MCD618152753 / ComfortDolGro Engineering Pie Ltd - Leyang ENTRY DATE & TIME: 20/11/2018 11:19 SUGMITTED BY: Janes Lim Slong Gek

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Pleaso report corractly the dotaits 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 liability.
- 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.
- This report will be forwarded by the insurers of the GIA Records Management Control 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 contro and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT	
Date Of Report	26/11/2018 11:19	
Date Of Accident	26/11/2018 01:15	
Exact Location Of Accident	TPE EXIT PUNGGOL	
Country/State of Loss	SINGAPORE	

4.11	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC2988B	

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 IONIQ HYBRID

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

ory 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
 LIM PENG YAM

 NRIC No
 \$1390797H

 Date Of Birth
 24/08/1959

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/11/1981

Driving Experience 37 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81120841

Fax Number

Contact Number

EMail Address ROGERLIMPENGYAM@GMAIL.COM

Address

BLK 190B RIVERVALE DRIVE

#01-962

Postcode

542190

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

COLLISION - HEAD TO REAR

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)

Δ

Passenger 1

GENDER:

NAME:

: MALE

Passenger 2

NAME:

. .

GENDER:

: FEMALE

Passenger 3

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 \* TYPE OF ACCIDENT :- HEAD TO SIDE

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

Vehicle Registration Number

SHC1196B

Vehicle Make/Model/Colour

COMFORT TAXI

DETAILS OF OTHER VEHICLE PROPERTY 1

**Details Of Properties** 

Vehicle Category

TAXI

Name of Driver

ARIBAL NONILON CORONADO

NRIC/Passport Number

S2714926Z

Contact Number

98223976

Address

Postcode

Insurance Company Name

Nature Of Damage

RH REAR

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

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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 companies.
- Any false reporting may be referred to the Police for Investigation.
- 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:

- 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
- (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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:26,11,2018

@ 10:30hrs

Reporting Centre Personnel's Signature

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.11.2018 at about 01:15 hours I was travelling along TPE Exit Of Punggol with Two Female and One

Male Passenger onboard

While green light is in my favour I proceeded to make a right turn , Suddenly Veh B (SHC 1196B) dash out

from my left and collided into my taxi A - Front Left Portion .

After the accident my taxi Sustain damages on the front left portion .

No injury in this accident .

I have company video and photos at scene to support my claims .

Veh B (SHC 1196B) - Mr Aribal Nonilon Coronado I/C: S 2714926Z H/P: 9822 3976

DECLARATION

COMPORT TRANSPORTATION HATE TROTHE IN every respect.

CO. REG. NO. 199303821R

Policyholder's Signature

Carried to Paragraphy 1

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:26.11.2018 @ 10:30hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .: