

MCD819047796 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 12/04/2019 14:33
 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 12/04/2019 14:33
 Date Of Accident 11/04/2019 15:40
 Exact Location Of Accident RIVERVALLEY TWDS KILLINEY RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA8643S
 Insured/Policyholder
 Name Of Registered Owner CITYCAB PTE LTD
 Co Reg No 199502839G
 Email Address FLEETSAFETY@COGTAXI.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 MS FIRST CAPITAL INSURANCE LTD
 Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
 Fleet Policy YES
 Policy Number D-18088937MFSH

Cover Note Number

Driver

Name of Driver CHIA ENG HOCK
 NRIC No S0177931A
 Date Of Birth 04/01/1952
 Occupation OUTDOOR
 Date Of Driving Pass 12/09/1970
 Driving Experience 48 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-85500008
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 251 BISHAN STREET 22 #08-408
 Postcode 570251
 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 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? 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) 2
 Passenger 1
 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 SH9847Y
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name MS FIRST CAPITAL INSURANCE LTD
 Nature Of Damage LEFT FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIA ENG HOCK
Approximate Age	67
Injuries Sustain	NACK AND BACK PAIN
Injured person in which vehicle?	SHA8643S
Were seat belts worn?	YES
Was this Injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time: 12 APR 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12 APR 2019

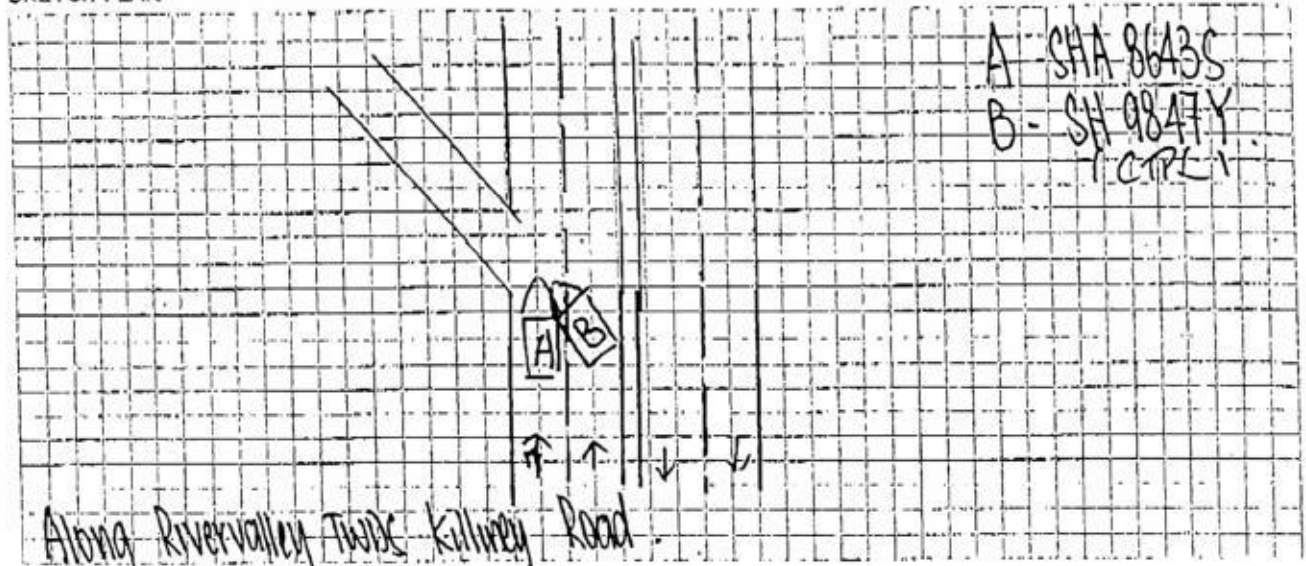
B. I. O. H. S. W. C.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11.04.2019 at about 15:40 hours. I was travelling Along Rivervally
Twos Killiney Road with One male Passenger onboard.

While travelling Straight on the Extreme Left Lane. Suddenly veh B -
(SH 9874Y) cut into my lane and collided into my taxi A - Right Portion.

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

After the accident I suffered pain at my neck & Back area. Will consult
doctor later on.

I have Company video and photos on scene to support my claims.

Veh B - male Driver.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature

Date & Time: 12 APR 2019

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12 APR 2019

10:45h

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: