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 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

	ACCIDENT STATEMENT
Date Of Report	29/12/2017 10:58
Date Of Accident	28/12/2017 21:15
Exact Location Of Accident	UPPER SERANGOON RD TWDS HOUGANG NEAR L/P 8611
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA4766Y
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
Mobile Bertlevlere	

Vehi	cle	Parti	cul	ars
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Manufacturer **HYUNDAI** Model 140

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?

THIRD PARTY If No, Please state action to be taken

TAXI Vehicle Category

Insurance Company

FIRST CAPITAL INSURANCE LTD Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

D-1572701MFSH Policy Number

Cover Note Number

Driver

MUHAMMAD ROSHAIZAD BIN ROSLAN Name of Driver

S8208477J NRIC No Date Of Birth 16/03/1982 **OUTDOOR** Occupation **Date Of Driving Pass** 29/12/2009

7 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

Mobile Number Fax Number Contact Number

PROJECT@SLAMDESIGN.COM.SG **EMail Address**

Address

BLK 210A PUNGGOL PLACE #08-1214

Postcode

821210

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)

Passenger 1

NAME:

GENDER:

: FEMALE

Passenger 2

NAME:

GENDER:

: FEMALE

Passenger 3

NAME:

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

PUNGGOL N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO 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

SJV3482M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

TAN KENG KOK

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S0188507C

AIG ASIA PACIFIC INSURANCE PTE. LTD.

RIGHT REAR

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.
- 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>.
- 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.
- 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.
- 7. 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:
 - 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 PLE ST CO REG. NO. 193203321R

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.:

GIARMC ShatchFlanform_V3

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ECLARATION					
We declare the foregoing particulars a	ere true in every resp	ect.		, 1	Λ
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CO. REG. NO. 192002321R				2/11/17	<i>5</i> .
olicyholder's Signature	Driver's Signature		Dan	orting Centre D	ersonnel's Signature
ate & Time:	(If driver is not the po	olicyholder)	Nar		er pyriner s signature
Date & Time:		arrows €00 United (ASE) €0		C/FIN No.:	

GIARMIC SketchPianForm_V3

Describe Circ	cumstances of the Incident
On 28 Dec 20	017 at about 21:15 hrs I was driving straight on the right lane along Upper
Serangoon R	d leading towards the direction of Hougang.
Somewhere	near the bus stop suddenly a red Mercedes car SJV3482M coming from my left
from the ext	reme left lane cut across the double continuous white lines towards the right
lane. Upon s	eeing this I immediately honked at the car repeatedly at the same time applied
the brakes to	o avoid a collision but it was too late.
In the proces	ss, the right hand side rear of the car hit and grazed the left hand side front of
my taxi.	
03 passenge	ers(02 female and a male) on board my taxi. No injury at the point of the accident.
Enclosed is a	a video footage to support my claims.
211010304134	
	1

Declaration	
I/We declare t	the foregoing particulars are true in every respect.
MARI TRUBO	SPORTATION PTE LTD 29/12/17 /
CO. REG.	NO. 192202321R

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

& Time

Policyholder's Signature/Date &

Time

Centre Personnel

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Muhammad Roshaizad Bin Roslan, NRIC/FIN S8208477J, has reported to the Police a non-injury traffic accident which occurred along Upper Serangoon Road towards Hougang on 28/12/2017 at 2120hrs involving the following vehicles:

- 1. SHA4766J
- 2. SJV3482M
- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Benny Lim

Date: 28/12/2017

Time: 2225hrs

S/D Ref: ___65____

Police Post/Unit: Punggol NPC

Punggol NPG 21A Tobing Lane S (828837)

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002