MCD619005186-01 / ComfortDelGro Engineering Pte Ltd - Loyang
ENTRY DATE & TIME: 12/01/2019 09:19
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 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	12/01/2019 09:19
Date Of Accident	11/01/2019 23:15
Exact Location Of Accident	SLIP RD FROM PIE TWDS CTE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD3605U
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	TOYOTA
Model	PRIUS
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	HOW KOON YONG
NRIC No	S1804551F
Date Of Birth	09/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1988
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81199118
Fax Number	
Contact Number	
EMail Address	FRANCISHOWMW@YAHOO.COM.SG

Address	BLK 632 PASIR RIS DRIVE 3 #08-400
Postcode	510632
Was driver an employee of the Insurod'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 (including own vehicle) 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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

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	SHD4852R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	REAR RIGHT
No. Of Passenger (Including Driver)	

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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:

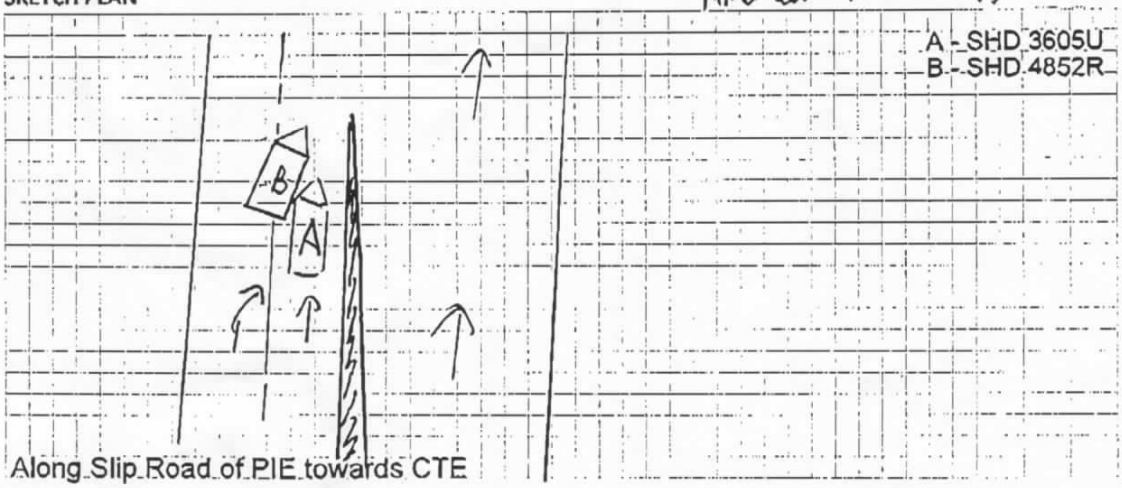
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

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

Policyholder's Signature Date & Time: 12 JAN 2019	Driver's Signature (If driver is not the policyholder) Date & Time: 12 JAN 2019 @ 09:05hrs	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN Amended on 14.01.19.



Along Slip Road of PIE towards CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11.01.2019 at about 23:15 hours I was travelling along Slip Road of PIE towards CTE with One Male and One Female Passenger onboard .

While travelling straight , suddenly Veh B (SHD 4852R) cut into my lane and collided into my taxi A - Front Left Portion .

As it took place too fast I could not take evassive action to prevent .

After the accident my taxi sustain damages on the Front Left Portion .

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

Veh B (SHD 4852R) - Male Driver

DECLARATION

I declare that the foregoing particulars are true in every respect.

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 12 JAN 2019	(If driver is not the policyholder)	Name:
	Date & Time: 12 JAN 2019 @ 09:05HRS	NRIC/FIN No.: