

## 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	21/02/2017 10:46
Date Of Accident	11/02/2017 03:50
Exact Location Of Accident	HAVELOCK RD NEAR MARKET ST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8491X
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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-2.0 (A)
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	Reporting Only
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	MCOM0015
Cover Note Number	

#### Driver

Name of Driver	GN CHIANG HOCK
NRIC No	S0128086D
Date Of Birth	19/11/1951
Occupation	Outdoor
Date Of Driving Pass	17/12/1969
Driving Experience	47 Years And 1 Month
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	109 JALAN KAMPONG CHANTEK
Postcode	588655
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	Unknown - NO CONTACT
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF719J
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
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.

COMFORT TRANSPORTATION PTE LTD  
CO. 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

No sketch as not involve in  
accident !

### **Describe Circumstances of the Accident**

On 11/02/2017 @ about 03:55hrs, my taxi (A) was travelling along Havelock Road towards Upp Pickering Street. As my taxi came out from the tunnel, my taxi intended to filter left. However, I found the vehicle (B) came from behind with a pretty fast manner, and I swerved back to my lane. No contact with Veh (B). It did not stop, as well as my taxi.

However, I received a call from company, saying that my taxi had involved a collision with Veh B, the officer advised me to file a insurance report.

I would like to state that my taxi had no damage and I did not hear any knocking sound or jerking at that moment. My passenger did not complaint anything as well.

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

Policyholder's  
Signature / Date &

Driver's Signature (If Driver is not the Policyholder) / Date & 21/02/17

Witnessed by  
Reporting Center

Accident Photo



Accident Photo



**Accident Photo**





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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