

MCD614145031 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 12/12/2014 17:06

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 Authorised 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 ability.
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 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 Report	12/12/2014 17:06
Date Of Accident	11/12/2014 22:15
Exact Location Of Accident	DUNMAN RD TWDS OLD A/P RD /TG KATONG RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4406L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Taxi
Insurance Company	
Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	D-09010162MFSH
Cover Note Number	
Driver	
Name of Driver	TAY CHET KOON
NRIC No	S1613508I
Date Of Birth	29/08/1963
Occupation	Outdoor
Date Of Driving Pass	02/05/1998
Driving Experience	16 Years And 7 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	122 12-132 BEDOK NORTH STREET 2
Postcode	460122
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured Other - TAXI DRIVER
 Vehicle Registration Number of Driver's Own Vehicle -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -
 -

General Information of the Accident

Type Of Accident Collision- Head on collision
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? Yes
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? Yes

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name [Other] TAMPINES N NPP
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJQ48E
 Vehicle Make/Model/Colour MERC/BLACK

Details Of Properties

Name of Driver
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name TAY CHET KOON
 Approximate Age 51
 Injuries Sustain BACK, NECK
 Injured person in which vehicle? SHA4406L
 Were seat belts worn? Yes
 Was injured conveyed to hospital by ambulance? No
 Address 122 12-132 BEDOK NORTH STREET 2
 Postcode 460122

SKETCH PLAN**IMPORTANT NOTICE**

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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 sited outside of Singapore, for one or more of the above Purposes.

PORT TRANSPORTATION PTE LTD
REG NO. 199303821R

Policyholder's Signature / Date &
Time

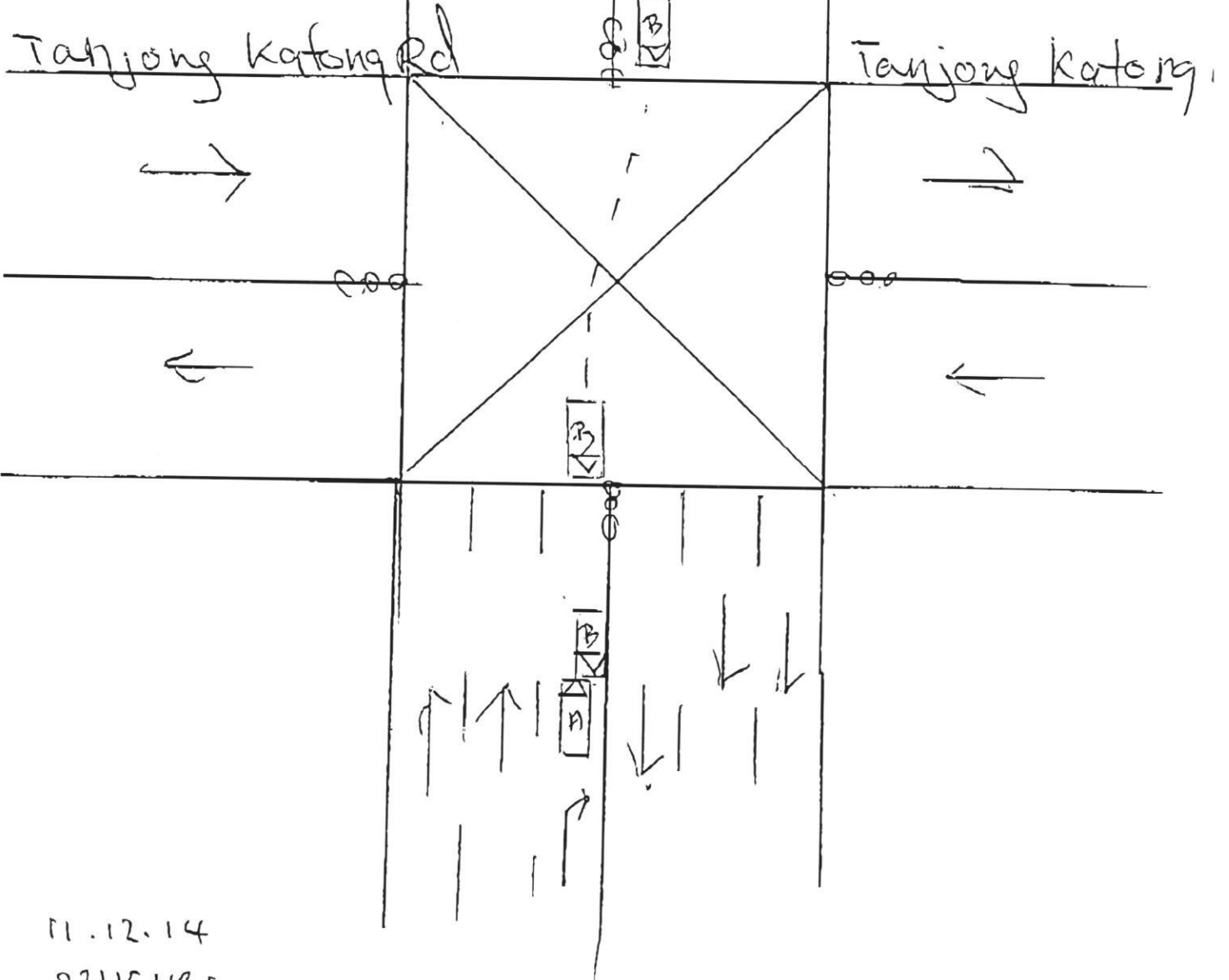
Sketch Plan

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

Witnessed by Reporting Centre
Personnel

Refer to Sketch Plan.

Gid Air port Rd.



11.12.14

22:15 HRS

Dunman Rd.

A-SHA-4406-L

B-GSQ-48-E

Describe Circumstances of the Accident

As per attached Police Report NO:

T 12014/1212/4084

Declaration

We declare the foregoing particulars are true in every respect.

DMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303821RPolicyholder's Signature / Date &
TimeDriver's Signature (If driver is not the policyholder) / Date
& TimeWitnessed by Reporting Centre
Personnel