

## 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	02/12/2017 09:40
Date Of Accident	01/12/2017 17:15
Exact Location Of Accident	ECP >CHANGI AIRPORT B4 TANJONG KATONG RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3254Z
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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	LEE CHEE KWONG
NRIC No	S1191008D
Date Of Birth	08/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	20/12/1975
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	396 YISHUN AVENUE 6 #03-1142
Postcode	S760396
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	CHAIN 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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### 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	SHC860Z
Vehicle Make/Model/Colour	
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG4308G
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Vehicle Make/Model/Colour

Details Of Properties

Name of Driver PARRIS ANG HOCK HENG

NRIC/Passport Number S1545133E

Contact Number 97300809

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC5126C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver KEVIN KOH

NRIC/Passport Number S 14148868

Contact Number 94501551

Address

Postcode

Insurance Company Name

Nature Of Damage WHOLE LEFT SIDE

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name LEE CHEE KWONG

Approximate Age 61

Injuries Sustain BACK & NECK

Injured person in which vehicle? SHD3254Z

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address 396 YISHUN AVENUE 6 #03-1142

Postcode 760396

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

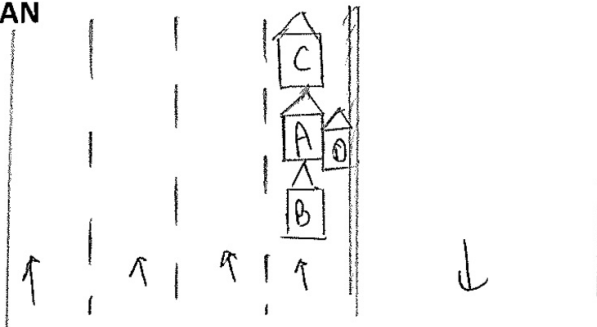
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 02.12.2017 @ 09:45 Hrs

Reporting Centre Personnel's Signature  
Name: *Rubini*  
NRIC/FIN No.:

## SKETCH PLAN



A - SHD 3254Z.  
 B - SHC 860Z. (CTPL)  
 C - SJG 4308G.  
 D - SHC 5126C. (TR)

Along ECP Towards Changi Airport Before Tanjong Katong Road Exit.

## Describe Circumstances of the Accident

On 01/12/2017 @ about 17:15hrs, my taxi (A) (SHD 3254Z) was travelling along ECP towards Changi Airport before Tanjong Katong Road Exit with one male passengers on board.

I saw in front of my vehicles slowing down and stopped, So I follow too. Out of sudden, there was a loud impact coming from the rear portion and caused my taxi (A), to lose control and surge forward, and colliding onto veh (C) (SJG 4308G) rear portion. Following the accident, I came down to check the vehicle and came to know that veh (D) (SHC 5126C) hit my taxi rear right portion. I assessed the damages to my taxi (A) and come to know that there were 4 vehicles involved in the chain accident.

No one was conveyed by the ambulance.

The parties involved in the accident are:

A - SHD 3254Z.

B - SHC 860Z (CTPL). Male driver.

C - SJG 4308G. Mr. Ang Hock Heng Parris. NRIC : S 1545133E. Hp : 9730 0809.

D - SHD 5126C (TR) : Mr. Kevin Koh. NRIC : S 1414868Z. Hp : 9450 1551.

No injury in this accident. I suffered pain behind the back and neck.

## 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 02.12.2017 @ 09:45 Hrs

Reporting Centre Personnel's Signature  
 Name : Rubbini  
 NRIC/FIN No : -

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





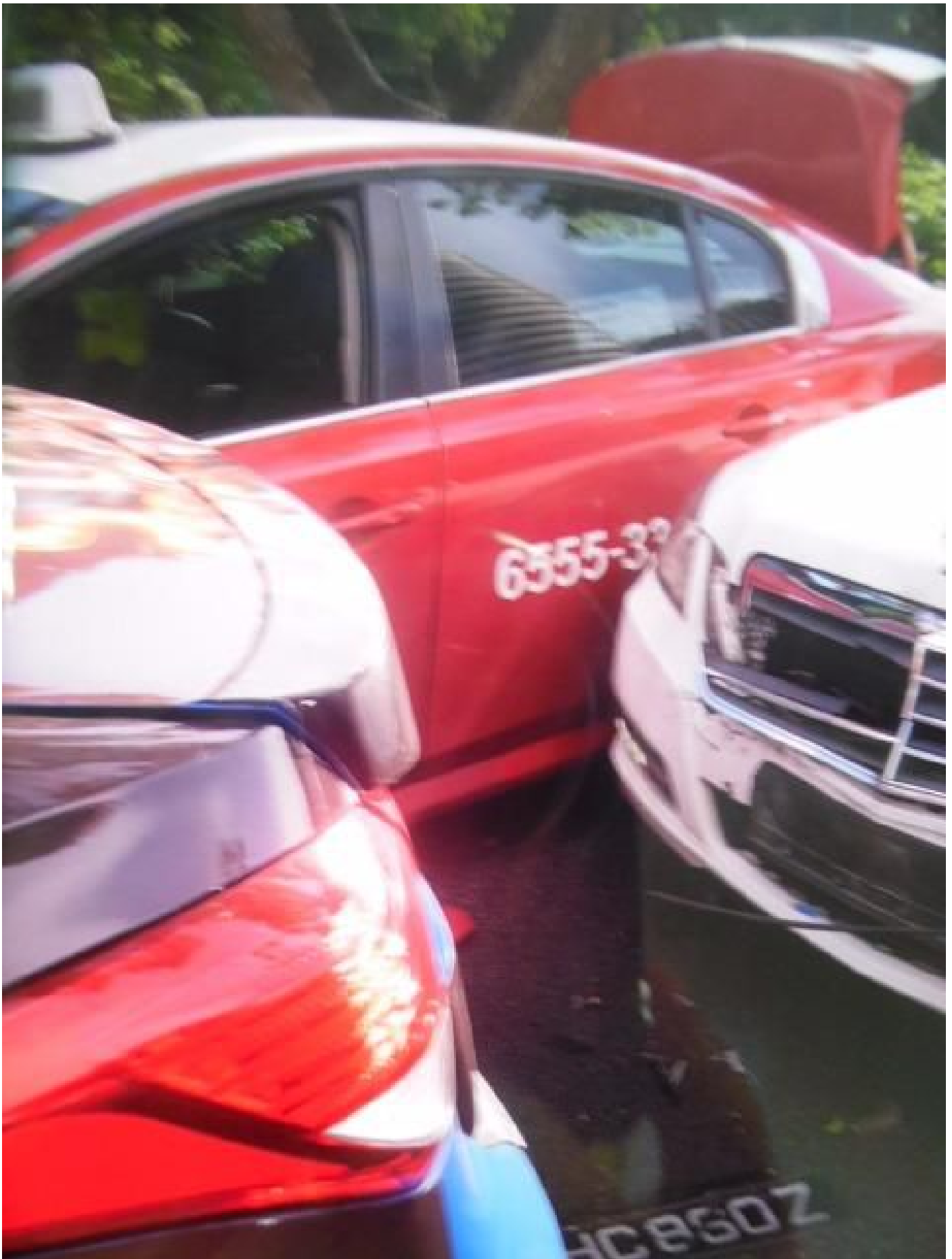
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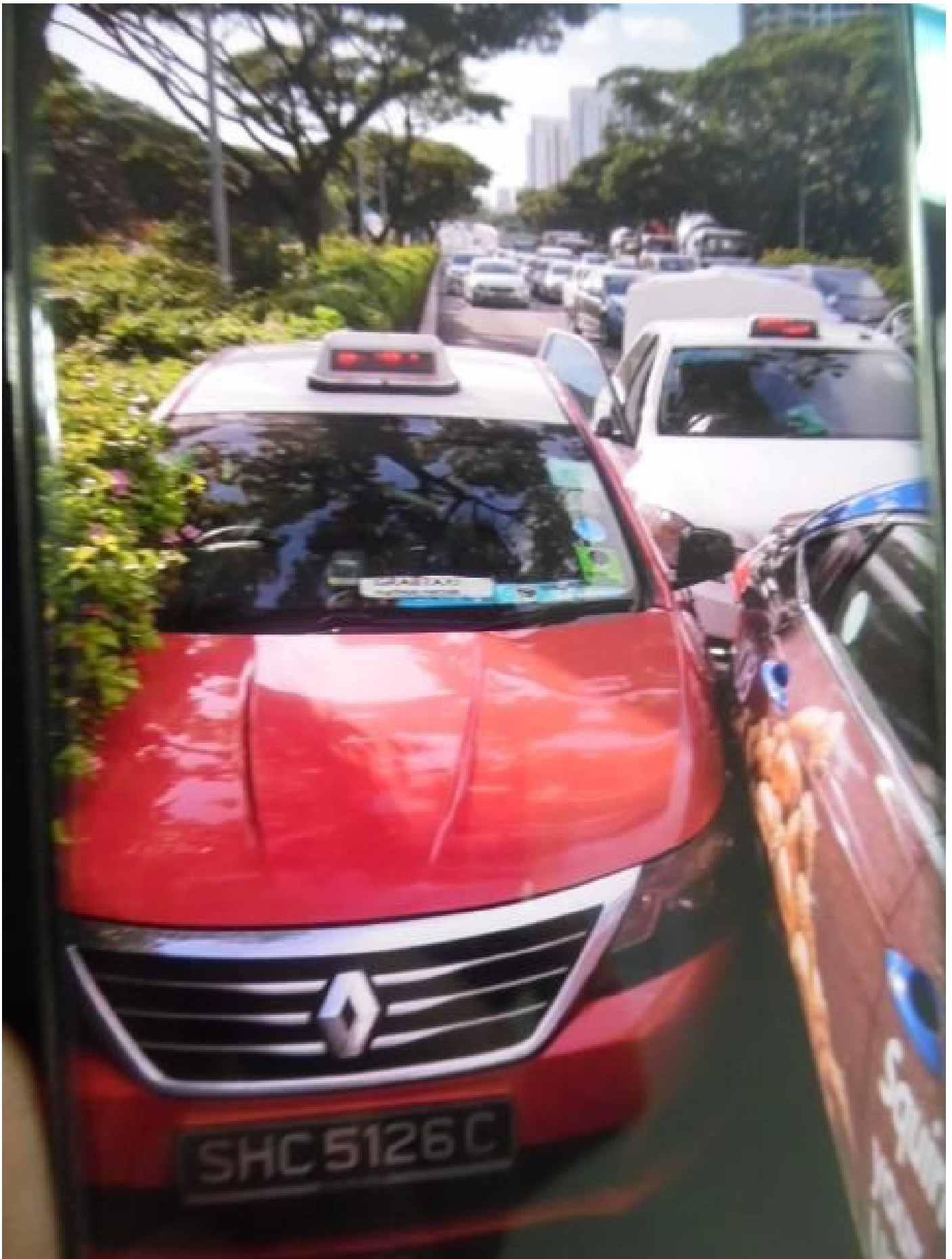


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