

MCD618182309 / ComfortDelGro Engineering Pte Ltd - Layan  
ENTRY DATE & TIME: 17/12/2018 16:25  
SUBMITTED BY: Huang XiaoYan

**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 willful misrepresentation or withholding 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.
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	17/12/2018 16:25
Date Of Accident	16/12/2018 23:00
Exact Location Of Accident	AIRPORT BLVD TWDS PIE TUAS
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SHA2202X
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	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	MUSBAH BIN HASHIM
NRIC No	S1351217E
Date Of Birth	10/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1982
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83055359
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 326C SUMANG WALK #04-948  
 Postcode 823326  
 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 WET

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 Was any body injured in the Accident? YES  
 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) 4

Passenger 1 NAME: : -  
 GENDER: : FEMALE  
 Passenger 2 NAME: : -  
 GENDER: : FEMALE  
 Passenger 3 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**

PLS REFER TO 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 SHA4370E  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver JOSEPH TOH TIO BACK  
 NRIC/Passport Number S0500810G

Contact Number

Address

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHG5279U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SHB8638C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

SLR2337M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 5**

Vehicle Registration Number

SHD406Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 6**

Vehicle Registration Number	SKU2995A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	MUSBAH BIN HASHIM
Approximate Age	59
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SHA2202X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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

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**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.

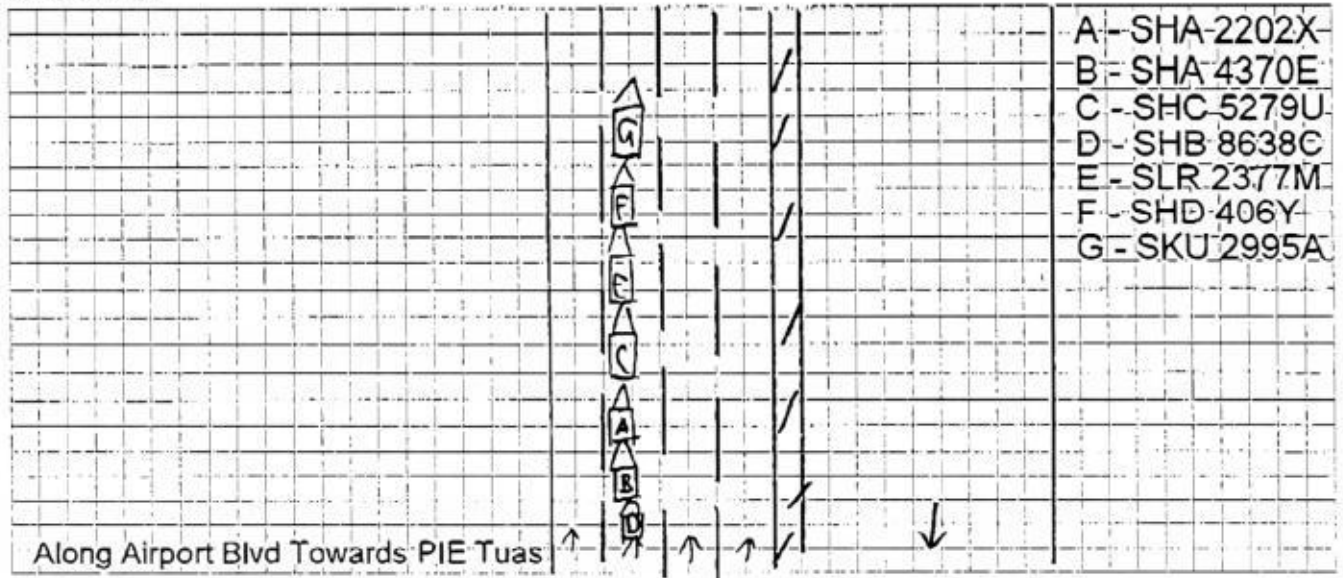
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17 12.2018  
@ 13:00Hrs

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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.12.2018 at about 23:00 hours I was travelling along Airport Blvd Towards PIE Tuas with One Male and Two Female Passenger onboard .

While travelling on the second lane from the left , I see veh C ( SHC 5279U) slow down and stop I followed too . Suddenly I felt an impact from my rear portion and cause my taxi A to swerved forward and collided into Veh C ( SHC 5279U ) rear portion .

After the accident , I then came to know that there were 7 vehicle involved in this accident .

After the accident my taxi sustain damage on both front and rear portion .

Veh B ( SHA 4370E) - Male Driver  
 Veh C ( SHC 5279U) - Male Driver  
 Veh D ( SHB 8638C ) - Male Driver  
 Veh E ( SLR 2377M ) - Male Driver SLR 2377M .  
 Veh F ( SHD 406Y ) - Male Driver  
 Veh G ( SKU 2995A ) - Male Driver

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203921R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 17.12.2018  
@ 13:00Hrs

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