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 witholding 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.

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 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 First Submission 27/08/2024 14:50 (SGT) Reported by **Actual Driver** Date of Accident 27/08/2024 10:40 (SGT) Exact Location of Accident Margaret Dr. Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4168T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 1XXXXX821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-9777766 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model SX2 KONA 1.6 GDI HEV 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 No - Claiming third party your vehicle?

Vehicle Category Taxi Transmission Auto CC 1580

Vehicle Fuel Petrol-Electric First Regisration Date

Chassis no KMHHB811VSU079680

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd Policy Number / Cover Note Number D-24101861MFCT

DRIVER

Name of Driver TAY THIAM HENG NRIC No SXXXX461F Date Of Birth 01/10/1962 Occupation Outdoor Driving Pass Date 20/09/1988 Driving License Pass Class Driving License Validity Valid Driving experience 35 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-9777766 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 701 TAMPINES STREET 71 # 10 - 10 Address complement Postcode 520701 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 - Change/cross lane Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 27.08.2024 AT ABOUT 1040HRS, VEHICLE A SHB4168T WAS ALONG MARGARET DRIVE TOWARDS QUEENSWAY ON A 1

ON 27.08.2024 AT ABOUT 1040HRS, VEHICLE A SHB4168T WAS ALONG MARGARET DRIVE TOWARDS QUEENSWAY ON A 1 LANE ROAD. VEHICLE A SIGNAL RIGHT AND WAS TURNING WHEN VEHICLE B GBE6182T CAME FROM BEHIND. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT DOOR AND RIGHT FRONT. NO SCENE PHOTOS TAKEN. PARTICILARS EXCHANGED. NO INJURY.

ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

Reasons for not uploading a video of the accident FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6182T
Vehicle Manufacturer	Citroen
Vehicle Model	BERLINGO LWB 1.6L EHDI ETG6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GOH TECK KEONG
Contact Number	(Phone) +65-98781636
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

Lunderstand, 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.
- (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.

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Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 27.08.2024. 1245HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident ON 27.08.2024 AT ABOUT 1040HRS , VEHICLE A SHB4168T WAS ALONG MARGARET DRIVE TOWARDS QUEENSWAY ON A 1 LANE ROAD. VEHICLE A SIGNAL RIGHT AND WAS TURNING WHEN VEHICLE B GBE6182T CAME FROM BEHIND. VEHICLE B LEFT FRONT COLLIDED ONTO VEHICLE A RIGHT FRONT DOOR AND RIGHT FRONT. NO SCENE PHOTOS TAKEN. PARTICILARS EXCHANGED. NO INJURY.

Declaration

I/We declare the foregoing particulars are true in every respect.

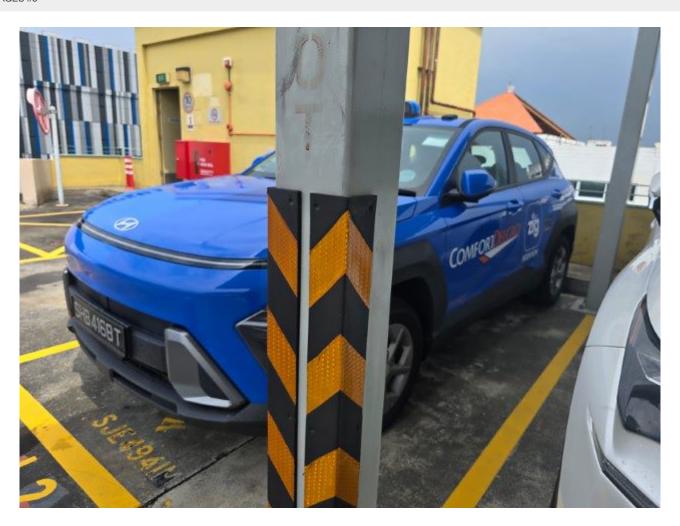
Policyholder's Signature / Date & Time

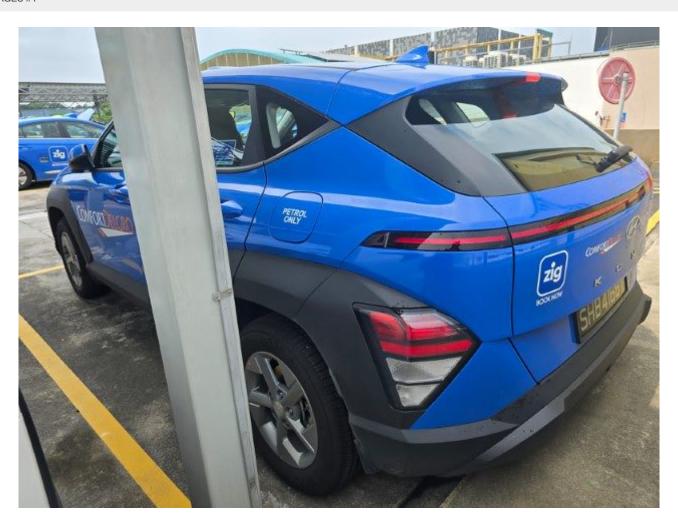
Driver's Signature (If driver is not the policyholder) / Date & Time 27.08.2024. 1245HRS

Witnessed by Reporting Centre Personnel



















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: SA1K248R000D _____ Vehicle Registration No: SHB4168T Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Address: _____ Singapore (Mobile No.: Contact (Tel):__ Email Address: _ Date of Accident: 27/08/2024 _____ Time of Accident: 10:40 Place of Accident: _Margaret Dr, Insurance Company: MS First Capital Insurance Ltd (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: UPDATE CLAIM STATUS Reporting Centre Personnel's Signature Policyholder / Driver's Signature Date: Name:

NRIC/FIN No.: Date: 27.08.2024

GIARMC Addendum Form



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