

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 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	+65-83055359
Fax Number	
Contact Number	
EEmail 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 (including own vehicle) 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 SHC5279U
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 SLR2377M
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

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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.

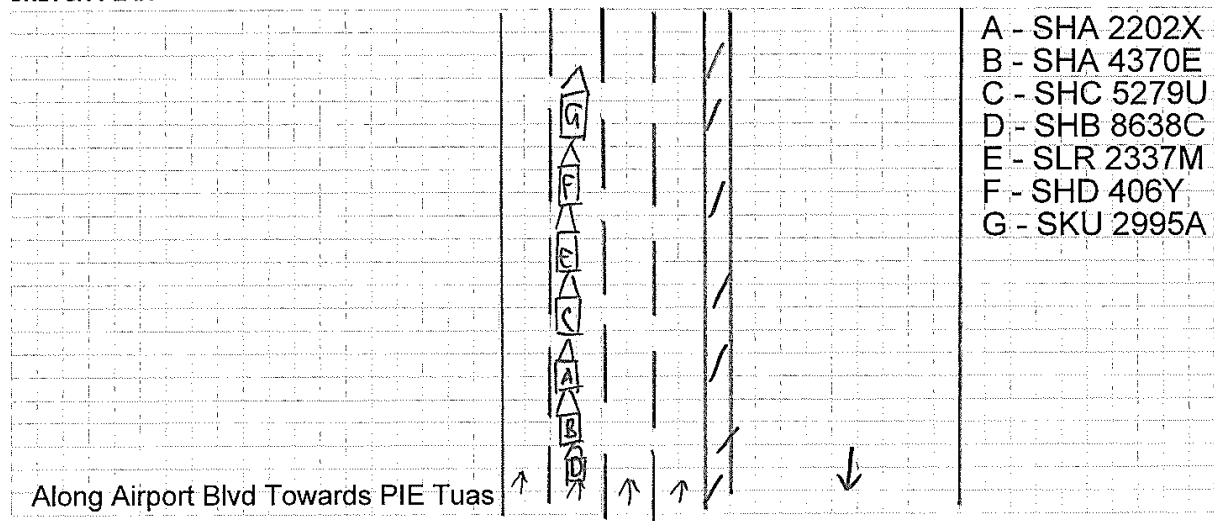
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199203521R

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 2337M) - Male Driver
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. 199203321R

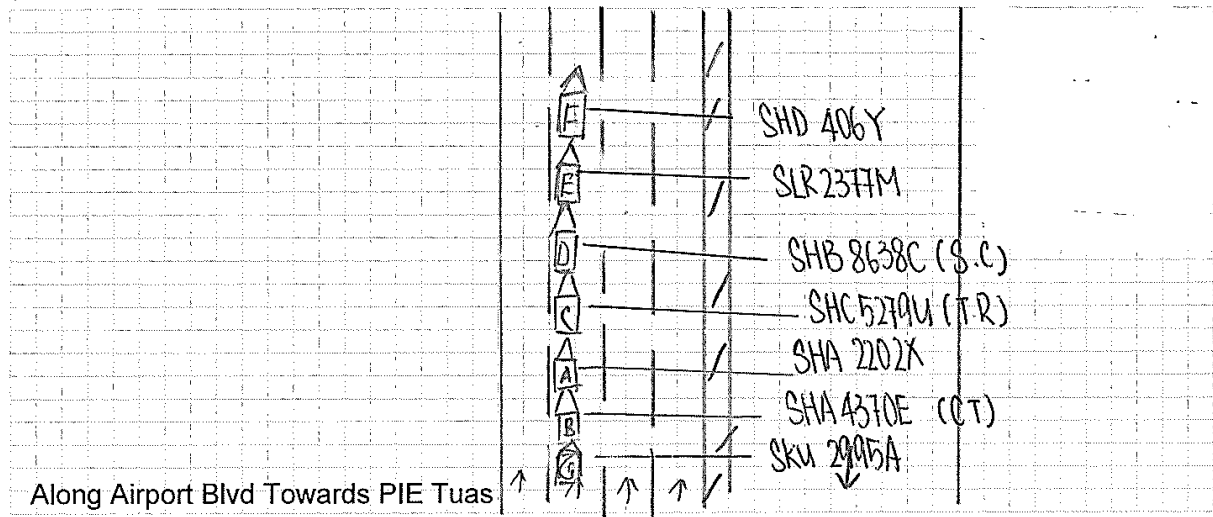
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: RIANA CHOW
NRIC/FIN No.:

Amended on 18.12.2018.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.12.2018 at about 23:00 hours I was travelling along Airport Blvd Towards PIE
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While travelling on the second lane from the left , I see veh C (SHC 5279U) slow down and
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After the accident my taxi sustain damage on both front and rear portion .
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Veh C (SHC 5279U) - Male Driver
Veh D (SHB 8638C) - Male Driver
Veh E (SLR 2337M) - Male Driver SLR 2377M .
Veh F (SHD 406Y) - Male Driver
Veh G (SKU 2995A) - Male Driver

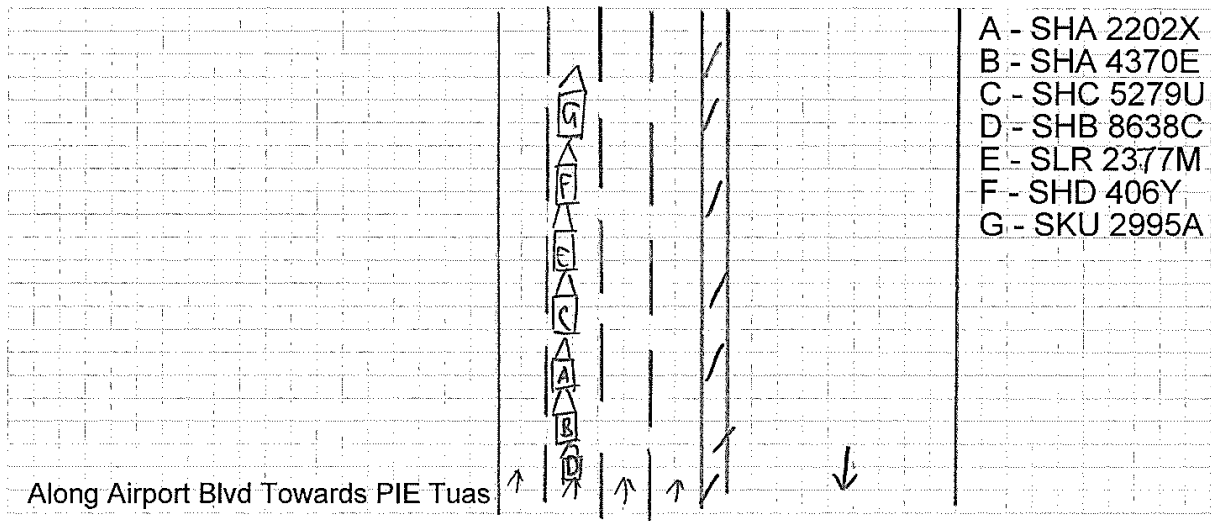
DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321RPolicyholder's Signature
Date & Time:Driver's Signature
(If driver is not the policyholder)
Date & Time: 17.12.2018
@ 13:00HrsReporting Centre Personnel's Signature
Name: Regina Chow
NRIC/FIN No.:

Amended on 18.12.2018.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.12.2018 at about 23:00 hours I was travelling along Airport Blvd Towards PIE
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Veh C (SHC 5279U) - Male Driver
Veh D (SHB 8638C) - Male Driver
Veh E (SLR 2337M) - 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. 19303321R

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: RANA CHOW

NRIC/FIN No.:

Covered by Comfort Transportation Ltd

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



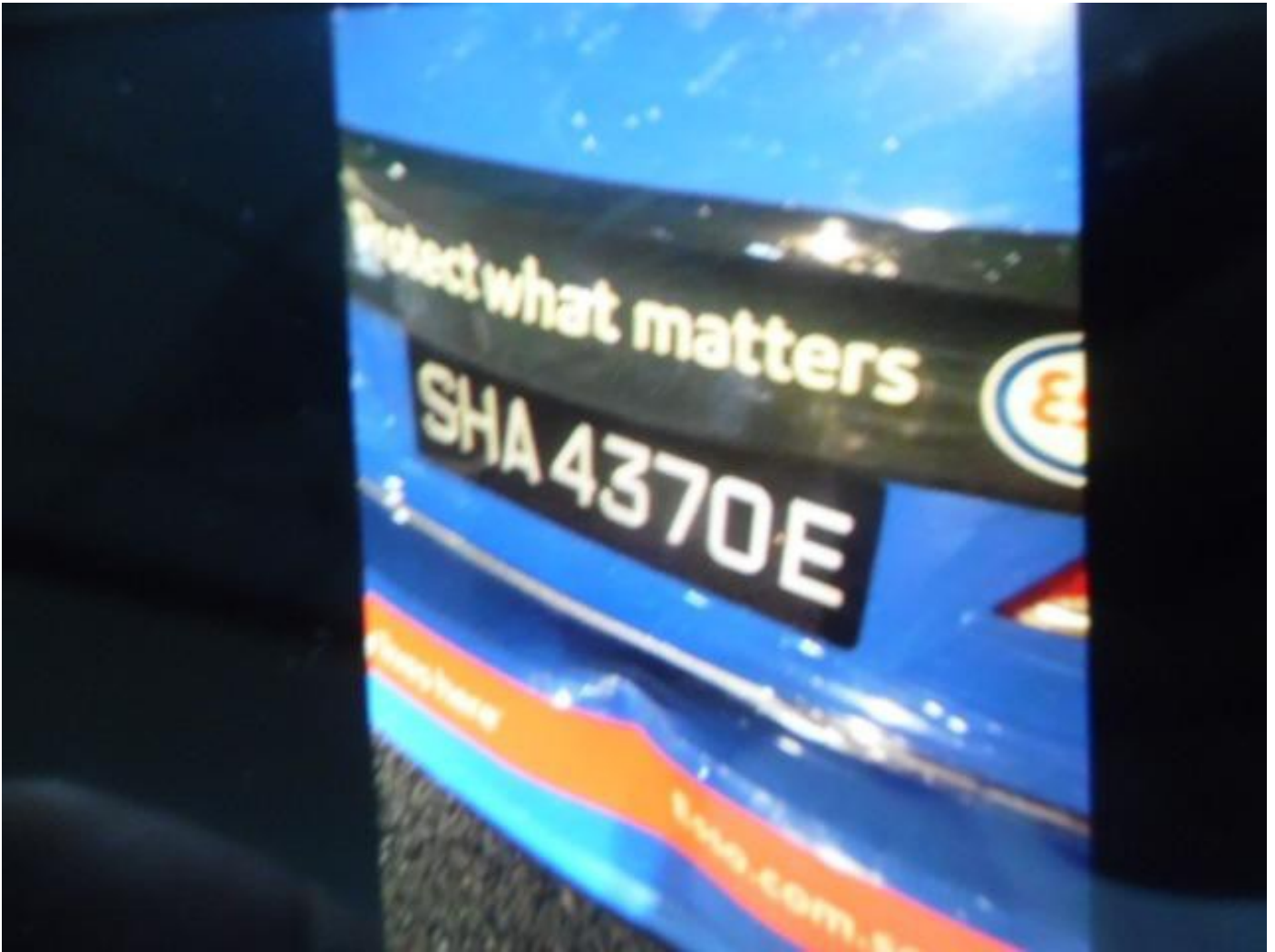
Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD 618162309 Vehicle Registration No: SHA 2202X
 Name(as shown in NRIC) : Musbah Bin Hashim NRIC/FIN/Passport No : S 1351217E
 (*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
 Address : Blk 326C Sumang Walk #04-948 Singapore(823326)
 Contact (Tel) : - Mobile No. : 8305 5359
 Email Address : -
 Date of Accident : 16.12.2018 Time of Accident : 23:00
 Place of Accident : Along Airport BLVD Towards PIE(Tuas)
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Veh E Carplate Number : SLR 2377M

F. AB
 Policyholder / Driver's Signature
 Date: 18 Dec 2018

Xiao Yan
 Reporting Centre Personnel's Signature
 Name: Xiao Yan
 NRIC/FIN No.: _____
 Date: 19.12.2018



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
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IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD 618162309 Vehicle Registration No: SHA 2202X
Name(as shown in NRIC) : Musbah Bin Hashim NRIC/FIN/Passport No : S 1351217E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 326C Sumang Walk #04-948 Singapore 8233761
Contact (Tel) : - Mobile No. : 8305 5359
Email Address : -
Date of Accident : 16.12.2018 Time of Accident : 23:00
Place of Accident : Airport BLVD Towards PIE(Tuas)
Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Re-Scan Sketch plan - vehicle sequence follow the alphabetical order -

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Xiao Yan
NRIC/FIN No.:
Date: 19.12.18