

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	14/08/2015 08:47
Date Of Accident	11/08/2015 19:20
Exact Location Of Accident	TAMPINES AVE 10 TWDS PASIR RIS AFTER TAMPINES AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6344B
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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	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	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	THOMAS LOW AH BAH
NRIC No	S0202025D
Date Of Birth	10/07/1951
Occupation	Outdoor
Date Of Driving Pass	06/08/1974
Driving Experience	41 Years And 0 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	37 11-413 CIRCUIT ROAD
Postcode	370037
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	Side Swipe- Same Direction
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?	No
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

SEE ATTACH.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH1367A
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Name of Driver	MELVYN PRECIOUS
NRIC/Passport Number	
Contact Number	97598025
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT DOORS
No. Of Passenger (Including Driver)	

Details of Witness

Name	DHIELSATH S/O ABDUL RAZAK
Phone Number	83597196
Email Address	

SKETCH PLAN

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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.

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

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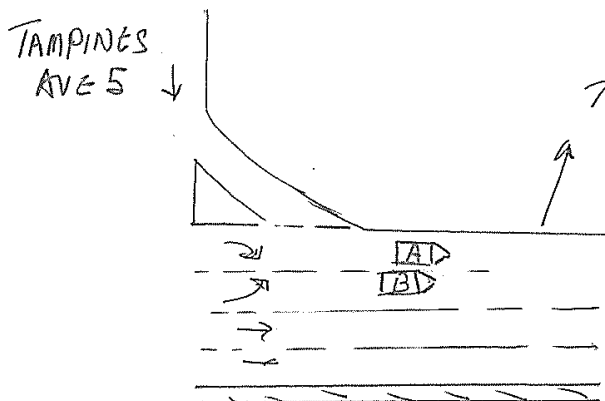
13/08/15
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



TAMPINES AVE 10
TOWARDS PASIR RIS.

A: SH6344B
B: SJH1367A

[illegible]

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 199303821R

Policyholder's Signature/Date &
Time

766

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

13/08/15

Witnessed by Reporting
Centre Personnel

RECEIVED
10 AUG 2015

STATEMENT OF A WITNESS TO AN ACCIDENT

NAME OF WITNESS : DHIELSATH o/o ABDUL RAZAK

NRIC/PASSPORT NO : S74181146

ADDRESS : BUC 212, PASAR RUK ST. 21

#05-226 (510212)

TELEPHONE : 83597196

E-MAIL ADDRESS : _____

BRIEF FACT : A motor accident has taken place on 11-8-2015 at about 1920 Hrs.
along/at junction/location of TAMPENG AVE 10 TOWARDS PASAR RUK
between vehicle SH 6344B and vehicle SH 1367A. I am an eye-witness/passenger in the
taxi and I wish to recount its happening as follows:-

ON 11/8/2015 @ ABOUT 1920 HRS I WAS IN TAXI SH 6344B TRAVELLING
ALONG TAMPENG AVE. 10 HEADING TOWARDS THE DIRECTION OF PASAR RUK.

JUST AFTER TAMPENG AVE. 5, THE TAXI WAS IN THE LEFT MOST LANE OF
2 MERGING LANES AND WAS THE 1ST VEHICLE TO ENTER INTO THIS LANE.
AFTER TRAVELLING FOR A SHORT DISTANCE, SUDDENLY A CAR SH 1367A
COMING FROM OUR RIGHT REAR DROVE PAST US CAUSING A COLLISION. THE FRONT
RIGHT HAND SIDE OF THE TAXI WAS SLIGHTLY DAMAGED. THAT IS ALL.

I affirmed the above statement true and correct

Name: _____



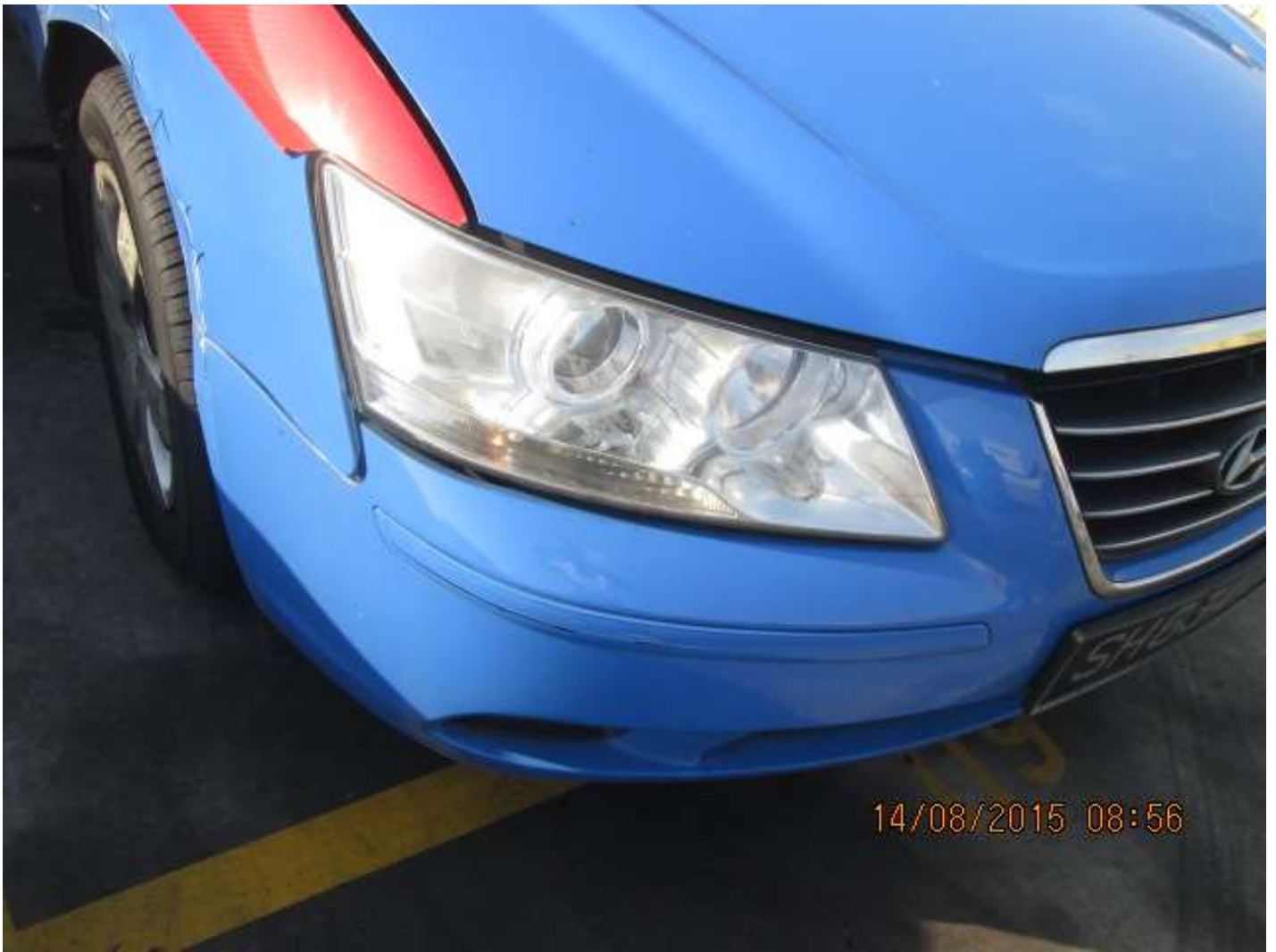
Date: _____

15/8/15

Accident Photo



Accident Photo



Accident Photo





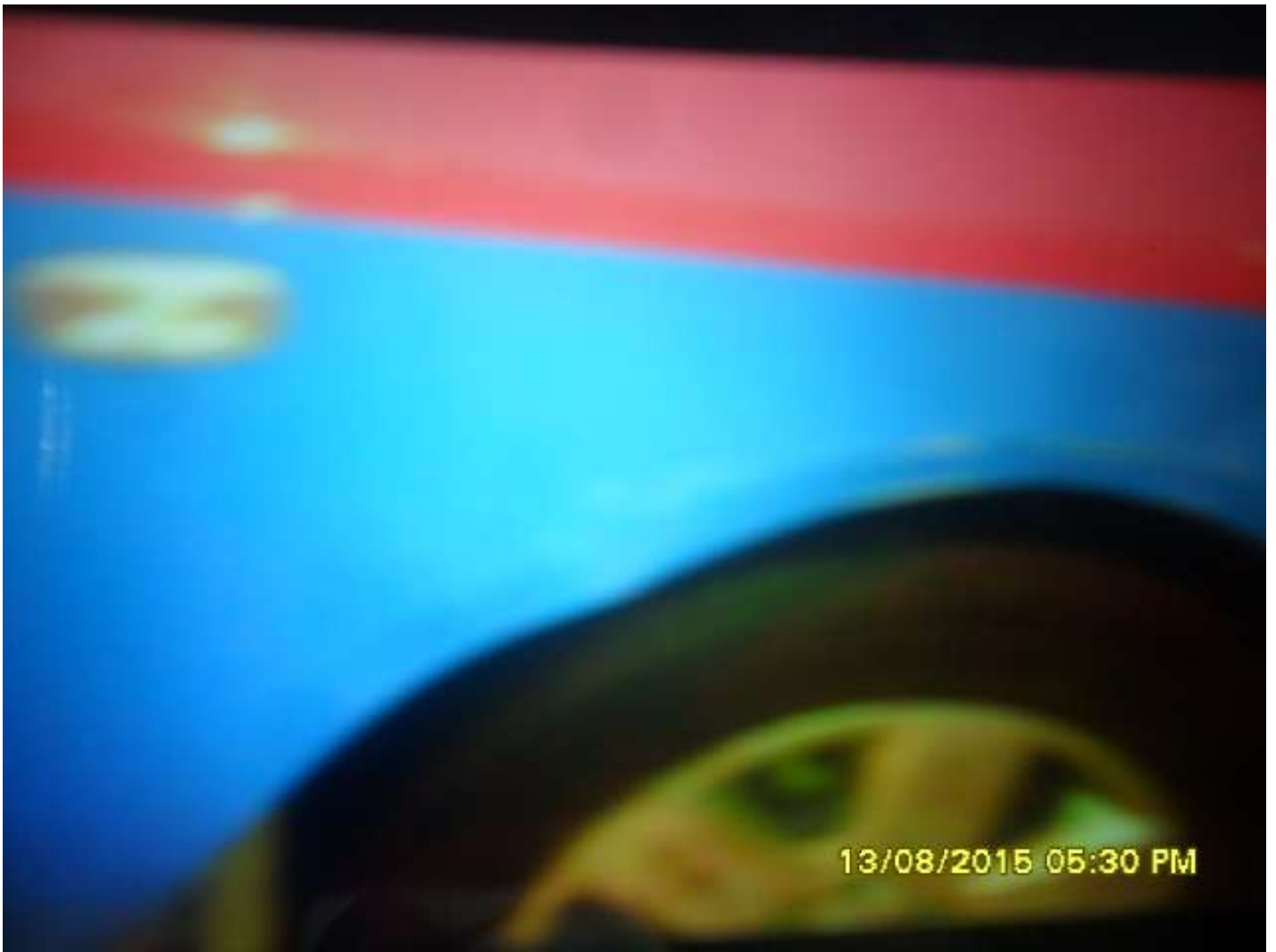
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : WCD 618093700 Vehicle Registration No : SH 634 PB
Name(as shown in NRIC) : Thames Low Ah Beh
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : _____
Address : _____
Contact (Tel) : _____ (H/P) : _____
(Email) : _____
Date of Accident : 11/8/18 Time of Accident : 1920
Place of Accident : Tampines Ave 10
Insurance Company : India International Insurance PTE 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:

Submit witness report

ry
Signature of Vehicle Owner / Driver
Date: 20/8/18