## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 witholding 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.

Date Of Accident         22/12/2017 14:30           Exact Location Of Accident         LENTOR AVE X MANDAI RD           Country/State of Loss         SINGAPORE           DETAILS OF OWN VEHICLE           Vehicle Registration Number         SHC1712L           Insured/Policyholder           Name Of Registered Owner         COMFORT TRANSPORTATION PTE LTD           Co Reg No         199303821R           Email Address         FLEETSAFETY@CDGTAXI.COM.SG           Mobile Phone No         OFFICE-65508768           Vehicle Particulars           Manufacturer         HYUNDAI           Model         I40           Exact Purpose for which vehicle was being used at time of accident         NO           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         INDIA INTERNATIONAL INSURANCE PTE LTD           Type Of Coverage         THIRD PARTY FIRE AND/OR THEFT           Fleet Policy         YES           Policy Number         MCOM0016           Cover Note Number         CHEW KOON CHENG           NRIC No         \$1565493G	aforesaid.		
Date Of Accident 22/12/2017 14:30  Exact Location Of Accident LENTOR AVE X MANDAI RD  Country/State of Loss SINGAPORE  Vehicle Registration Number SHC1712L  Insured/Policyholder  Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  Co Reg No 199303821R  Famili 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 accident Are you claiming under your own insurance policy for repair to your vehicle?  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 Name of Driver Name of Driver On the Number  Driver  Name of Driver Scheduler School	THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT	
Exact Location Of Accident Country/State of Loss    SINGAPORE	Date Of Report	23/12/2017 11:19	
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SHC1712L  Insured/Policyholder  Name of Registered Owner Co Reg No 199303821R  Email Address FLEETSAFETY@CDGTAXI.COM.SG  Mobile Phone No Alternative Phone No  Vehicle Particulars  Manufacturer Manufacturer Manufacturer HYUNDAI Model H40  Exact Purpose for which vehicle was being used at inne of accident Are you claiming under your own insurance policy for repair to your vehicle? 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 HINDIA INTERNATIONAL INSURANCE PTE LTD Type Of Coverage MCOM0016  Cover Note Number  Driver  Name of Driver  NRIC No S1565493G Date Of Birth 12/07/1962 Occupation OutDoor Date Of Driving Pass Driving Experience Gender MALE  Mobile Number	Date Of Accident	22/12/2017 14:30	
Vehicle Registration Number SHC1712L  Insured/Policyholder  Name of Registered Owner COMFORT TRANSPORTATION PTE LTD CORE NO 199303821R Email Address FLEETSAFETY@CDGTAXI.COM.SG  Mobile Phone No Alternative Phone No OFFICE-65508768  Vehicle Particulars  Manufacturer HYUNDAI Model H0 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?  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 CHEW KOON CHENG NRIC No S1565493G Date Of Birth 12/07/1962 Occupation OUTDOOR Date Of Driving Pass 25/09/1979 Thirding Experience MALE Mobile Number	Exact Location Of Accident	LENTOR AVE X MANDAI RD	
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Insured/Policyholder  Name Of Registered Owner Co Reg No 199303821R Email Address FLEETSAFETY@CDGTAXI.COM.SG  Mobile Phone No Alternative Phone No OFFICE-65508768  Webicle Particulars  Manufacturer HYUNDAI Model La0 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? If No, Please state action to be taken THIRD PARTY Vehicle Category Insurance Company Name of Insurance Company Tipe Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number  Cover Note Number  Driver Name of Driver		DETAILS OF OWN VEHICLE	
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Email Address         FLEETSAFETY@CDGTAXI.COM.SG           Mobile Phone No         Alternative Phone No           Vehicle Particulars         HYUNDAI           Model         HYUNDAI           Model         Ido           Exact Purpose for which vehicle was being used at time of accident         THIRD PARTY           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         INDIA INTERNATIONAL INSURANCE PTE LTD           Type Of Coverage         THIRD PARTY FIRE AND/OR THEFT           Fleet Policy         YES           Policy Number         MCOM0016           Cover Note Number         MCOM0016           Driver         VEW KOON CHENG           NRIC No         \$1565493G           Date Of Birth         12/07/1962           Occupation         OUTDOOR           Date Of Driving Pass         25/09/1979           Driving Experience         38 YEARS AND 2 MONTHS           Gender         MALE	Co Reg No	199303821R	
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Driver  Name of Driver  NRIC No  S1565493G  Date Of Birth  12/07/1962  Occupation  Outdoor  Date Of Driving Pass  Driving Experience  38 YEARS AND 2 MONTHS  Male  Mobile Number	Policy Number	MCOM0016	
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Date Of Birth 12/07/1962 Occupation OUTDOOR Date Of Driving Pass 25/09/1979 Driving Experience 38 YEARS AND 2 MONTHS Gender MALE Mobile Number	Name of Driver	CHEW KOON CHENG	
Occupation OUTDOOR  Date Of Driving Pass 25/09/1979  Driving Experience 38 YEARS AND 2 MONTHS  Gender MALE  Mobile Number	NRIC No	S1565493G	
Date Of Driving Pass 25/09/1979  Driving Experience 38 YEARS AND 2 MONTHS  Gender MALE  Mobile Number	Date Of Birth	12/07/1962	
Date Of Driving Pass 25/09/1979  Driving Experience 38 YEARS AND 2 MONTHS  Gender MALE  Mobile Number	Occupation	OUTDOOR	
Driving Experience 38 YEARS AND 2 MONTHS  Gender MALE  Mobile Number	Date Of Driving Pass	25/09/1979	
Gender MALE Mobile Number	Driving Experience	38 YEARS AND 2 MONTHS	
	Gender	MALE	
Fax Number	Mobile Number		
	Fax Number		

NOEMAIL

Address

40 #15-270 JALAN RUMAH TINGGI

Postcode

151040

Was driver an employee of the Insured's Company

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

Number of vehicles involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by NO

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER:

: FEMALE

**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.

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

CB6580G

Vehicle Make/Model/Colour

**Details Of Properties** Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

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		per establishment of the sound
	Value /	
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- September 1		
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DECLARATION		a Moorthy
/We declare the foregoing particular	1	S R Moorthy CSO 27/12/17
COMFORT TRANSPORTATION CO REG. NO 18930363	IR W	2911
'olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

## **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The report will be forwarded by 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.
- By the lodgment 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.
- (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 FILE CO. REG. NO. 199303821R

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.:

S R Moorthy

CSO

23/12/17

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