

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 | 08/12/2017 15:30 |
| Date Of Accident | 08/12/2017 12:45 |
| Exact Location Of Accident | CAIRHILL ROAD TWDS ORCHARD RD. |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA1618L |
| 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 | LIEN FOOK HIN |
| NRIC No | S1223363I |
| Date Of Birth | 11/08/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/04/1978 |
| Driving Experience | 39 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | REIK_LIEN110855@HOTMAIL.COM |

| | |
|---|-------------------------------|
| Address | BLK 503 JELAPANG ROAD #16-366 |
| Postcode | 670503 |
| 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 |
| 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) | 1 |

Details of Police Action

| | |
|---|---------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| POLICE STATION NAME [OTHER] | BUKIT PANJANG N.P.C |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO ATTACHED / S/D REF: 102

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 | YP3489Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | DU PO |
| NRIC/Passport Number | G2832951U |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | EQ INSURANCE COMPANY LTD |
| Nature Of Damage | NO DAMAGE |
| No. Of Passenger (Including Driver) | |

Details of Witness

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

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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.

GOULFORD TRANSPORTATION PTE LTD
CO REG NO 190207321R

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A: SHA1618L
 B: YP3489Z
 DUPO
 D/L G28309514
 SPASS
 O 77095314

CHATSWORTH
 INTERNATIONAL
 SCHOOL

CAIRNHILL RD TOWNS
 ORCHARD/GRANGE RD

YELLOW
 BOX

[Handwritten signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached

DECLARATION

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

COMFORT TRANSIT PTE LTD
 CO. REG. NO. 102261321R

Policyholder's Signature
 Date & Time:

[Handwritten signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

09/12/17
[Handwritten signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Describe Circumstances of the Accident

On 08 Dec 2017 at about 12:45 the traffic volume was very heavy hence the traffic flow was very slow moving at times it grinds to a halt.

Due to the traffic condition of the road I was slowly inching my way forward on the center lane along Cairnhill Rd leading towards the direction of Orchard Rd and Grange Rd.

Somewhere near Chatswoth International School and before the yellow box suddenly I felt an impact coming from the left hand side front of my taxi followed by a jerk.

Shortly after I stopped my taxi and stepped out to check. Found that a big lorry YP3489Z had come from my left cut into my lane in a careless manner and hit my taxi. As a result of the driver's failure to keep a proper lookout for my taxi when filtering out to its right caused this accident to happen. In the process the right hand side rear of the lorry hit and grazed the left hand side front including the left hand side wing mirror and the left side front wheel of my taxi thus damaging them.

Enclosed are scene photos and video footage to support my claims.


No passenger on board my taxi. No injury at the point of the accident.

Declaration

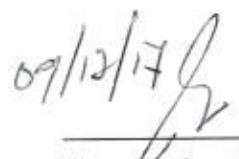
I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 19020131R

Policyholder's Signature/Date &
Time



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

09/12/17


Witnessed by Reporting
Centre Personnel



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Lien Fook Hin

NRIC/FIN S1223363I, residing at Blk 503 Jelapang Road #16-366 has reported to police a non-injury traffic accident which occurred at CairHill Road towards Orchard on 08/12/2017 at 1245 hrs am/pm involving the following vehicles:

- I SHA1618L (Complt's vehicle) *Am*
- II YP3489Z
- III -
- IV -

2. If the accident was reported to Police within 24 hours of its accident occurrence, he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer : W/SGT(2) Cheryl Yeo
Bukit Panjang NPC

Date : 08/12/2017 1 Segar Road #01-05
Singapore 677738

Time : 1849 hrs Tel : 6862 9999

S/D Ref : 102

Police Post/Unit : Bukit Panjang NPC

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 : MCD617161785 Vehicle Registration No: SHA168L
Name (as shown in NRIC) : LIEN FOOK HIN NRIC/FIN/Passport No : S1223363I
(*~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
Address : BLK 503 Jelapang Road #16-366 Singapore 670593
Contact (Tel) : _____ Mobile No. : 83092328
Email Address : _____
Date of Accident : 08-12-17 Time of Accident : 1245HRS
Place of Accident : CAIRNHILL RD TOWARDS ORCHARD RD / GRANGE RD.
BESIDE CHATSWORTH INTERNATIONAL SCHOOL.
Insurance Company: First Capital Insurance 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:

- 1) I want to proceed with a THIRD PARTY CLAIM
- 2) want to write a new statement and draw sketch map.

Policyholder / Driver's Signature

Date: 09/12/17

Reporting Centre Personnel's Signature

Name: Xiao Yan

NRIC/FIN No.: _____

Date: 09/12/2017