

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	20/05/2017 09:43
Date Of Accident	20/05/2017 01:10
Exact Location Of Accident	WOODLANDS AVE 7 X WOODLANDS AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8482D
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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	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	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	JURAIMI B BUJANG
NRIC No	S1639796B
Date Of Birth	13/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1983
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	467 ADMIRALTY DR # 04-209
Postcode	S750467
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 SIDE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4935K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MR WEE WEI WEN BENJAMIN WILLIAM
NRIC/Passport Number	S8605056J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	WHOLE RHT SIDE
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	JURAIMI B BUJANG
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Approximate Age	53
Injuries Sustain	BACK & CHEST
Injured person in which vehicle?	SHC8482D
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	467 ADMIRALTY DR # 04-209
Postcode	S750467

DETAILS OF INJURED PERSON 2

Name	MR WEE WEI WEN BENJAMIN WILLIAM
Approximate Age	
Injuries Sustain	LEGS
Injured person in which vehicle?	SLN4935K
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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' law yers/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' law yers/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 law yers/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

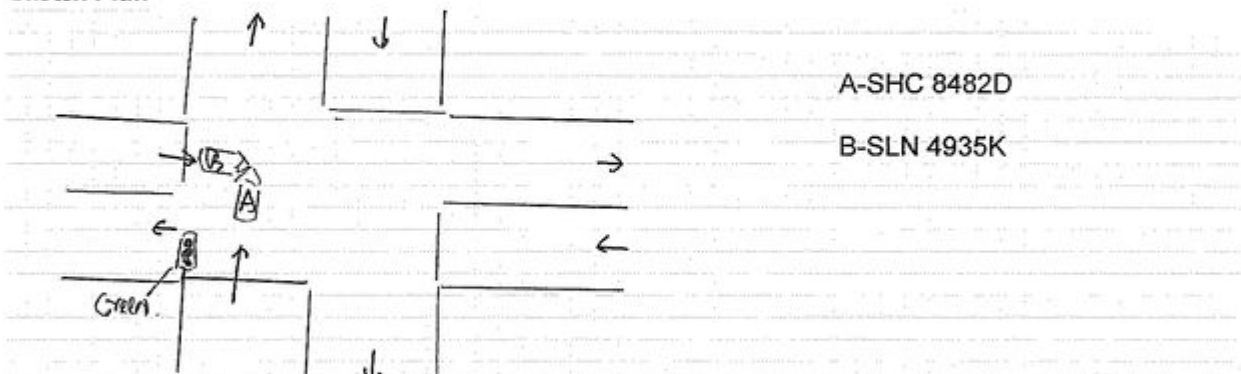
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time 20/5/2017 @ 09:00 Hrs

Rubbini

Witnessed by Reporting Centre
Personnel

Sketch Plan



A-SHC 8482D

B-SLN 4935K

Along Woodlands Ave 7 x Woodlands Ave 4

Describe Circumstances of the Accident

On 20/5/2017 @ about 01:10hrs, my taxi (A) was travelling along Woodlands Ave 7 With no passenger on board.

On the traffic junction with Woodlands Ave 4. I was travelling straight and traffic light was green. I proceeded straight, upon crossing the junction, Suddenly veh (B) dashed out on my left and collided onto my taxi (A) front portion. My taxi (A) front portion was damaged.

I had company video, fix in my taxi, photos taken at scene to support my claims.

Veh (B) (SLN 4935K)-was driven by Mr Wee Wei Wen Benjamin William.
Nric no: S 8605056J.

After the accident, I felt pain on my back and chest, will consult doctor later on.

The 3rd party male driver, suffered cuts on the legs RH .

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

Driver's Signature (If driver is not the policyholder)

Date & Time 20.05.17 @ 09:00 Hrs

Rubbini

Witnessed by Reporting

Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



scene photo



scene photo



scene photo



scene photo



scene photo



scene photo

