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 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 26/01/2018 14:30 Exact Location Of Accident PIE TWDS AIRPORT B4 JALAN EUNOS EXIT Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SH8920A 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? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number D-18088936MFSH Cover Note Number Driver NRIC No S0207510E Date Of Birth 09/12/1953 Driving Experience 39 YEARS AND 0 MONTHS Gender MALE Mobile Number Fax Number Contact Number Fax Number Contact Number	aforesaid.	
Date Of Accident Exact Location Of Accident Country/State of Loss Details of Accident	E. P. CO. APR. STARTS INC.	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number SH8920A Insured/Policyholder Name Of Registered Owner Co Reg No Insured/Policyholder No Insured/Policyholder No Insured/Policyholder No Insured/Policyholder Insured/Insured	Date Of Report	26/01/2018 16:06
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number 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 HyUNDAI Id0 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 Name of Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number Cover Note Number Driver NATECK HUP NRIC No S0207510E Date Of Birth 09/12/1953 Occupation OutDOOR Date Of Driving Pass 30/12/1978 Driving Experience 39 YEARS AND 0 MONTHS MALE Mobile Number Contact Number	Date Of Accident	26/01/2018 14:30
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Vehicle Registration Number Insured/Policyholder Name of Registered Owner Comey No Alternative Phone No Wehicle Particulars Manufacturer Manufacturer HYUNDAI 40 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 NO Insurance Company Name of Insurance Company NS FIRST CAPITAL INSURANCE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number Cover Note Number Driver NAME OF Driving Pass 30/12/1953 Occupation Duttoor Date Of Driving Pass 30/12/1978 Driving Experience Gender MALE MALE	Country/State of Loss	SINGAPORE
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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? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES Policy Number D-18088936MFSH Cover Note Number Driver Name of Driver TAN TECK HUP NRIC No S0207510E Date Of Birth 09/12/1953 Occupation OUTDOOR Date Of Driving Pass 30/12/1978 Driving Experience 39 YEARS AND 0 MONTHS Medical Company MALE Mobile Number Fax Number Contact Number	Insured/Policyholder	
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Date Of Birth 09/12/1953 Occupation OUTDOOR Date Of Driving Pass 30/12/1978 Driving Experience 39 YEARS AND 0 MONTHS Gender MALE Mobile Number Fax Number Contact Number	Name of Driver	TAN TECK HUP
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Mobile Number Fax Number Contact Number	Driving Experience	39 YEARS AND 0 MONTHS
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EMail Address NOEMAIL	Contact Number	- 35
	EMail Address	NOEMAIL

BLK 639 PASIR RIS DRIVE 1
Address #12-542

510639

NO

1

NO

NO

NO

Postcode 510

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 Number of vehicles involved in the accident 3

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKF3898U

Vehicle Make/Model/Colour AUDI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver ONG LAI CHENG

NRIC/Passport Number S8842727J Contact Number 92988801

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKD7332U

AUDI

PRIVATE CAR

UNKNOWN

FRONT

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
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- 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.
- 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)
 - (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
- 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.

Date & Time:

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

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnei's Signature Name

NRIC/FIN No .:

Sketch Plan Pg. 2

SKETCH PLAN	record of the re	
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DECLARATION	to the land to the supply of t	, ,
I/We declare the foregoing particulars a	LTD A	Mollis of
CO. REG. NO. 199303821R	1	
D. U. J Maria Clarativa	Driver's Signature Re	eporting Centre Personnel's Signature
Policyholder's Signature Date & Time:	Control Control Control Control	ame:

Date & Time:

NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstances of the Accident	
On 26 Jan 2018 at about 14:30 hrs I was driving straight on lane 1 along PIE	leading towards
the direction of the Airport.	
Somewhere before Jalan Eunos Exit the front car braked abruptly and stop	ped. I immediately
braked and stopped as well	
Suddenly a few seconds later an Audi car SKF3898U came from behind coll	ded onto the Rear
Portion of my taxi.	
Shortly after I found that there is another Audi car SKD7332U also involved	in this chain
collision accident.	
No passenger on board my taxi. No injury at the point of the accident.	
Enclosed are scene photos and video footage to support my claims.	
Declaration	
/We declare the foregoing particulars are true in every respect.	
OMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R	26/01/18/

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

& Time

Policyholder's Signature/Date &

Time

Centre Personnel









