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 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	12/01/2018 15:25	
Date Of Accident	11/01/2018 19:25	
Exact Location Of Accident	WOODLANDS AVE 4 TWDS WOODLANDS AVE 9 INFRONT B/869	
Country/State of Loss	SINGAPORE	_
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD4301P	
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	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?	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	MCOM0015	
Cover Note Number		
Driver		
Name of Driver	TAY YEONG SENG	
NRIC No	S1819915G	
Date Of Birth	04/07/1967	
Occupation	OUTDOOR	
Date Of Driving Pass	16/07/1985	
Driving Experience	32 YEARS AND 5 MONTHS	
Gender	MALE	
Mobile Number		
Fax Number		
Contact Number		
EMail Address	MYGYS@YAHOO.COM.SG	
	_	4 0 40

Address

BLK 522 HOUGANG AVENUE 6

#13-27

Postcode

530522

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 REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

-

GENDER:

: MALE

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

REFER ATTACHED

Attachment(s)

YES

Are accident photos available for attachment? 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

GBG1285C

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

SIAH YONG QIANG

NRIC/Passport Number

Contact Number

Name of Driver

97678047

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRONT

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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.

COMPORT TRANSPORTATION PTE LTD

(good-1

Lim Ee Soon CSO

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 Pg. 2

SKETCH PLAN	Rignalised Cfo	SS M9
		Woodland Ovell
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	A K B 2 2 3 4 5 0 P B 5 6 B 6 12 8 5 0
	60 Machen	
DECLARATION		
I/We declare the foregoing partic UMFORT TRANSPORTATIO CO REG. NO. 199303	N PTE LTD /)	Lim Ee Sogr CSO
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.:

SHD 4301 P

ACCIDENT STATEMENT

Last night (11/01/2018) it was raining relentlessly when I travelled along Woodlands Avenue 4 ferrying 2 male passengers to their destination near Woodlands Ave 9.

As seen in the video footage, when other vehicles stopped on the stretch of road in front Blk 869 due to traffic signal ahead at the signalised crossing, I followed suit and stopped behind.

While my car was still stationary, suddenly I felt a strong impact after vehicle B(GBG 1285C) collided into the rear of my taxi.

I took photos at the scene following the accident.

I found the rear of my taxi was dented in the collision.

Vehicle B was a commercial van and its front sustained dents.

No report of injury at the time of accident.

I affirmed the above-statement is true and correct.

Driver name : Tay Yeong Seng NRIC NO : S 1819915G

Date:

12/01/2018

Recorded by Alex Lim

