

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 | 16/04/2015 11:53 |
| Date Of Accident | 16/04/2015 08:25 |
| Exact Location Of Accident | RIVER VALLEY RD X HILL ST NEAR MICA BUILDING |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHC3708L |
| Insured/Policyholder | |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Co Reg No | 199303821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | |
| Alternative Phone No | Office-65508768 |

Vehicle Particulars

| | |
|--------------|---------|
| Manufacturer | HYUNDAI |
| Model | I40 |

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-1572701MFSH |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | NEO AIK THAI |
| NRIC No | S1530667Z |
| Date Of Birth | 05/12/1962 |
| Occupation | Outdoor |
| Date Of Driving Pass | 11/02/1980 |
| Driving Experience | 35 Years And 2 Months |
| Gender | Male |

Mobile Number

Fax Number

Contact Number

Email Address

ATNEO386@YAHOO.COM

| | |
|---|--------------------------|
| Address | 21 QUEEN'S CLOSE #07-135 |
| Postcode | S140021 |
| 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 | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--|
| Type Of Accident | Collision- Head to Rear (TP Hit Insured) |
| Weather Conditions | Clear |
| Road Surface | Dry |

Other Information

| | |
|--|-----|
| Was any foreign vehicle involved in this accident? | No |
| Was any body injured in the Accident? | No |
| Was any other material or property damaged? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Number of Passengers (Including Driver) | 2 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | No |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | No |
| If Yes, against whom? | |

Circumstances of Accident

PLS SEE ATTACHED STATEMENT

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
|---|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------------------|
| Vehicle Registration Number | SJC4865K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | MRS LEONG |
| NRIC/Passport Number | |
| Contact Number | 98304355 |
| Address | |
| Postcode | |
| Insurance Company Name | AIG Asia Pacific Insurance Pte. Ltd. |
| Nature Of Damage | FRT |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

SKETCH PLAN

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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.
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.

JUNIOR TRANSPORTATION PTE. LTD.
363 SIN NING DRIVE
SINGAPORE 570001
TEL: 6555 4100 FAX: 6555 4101
CO REG NO. 13000012

16/04/15

Policyholder's Signature / Date & Time
Sketch Plan

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

Witnessed by Reporting Centre Personnel

MICA BUILDING

RIVER VALLEY RD.

SKE7858P

A: SHC 3708L
B: SJC 4865K

Sketch Plan Pg.2

Describe Circumstances of the Incident

On 16 Apr 2015 at about 08:25 hrs I stopped my taxi on the second lane from the left at the traffic junction of River Valley Rd and Hill St/Eu Tong Sen ST waiting for the traffic lights to turn green. Upon turning green the front car SKE7858P moved slowly forward. I moved slowly forward as well. The front car SKE7858P slowed down and stopped. I slowed down and stopped as well.

Suddenly a red car S4865K came from behind collided onto the Rear Portion of my taxi. 01 passenger Mr Nabeshima Hirosh, hp no 86604749 on board my taxi. No injury at the point of the accident.

Enclosed is a video footage to support my claims.

Declaration

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

IMPORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717
TEL 6555 1188 FAX: 6453 3189
CO REG NO 19930392

Policyholder's Signature/Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 1042

Witnessed by Reporting
Centre Personnel



