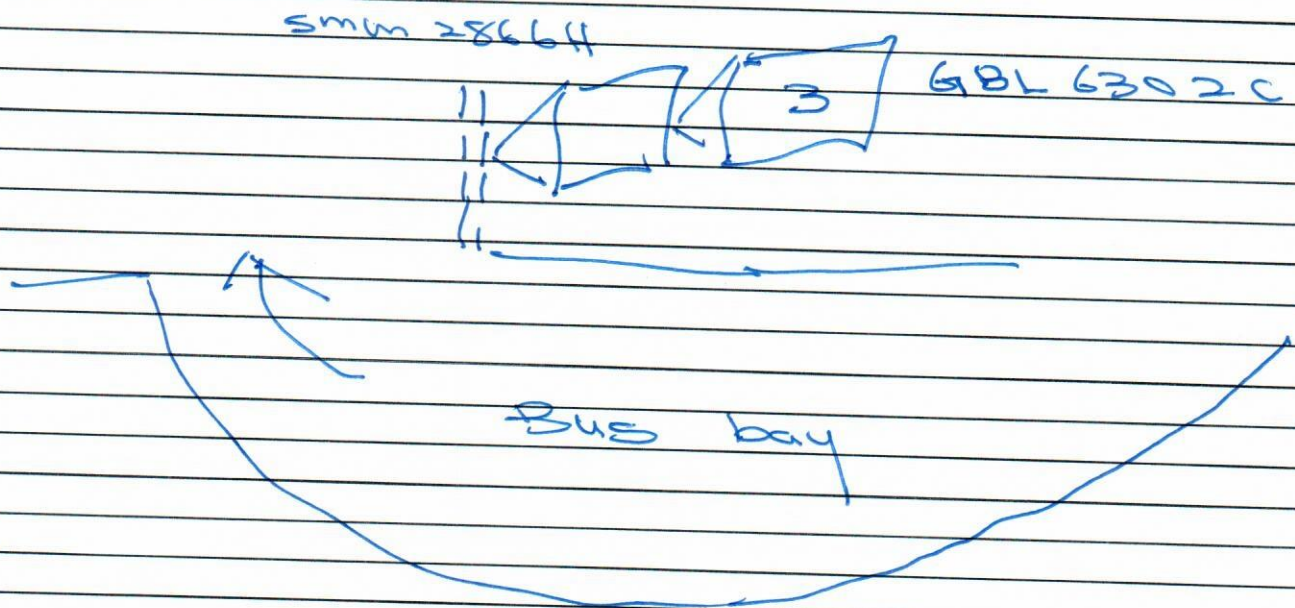
B-GBL 6302C





Describe Circumstances of the Accident

On 3.1.23 at 12.55 p.m I stopped my vehicle  
5mm 2866H at a compulsory give way to bus  
to allow a bus to move out of the bus bay.  
However upon completed stop vehicle GBL  
6302 C driven by Cher Wen Teck 57716183Z  
collided into my car rear.  
The back of car was badly damaged.




NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER  
YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.


Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

 3/1/2023  
Driver's Signature (If driver is not the policyholder) / Date  
& Time  
82074470

 5/1/2023  
Witnessed by Reporting Centre  
Personnel



Receipt for e-PDL application(P000729017)

**NUR KHAIRIAH BINTE HASIM (NRIC: S9231241J),**

1. Your payment for PDL for Class 3 is successful.
2. You have made payment of S\$25.00 for PDL for Class 3 on 04 Aug 2022 at 09:49 AM.
3. The expiry date of your PDL for Class 3 is on 03 Aug 2024.

You can print out this page using your Internet browser. Click the Logout button to end the session.  
Thank you for using this e-service.

ComfortDelGro Driving Centre Pte Ltd ACCIDENT REPORT			
Date of Accident <u>3 January 2023</u>		Time of Accident <u>12.55 pm</u>	
Location <u>Upper Paya Lebar Road.</u>			
<b>a. Vehicle Details</b>			
Car / <del>Motorcycle</del> Tag No. <u>619</u>	Vehicle Registration No. <u>SMM 2866 H</u>	Type of Vehicle Auto / <del>Manual</del> / <del>Motorcycle</del>	
Purpose of Use <u>Training</u>	Was anybody injured in the accident? <u>Yes</u> / No	Was any other material / property damaged? <u>Yes</u> / No	
Weather Condition <u>Raining</u> / Clear	Road Surface <u>Wet</u> / Dry	Visible Damages to Own Vehicle <u>See photos attached</u>	
<b>b. Instructor's Particulars</b>			
Instructor Name <u>Dave Phua</u>		Employee No. <u>0921</u>	Contact No. <u>90680740</u>
<b>c. Learner's Particulars</b>			
Learner Name <u>Nw Khairiah Binte Hasim</u>		Learner ID <u>KSA02402</u>	
Occupation <u>Admin Executive</u>	Date of Birth <u>02/09/1992</u>	Contact No. <u>8207 4476</u>	Any police report required? <u>Yes</u> / No
<b>d. Accident Details</b>			
On <u>3 January 2023</u> (date) at <u>12.55 pm</u> (time), I was driving / stopping at <u>Upper Paya Lebar Road</u> (location)			
i. When a 3 <sup>rd</sup> party vehicle bearing registration number <u>GBL 6302C</u> suddenly collided into the rear / <del>side</del> / <del>front of my vehicle</del> (see sketch plan).			
ii. When my vehicle suddenly collided into the rear / side / front of a 3 <sup>rd</sup> party vehicle bearing registration number _____ (see sketch plan).			
iii. When my vehicle collided into _____ (object on road / circuit).			
<b>Additional Remarks, if any</b>			
<b>3<sup>rd</sup> Party Driver Particulars</b>			
Name <u>Cher Wee Teck</u>			
Vehicle Registration No. <u>GBL 6302C</u>		Contact No. <u>9822 9186</u> <u>8755 3822</u>	

email - kengcar @ singnet . com . sg  
Daryl - 90072814



LETTER OF UNDERTAKING

On 3 / Jan / 2023 (date) at about 12 : 55 (time) at  
Upper Paya Lebar Road towards Kim Chuan Road. (location)

whilst under the instruction of ComfortDelGro Driving Centre (CDC) Driving Instructor  
Dore Phua, I was driving / riding CDC vehicle bearing  
 registration number SMM 2866 H (Tag No. 619) and was  
 involved in an accident with another vehicle bearing registration number GBL 6302 C.

I understand that I am covered by insurance ("insurer") taken by CDC. If I wish to raise an accidental bodily injury claim, I will contact the insurer directly within seven days of the "date" stated above. CDC's representative will handle all claims relating to vehicular damages and cost of repairs. However, being the driver of the vehicle, I understand that I will be required to assist in any insurance claims by providing all relevant information of the accident and in the processing of the Affidavits. I understand that it is my responsibility as the driver / rider to provide all available information of the accident.

I understand and consent that reporting will be made on my behalf. I acknowledge that a copy of the report will be extended to me.

I have read the above and understood the requirements. I agree to make myself available and provide information to assist in the investigation and claim process as and when required.

  
 Signature of Driver / Rider

Name: Nur Khairiah Binte Hasim

Learner ID: KSA 02402

Date: 3 / 1 / 2023



**CERTIFICATE OF INSURANCE**

ORIGINAL

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : COMPANY CAR - FLEET  
Type of Cover. : Comprehensive  
Certificate No. : D-23100460MFQC/67  
Vehicle No / Chassis No : SMM2866H / MR2B23F3201177951  
Name of Insured : COMFORTDELGRO DRIVING CENTRE PTE LTD  
Period Of Insurance : 01.01.2023 To 31.12.2023  
Insured Estimated Value : Market Value At Time Of Loss  
Financial Institution : N.A

**Excess :**

EXCESS FOR NON ELECTRIC PRIVATE CAR  
NIL (FOR EMPLOYEES)  
SGD 500.00 SECTION I (AUTHORISED DRIVERS INCLUDING LEARNER DRIVERS)

EXCESS FOR ELECTRIC CAR  
NIL (FOR EMPLOYEES)  
SGD1,500.00 SECTION I (AUTHORISED DRIVERS INCLUDING LEARNER DRIVERS)

ADDITIONAL SGD2,000.00 SECTION I FOR DRIVERS AGED BELOW 21 YEARS AND/OR THE HOLDER  
OF PROVISIONAL DRIVING LICENCE (EXCL. LEARNER DRIVERS OF CDC)

ALL EXCESS AMOUNTS ARE SUBJECT TO GST

**Authorised Driver\***

ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\***

Any person who is driving on the Insured's order or with their permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**Limitations as to use\***

Use for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial or speed-testing (other than for the purposes of driving tuition or test), the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.


\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited  
(Approved Insurers)

JORDINE/B0101/MX4A15

Issued at Singapore on 30.12.2022

  
Authorised Signature