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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

- 3. Information provided must be as truthful and accurate as possible. Any mild misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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 20/06/2023 11:04 (SGT) Reported by **Actual Driver Date of Accident** 19/06/2023 11:20 (SGT) Exact Location of Accident River Valley Rd, Singapore Additional Location Information TOWARDS HOE KIM ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ236K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORTDELGRO RENT A CAR PTE LTD Company Reg No 1XXXXX775H **Email Address** fleetsafety@cdgtaxi.com.sg Mobile Phone No. (Phone) +65-90122209 Alternative Phone No (Office) +65-81337662

VEHICLE PARTICULARS

Manufacturer Renault Model Kangoo Variant Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1461

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MFL0008440

DRIVER

LAM KATHY Name of Driver SXXXX157F **NRIC No** 22/09/1977 Date Of Birth Outdoor Occupation

IMPORTANT NOTICE

Please correctly report the details of the accident to speed up the claims process. 1. Please correctly report use accurate to speed up the claims process.

2. This form must be completed by the Policyholder and/or the Authorized Driver.

3. This form provided must be as truthful and accurate as possible Annual accurate as possible Annual accurate. 1. Please community be completed by the truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 1. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 1. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 1. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may 1. Information provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible. Any will full misrepresentation or withholding of material facts may 1. Information provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible and the provided must be as truthful and accurate as possible as truthful and accurate as possible as truthful and accurate as pos

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Junderstand, acknowledge, agree and consent that: Iunderstand, acknowledge, age and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose (a) My insurer, my personal data/personal information set out in this [form] and any other personal information section. (a) My insurer my workshop and attainers on all information set out in this [form] and any other personal information provided by me or and/or process my personal data/personal information of and disclose and transfer such Personal Information or and by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information or and by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information or and by my insurer (collectively the "Personal Information"). and/or process my personal information provided by me or and/or process my 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) possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) possessed by my insurer (content of this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively who have insured vehicle(s) insurers, the "insurers"), the insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant accident shall be collectively who have insured variously), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government referred to as the "Insurers", the police), for the purpose(s) of ; agency/authority (such as the police), for the purpose(s) of ;

agency/autions, 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.

(ii) 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

FLASH ACCIDENT Mamad A

Sketch Plan

19/06/2023 1510HRS

