

MCDE18089909 / ComfortDelGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 12/07/2018 14:04  
 SUBMITTED BY: Janet Lim Siang Gek

## 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 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 12/07/2018 14:04  
 Date Of Accident 12/07/2018 11:50  
 Exact Location Of Accident MARINA BOULEVARD X BAYFRONT AVE  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6800B  
**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 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 CHEW BOON HENG  
 NRIC No S1524162D  
 Date Of Birth 18/01/1962  
 Occupation OUTDOOR  
 Date Of Driving Pass 17/10/1981  
 Driving Experience 36 YEARS AND 8 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96696996  
 Fax Number  
 Contact Number  
 EMail Address JCHEWBH@HOTMAIL.COM

Address BLK 679 HOUGANG AVENUE 8  
 #03-581  
 Postcode #03-581  
 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  
 Number of vehicles involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? 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) 5  
 Passenger 1

NAME: : -  
 GENDER: : MALE

Passenger 2

NAME: : -  
 GENDER: : MALE

Passenger 3

NAME: : -  
 GENDER: : MALE

Passenger 4

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**

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? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHA18A  
 Vehicle Make/Model/Colour CITYCAB TAXI  
 Details Of Properties

Vehicle Category	TAXI
Name of Driver	LEE WOON HIAN
NRIC/Passport Number	S7346679B
Contact Number	91807391
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH FRONT
No. Of Passenger (Including Driver)	

**SKETCH PLAN****IMPORTANT NOTICE**


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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:
  - (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.

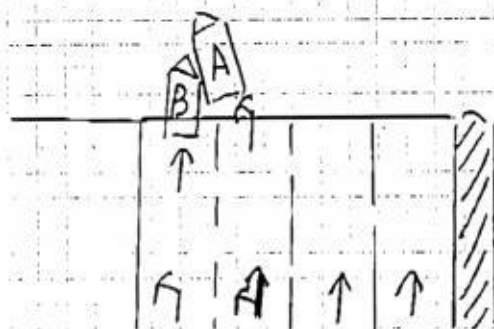
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time: 12/7/2018

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/7/2018 @ 13:40Hrs

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

## SKETCH PLAN



Along Marina BLVD x Bayfront Ave

A-SH 6800B

B-SHA 18A (City Cab)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/7/2018 @ about 11:50hrs, my taxi (A) was travelling along Marina BLVD at Junction of Bayfront ave.

With 1 female, 2 male and 1 kid (male) on board.

Upon reaching the junction of Bayfront ave, I was travelling on the second lane from left. Suddenly, veh (B), which was travelling on my left supposed to make a left turn proceeded straight. This causes his car to collided onto my taxi (A) left portion. My taxi (A) left portion was damaged.

I has company video, fix in my taxi, photos taken at scene to support my claims.

Veh (B) SHA 18A a city cab, was driven by Mr. Lee Woon Hian. Nric no: S 7346679B, Hp no: 9180 7391.

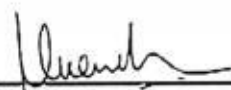
No injury in this accident.

## DECLARATION

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

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

Policyholder's Signature  
Date & Time: 12/7/2018

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/7/2018 @ 13:40Hrs

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