

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 24/01/2023 13:17 (SGT)
Reported by Driver
Date of Accident 22/01/2023 20:30 (SGT)
Exact Location of Accident Lebuhraya Utara-Selatan, Taman Kulai Jaya, Kulai, Johor, Malaysia
Additional Location Information TOWARDS SINGAPORE
Country/State of Loss Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE3622S

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) +65-91228803
Alternative Phone No (Office) +65-68820888

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0000326_02

DRIVER

Name of Driver KHOO GUAN TONG
NRIC No S8563580H
Date Of Birth 06/11/1985

Occupation	Outdoor
Date Of Driving Pass	06/06/2015
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91228803
Alt. Phone Number	-
Email Address	dannyng@cdgrentacar.com.sg
Address	32 Marine Crescent #09-119
Address complement	-
Postcode	440032
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	4
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)	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	WYX3193
Vehicle Category	Private car

FOREIGN VEHICLE 2

Vehicle Registration Number	VY1140
Vehicle Category	Private car

FOREIGN VEHICLE 3

Vehicle Registration Number	VJM224
Vehicle Category	Private car

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000

Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230123/7023

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WYX3193
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	VY1140
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	VJM224
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
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	KHOO GUAN TONG
Gender	Male
Phone No	(Phone) +65-91228803
Address	32 Marine Crescent #09-119
Address Complement	-
Post Code	440032
Approximate Age Years Old	37
Injuries Sustained	LEFT LEG
Injured person in which vehicle?	SLE3622S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 seated outside of Singapore, for one or more of the above Purposes.



**FLASH ACCIDENT
REPORTING OFFICER**

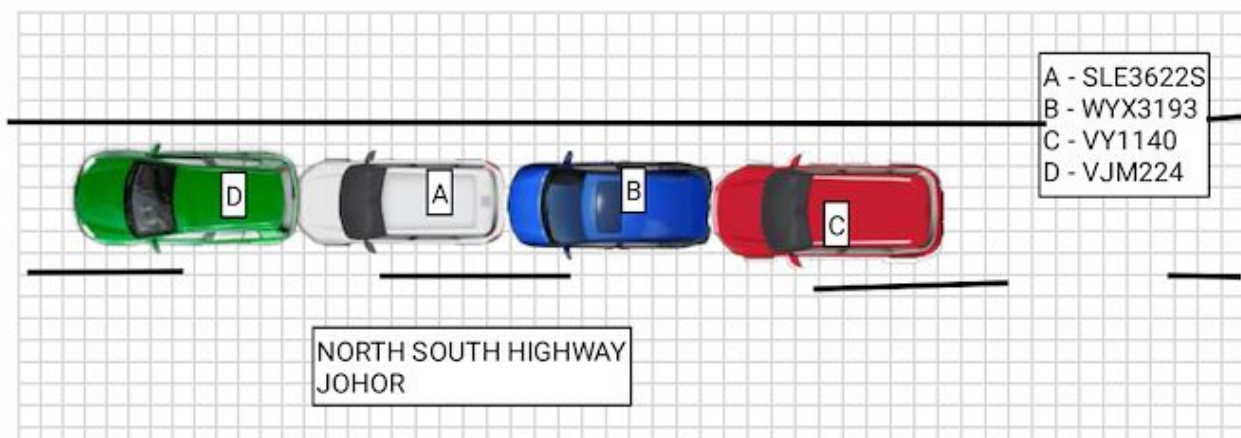
FRO LATIFF



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
23/01/2023 1730hrs

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT
G/20230123/7023

Declaration

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 23/01/2023 1730hrs

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



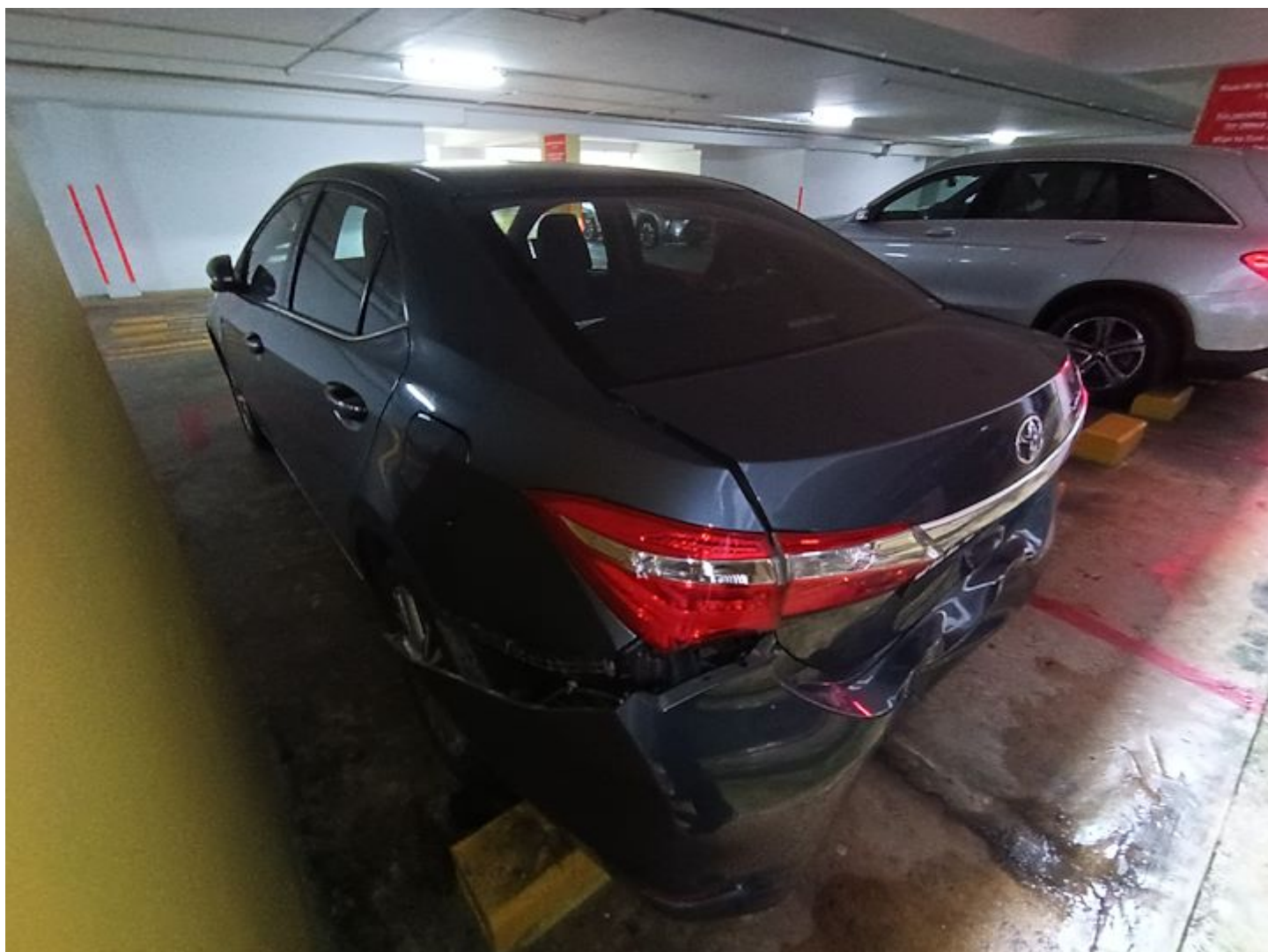
Witnessed by Reporting Centre
Personnel





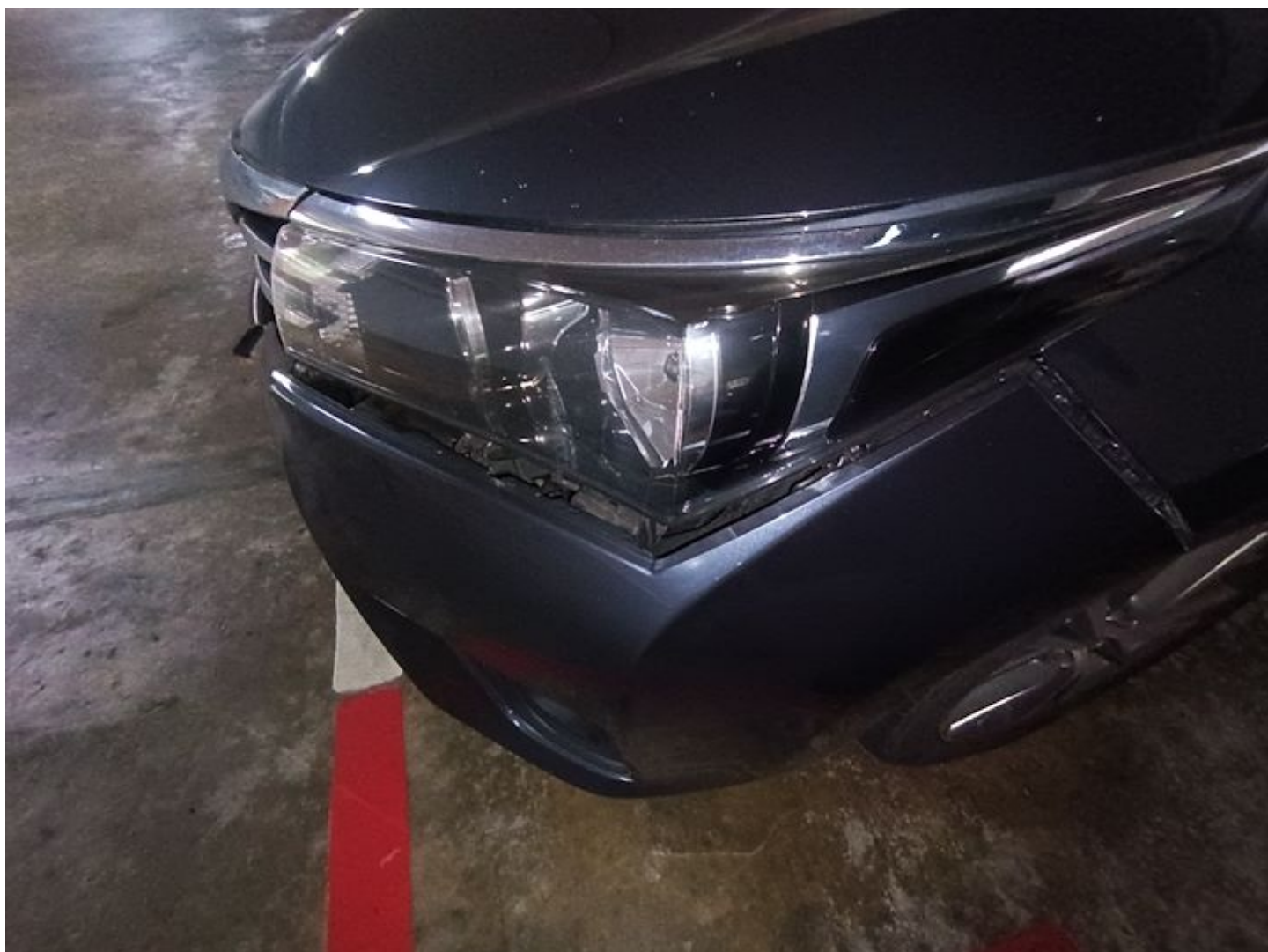












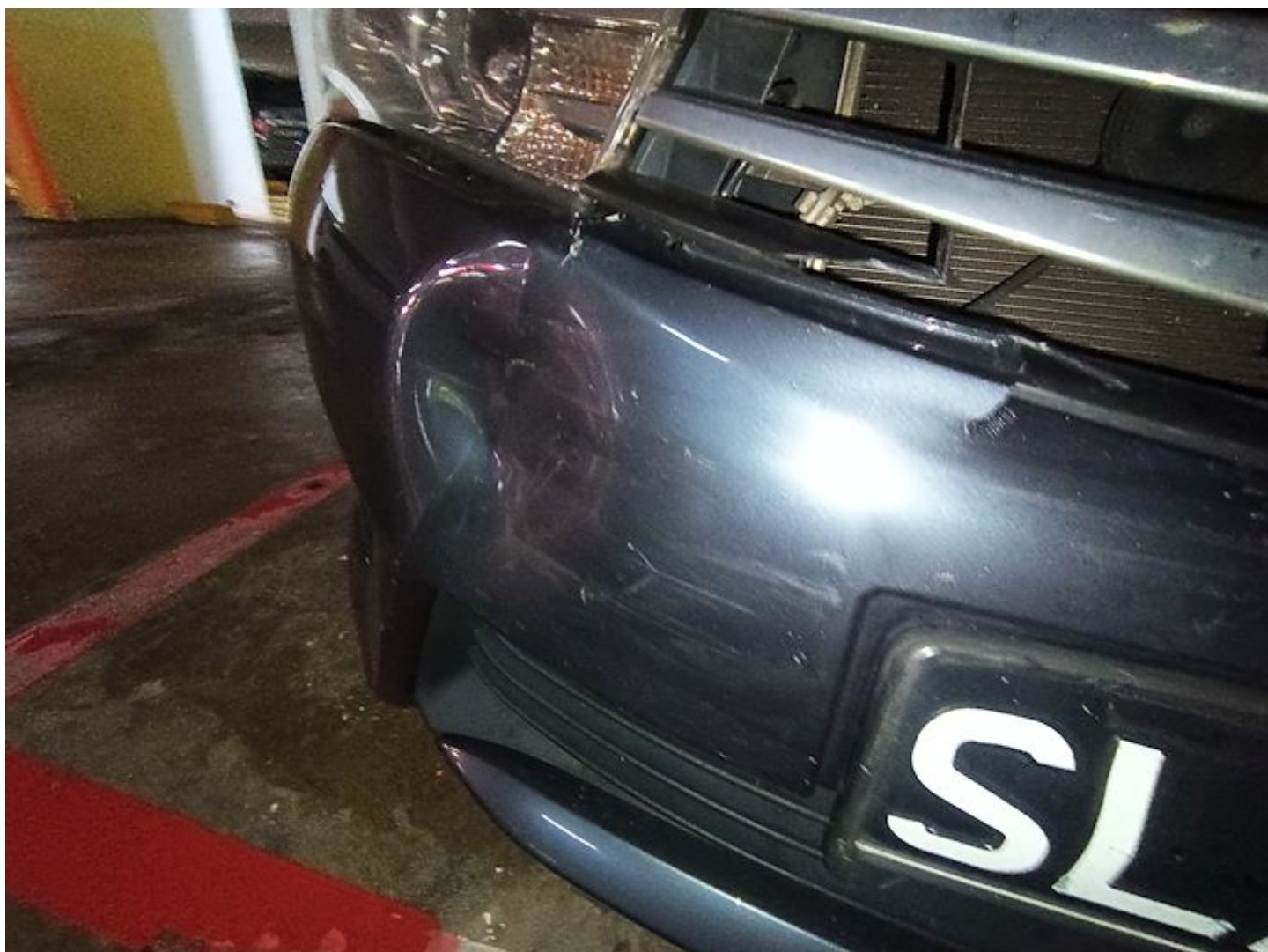






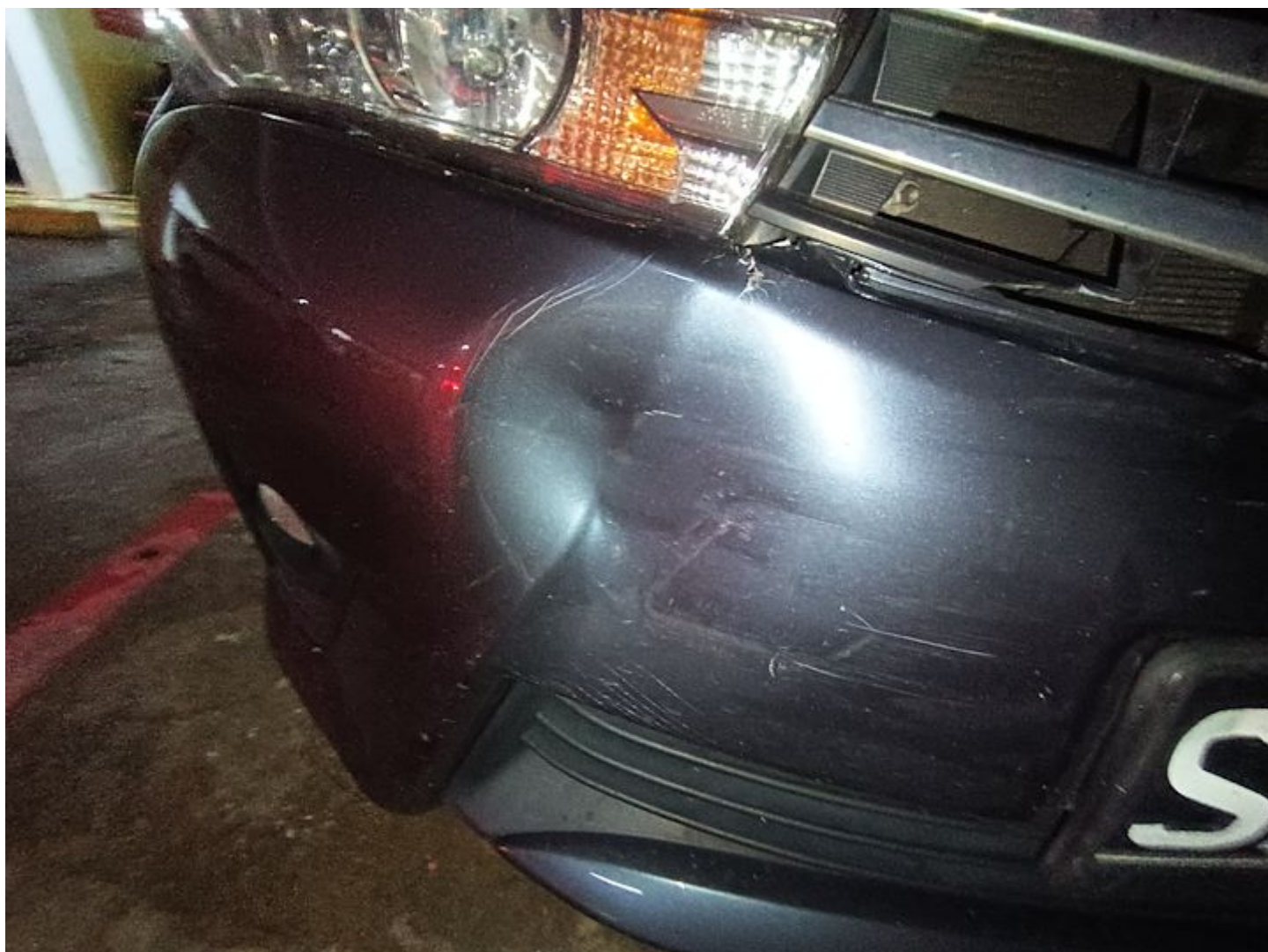




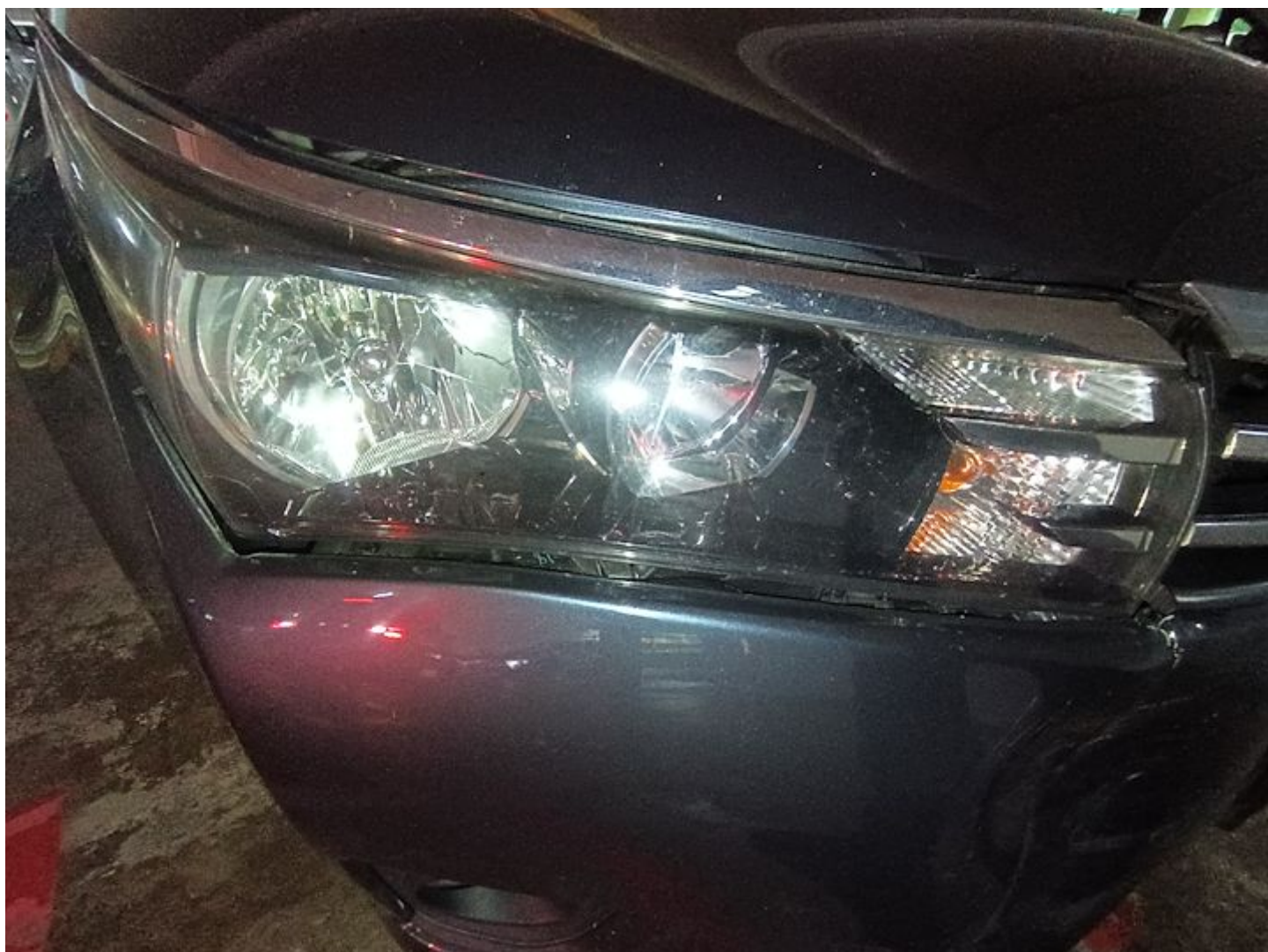


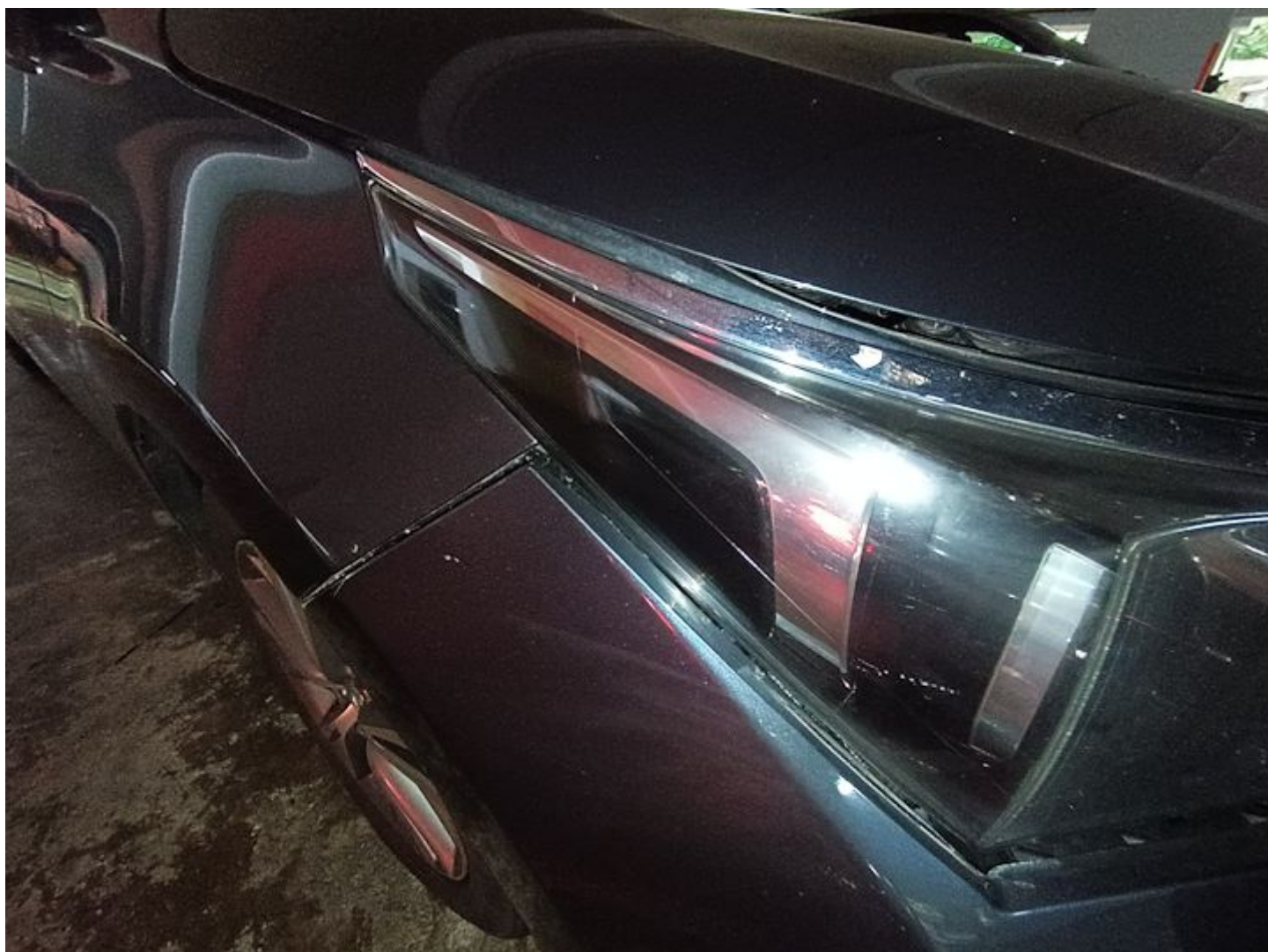




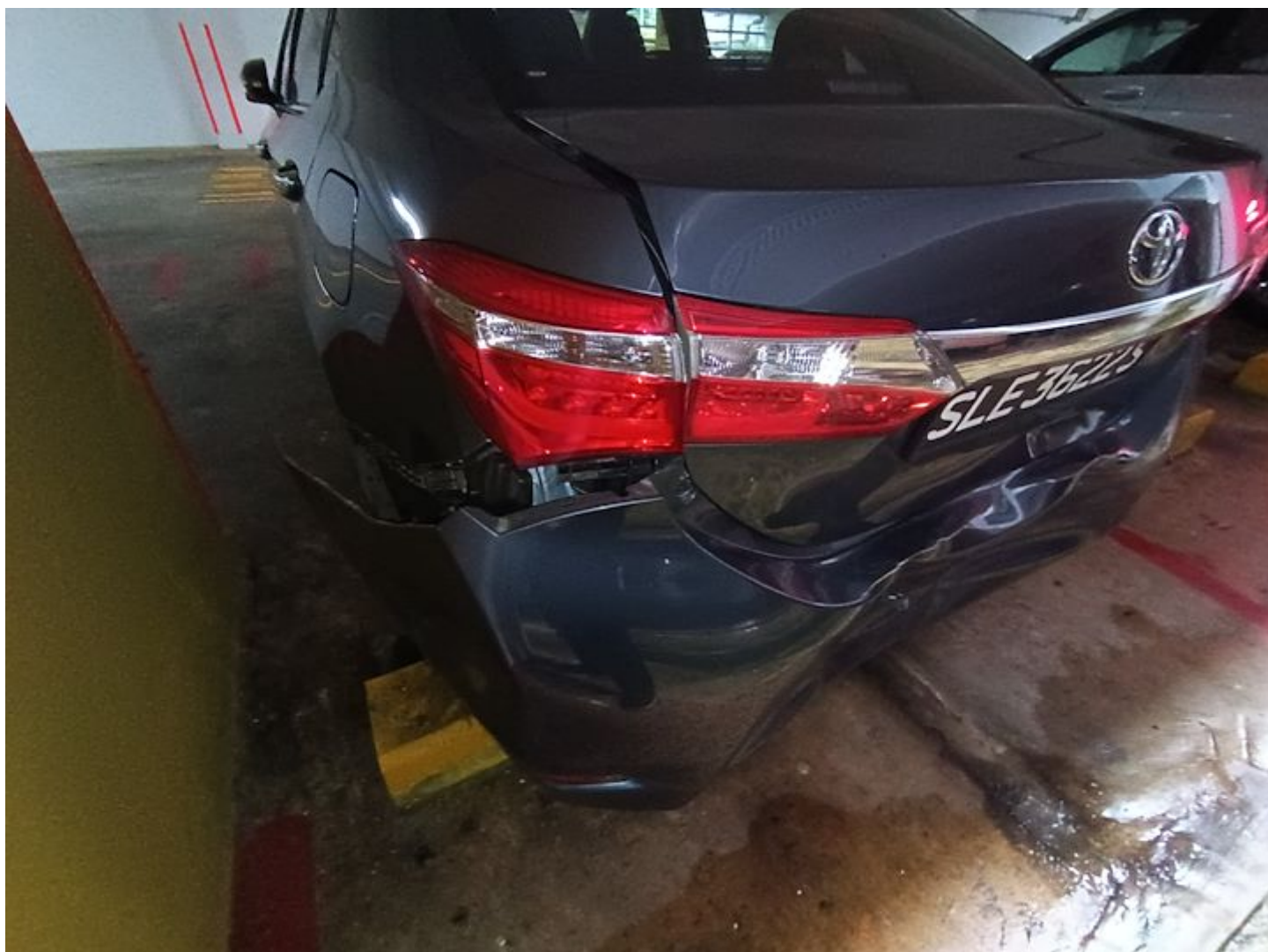




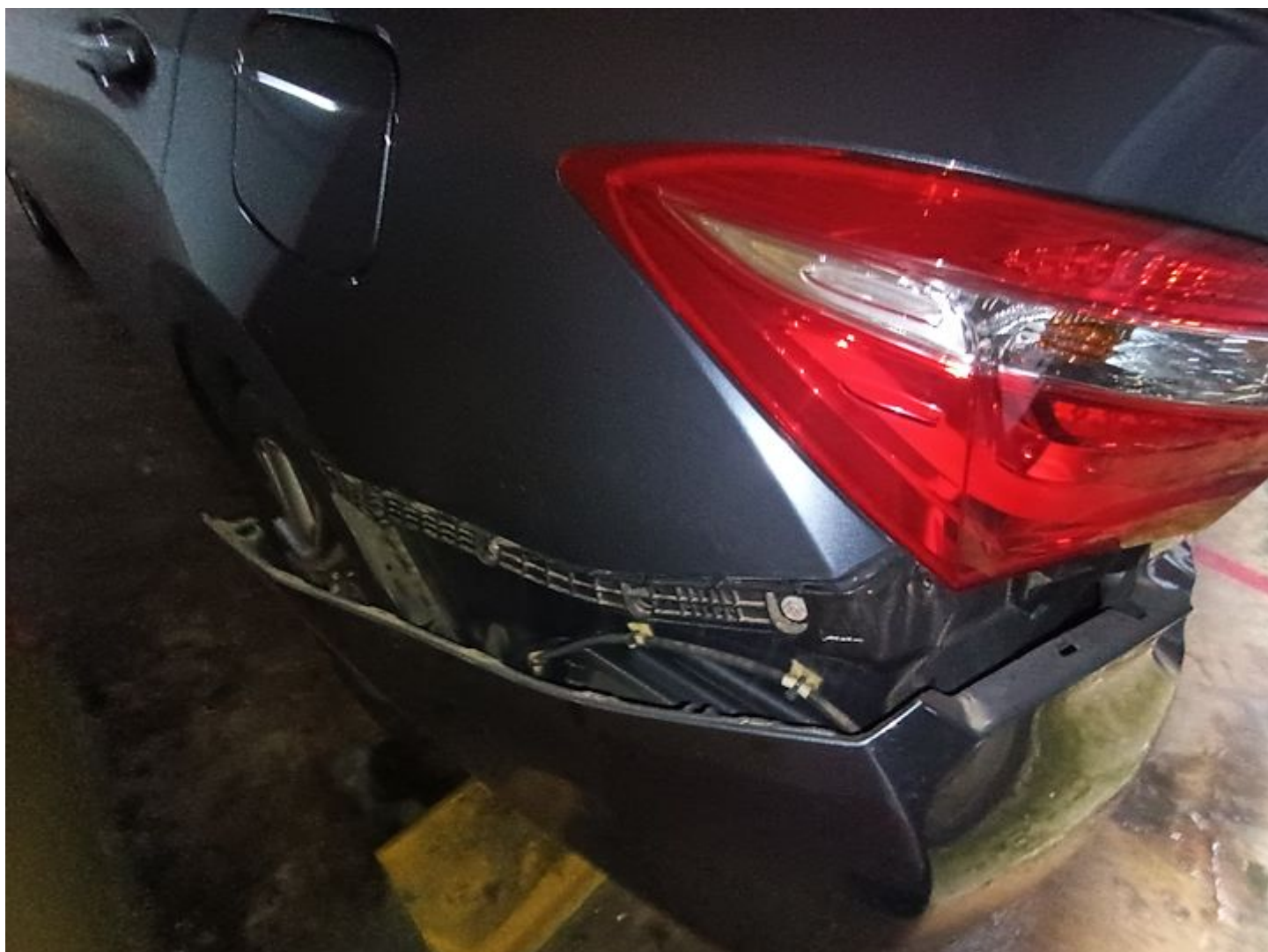
















**SINGAPORE
POLICE FORCE**



G/20230123/7023

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POLICE REPORT (NP299)

Report No. G/20230123/7023

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 23/01/2023 16:13	Vide Report No.	Station Diary No.
Name Of Informant KHOO GUAN TONG	Address 32 MARINE CRESCENT #09-119 SINGAPORE 440032	
ID Type / ID No. NRIC NO / S8563580H	Contact No. Home/Office: Mobile: 91228803	
Nationality SINGAPORE CITIZEN	Email Address DAVIDKGT@GMAIL.COM	
Occupation Sales manager	Sex Male	Age 37
Institution/School Name	Date of Birth 06/11/1985	Race Chinese
Date/Time Of Incident 22/01/2023 20:30 - 22/01/2023 20:30	Location Of Incident JOHOR (MALAYSIA)	

Brief details.

When I was driving back to Singapore together with my family, we got into a car accident that involved 4 cars in total and my car was the second car in this incident. My car plate number is SLE3622S. Police report has been make at Kluang Traffic Police at 9.30pm on 22nd January 2023.

Subjects Involved			
Victim			
Person Name	KHOO GUAN TONG		
ID Type	NRIC NO	ID No	S8563580H

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2023 16:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230123/7023

Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Sales manager	Address	32 MARINE CRESCENT #09-119 SINGAPORE 440032
Mobile No	91228803	Is Informant A Victim?	Yes
Person Name	Tan Pui Lai		
ID Type	NRIC NO	ID No	S8465420E
Gender	Female	Age	38
Race	Chinese	Language	English
Occupation	Housewife	Address	32 Marine Crescent 09-119 #09-119 SINGAPORE 440032
Home/Office No	91228803	Mobile No	86156059
Relation To Informant	Wife		
Person Name	Alyssa Khoo Qian Yau		
ID Type	NRIC NO	ID No	T1571361A
Gender	Female	Age	7
Race	Chinese	Language	English
Occupation	Student	Address	32 Marine Crescent 09-119 SINGAPORE 440032
Mobile No	91228803	Relation To Informant	Daughter

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2023 16:13
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20230123/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230123/7023

Person Name	Aloysius Khoo Zhen Xi		
ID Type	NRIC NO	ID No	T2007935A
Gender	Male	Age	2
Race	Chinese	Language	English
Occupation	Student	Address	32 Marine Crescent 09-119 SINGAPORE 440032
Mobile No	91228803	Relation To Informant	Son
Person Name	KHOO GUAN TONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2023 16:13
Officer In-Charge Of Case:	Classification Of Case: