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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/09/2018 13:45
Date Of Accident	06/09/2018 18:30
Exact Location Of Accident	KALLANG AIRPORT WAY TWDS KPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA5845X
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	SONATA-2.0 (A)
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	REPORTING ONLY
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 TAN CHEE PHING NRIC No S0095385G Date Of Birth 07/10/1954 Occupation **OUTDOOR Date Of Driving Pass** 24/01/1977 **Driving Experience** 41 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-97662286

Fax Number

Contact Number

EMail Address CHEEPHING@GMAIL.COM

BLK 725 TAMPINES STREET 71 Address

#10-171

Postcode 520725

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

COLLISION - HEAD TO REAR Type Of Accident

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

Number of Passengers (Including Driver)

ambulance?

NO

YES Was any other material or property damaged? I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

2

Passenger 1

NAME: : -

GENDER: : MALE

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?

NO NO

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Remarks/ Reasons: Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLT612L

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category UNKNOWN Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

REAR Nature Of Damage

No. Of Passenger (Including Driver)

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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
- (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.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07.09.18

120m

Reporting Centre Personnel's Signature

Name:

Larry Ng NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT **DECLARATION** I/We declare the foregoing particulars are true in every respect. COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07.09.18

(200m

Policyholder's Signature

GIARMC SketchPlanForm_V3

Date & Time:

Reporting Centre Personnel's Signature

Larry Ng

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstances of	the Accident.	
On 06.09.2048 at about 183	30hrs, I was driving my Comfort taxi, SHA584	5X, along
Kallang Airport Way towar	ds KPE with 1 male pax. Weather was clear a	nd moderate
traffic.		
As I approached the slip ro	ad towards KPE, I slowed down to check for t	raffic on the
right. Traffic was quite clea	ar from Nicoll Highway and I was expecting th	ne front
car, B, to move out.		
However, B did not move a	and I quickly braked but was unable to stop in	time and my taxi
front hit B rear. After that,	I tried to shift my taxi as it was blocking the t	raffic from behind.
While shifting, my taxi left	side accidentally hit B rear right.	
No injury.		
Declaration		
/We declare the foregoing parti	iculars are true in every respect.	
COMFORT TREE TORTATION CO. REG. NO. 19930382	0 1/	Larry Ng
Policyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date	Witnessed by Reporting
Fime .	& Time 07.09,2018	Centre Personnel
	1200 hs	

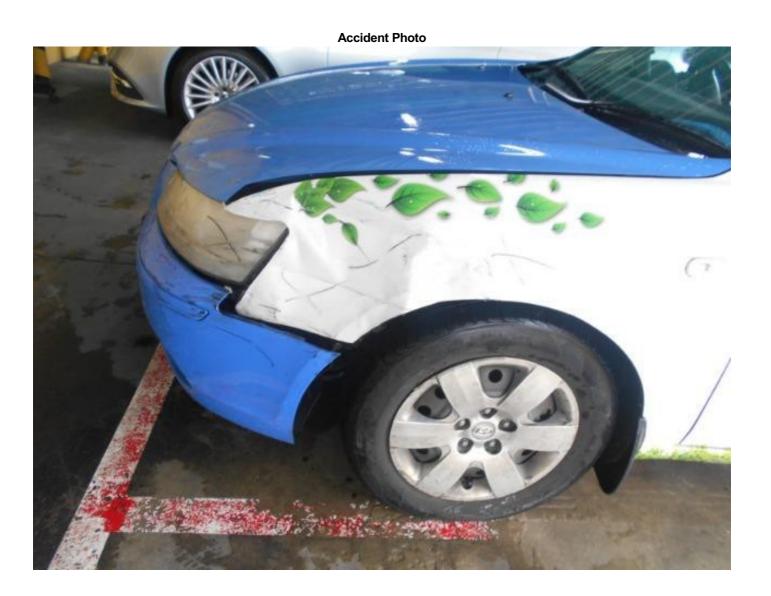
Accident Photo

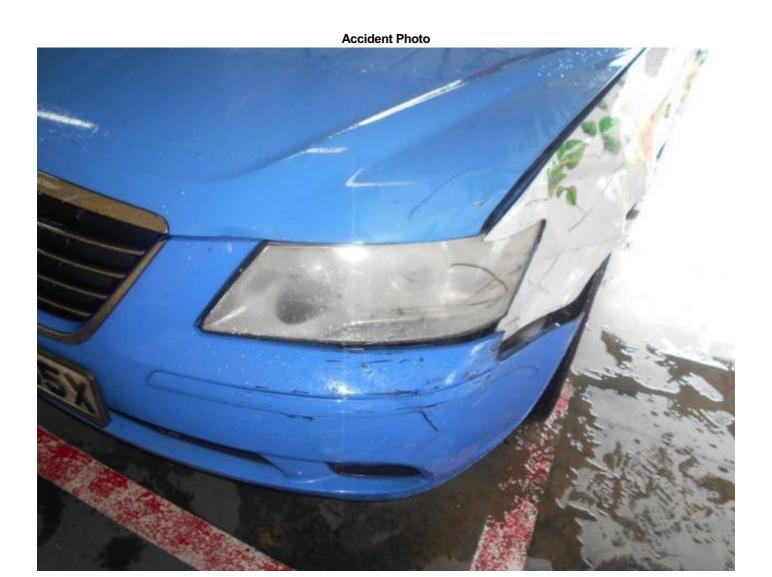












Accident Photo



Accident Photo

