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 04/12/2024 11:36 (SGT) Reported by **Actual Driver** Date of Accident 03/12/2024 19:00 (SGT) Exact Location of Accident N Bridge Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

KMHLB41UMGU093466

Vehicle Registration Number SHD3085U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-85937291 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model 140 Variant 1.7 CRDI F/L AT ABS AIRBAG 4DR 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 your vehicle? No - Reporting only Vehicle Category Taxi Transmission Auto CC 1685 Vehicle Fuel Diesel First Regisration Date

Effective Date/Time of Ownership

INSURANCE COMPANY

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

DRIVER

Chassis no

Name of Driver TAY KIAU YING NRIC No S1290413D Date Of Birth 10/08/1958 Occupation Outdoor Driving Pass Date 10/05/1978 Driving License Pass Class Driving License Validity Valid Driving experience 46 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-85937291 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 630 PASIR RIS DRIVE 3 # 12 - 364 Address complement Postcode 510630 Is the driver the policyholder? If No, Relationship of the Driver with the Insured **RELIEF DRIVER** 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? Nο 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **UNKNOWN** Gender Female **DETAILS OF POLICE ACTION**

Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 03.12.2024 AT ABOUT 1900HRS, VEHICLE A SHD3085U WAS ALONG NORTH BRIDGE ROAD. NEAR INTERCONTINENTAL HOTEL JUNCTION OF MIDDLE ROAD, VEHICLE B SMY8208E FILTERED RIGHT WHEN VEHICLE A WAS ALMOST INTO THE 2ND LANE. VEHICLE B RIGHT FRONT SIDE SWIPE VEHICLE A LEFT FRONT. PASSENGER IS NOT INJURED AND I PROCEEDED TO SEND HER TO DESTINATION AT BUKIT MERAH. SCENE PHOTO TAKENS. PARTICULARS EXCHANGED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMY8208E Vehicle Manufacturer Toyota Vehicle Model YARIS CROSS HYBRID ACTIVE (AT) (2WD) Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver SARAH T Contact Number (Phone) +65-96773457 Address Address complement Postcode Insurance Company Name Nature Of Damage RIGHT FRONT Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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



Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 04.12.2024. 1000HRS

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Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 03.12.2024 AT ABOUT 1900HRS, VEHICLE A SHD3085U WAS ALONG NORTH BRIDG NEAR INTERCONTINENTAL HOTEL JUNCTION OF MIDDLE ROAD, VEHICLE B SMY8208 RIGHT WHEN VEHICLE A WAS ALMOST INTO THE 2ND LANE. VEHICLE B RIGHT FRON'S SWIPE VEHICLE A LEFT FRONT. PASSENGER IS NOT INJURED AND I PROCEEDED TO STO DESTINATION AT BUKIT MERAH. SCENE PHOTO TAKENS. PARTICULARS EXCHANGED.	E FILTERED T SIDE

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (Indriver is not the policyholder) / Date & Time 04.12.2024. 1000HRS

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Witnessed by Reporting Centre Personnel



















