SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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

ate Of Report ate Of Accident 23/04/2019 19:15 ALONG AMOY ST TWDS CROSS ST AT BOON TAT ST T-JUNCT SINGAPORE DETAILS OF OWN VEHICLE whicle Registration Number SH6203A INSURED PRE BETAILS OF OWN VEHICLE SINGAPORE DETAILS OF OWN VEHICLE SINGAPORE DETAILS OF OWN VEHICLE SINGAPORE DETAILS OF OWN VEHICLE WHICLE SH6203A INSURED PRE INSURED PR INSURED	resaid.	ACCIDENT STATEMENT	
ate of Accident 23/04/2019 19:15 Accident 23/04/2019 19:15 Accident ALONG AMOY ST TWDS CROSS ST AT BOON TAT ST T-JUNCT SINGAPORE Details of Own Vehicle ehicle Registration Number SH6203A sistered/Policyholder ame of Registered Owner COMFORT TRANSPORTATION PTE LTD 199303821R FLEETSAFETY@CDGTAXI.COM.SG Wehicle Particulars Manufacturer HYUNDAI Ionio HYBRID Stact Purpose for which vehicle was being used at me of accident ver you claiming under your own insurance policy or repair to your vehicle? No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Singapore India HYUNDAI Ionio HYBRID NO Trepair to your vehicle? No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Vame of Insurance Company Fype of Coverage THIRD PARTY FIRE AND/OR THEFT Type of Coverage MCOM0015 Policy Number Driver Name of			
ALONG AMOY ST TWDS CROSS ST AT BOON TAT ST T-JUNCT SINGAPORE DETAILS OF OWN VEHICLE shicle Registration Number Assured/Policyholder ame Of Registered Owner OR Reg No Mail Address Indicaturer Indic			
DETAILS OF OWN VEHICLE chicle Registration Number surred/Policyholder ame Of Registered Owner oo Reg No mail Address Internative Phone No Ilternative Phone No Ilternative Phone No Internative Phone No Internation Piet Internatio			
DETAILS OF OWN VEHICLE shicle Registration Number sured/Policyholder ame Of Registered Owner or Reg No neward Madress folibile Phone No Ilternative Phone No Ilternative Phone No Vehicle Particulars Manufacturer Model Inonia Hybraria Veryou claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Third Parry Insurance Company Name of Driver New Your Number Driver Name of Driving Pass Driving Experience 18 YEARS AND 11 MONTHS MALE Mobile Number Mobile Number Mobile Number Moder Address Mode			
shicle Registration Number sured/Policyholder ame Of Registered Owner o Reg No mail Address fobile Phone No Idernative Phone No Office-65508768 fobile Particulars famufacturer foodel for eyn claiming under your own insurance policy or repair to your vehicle? In No, Please state action to be taken ThiRD PARTY fobile Category Insurance Company Shame of Insurance Company Filed Policy For eyn Coverage Filed Policy For Insurance Company Filed Policy For Shame of Driver Jorder Jorde	Country/State of Loss		
sarred/Policyholder ame Of Registered Owner OReg No 199303821R FLEETSAFETY@CDGTAXI.COM.SG lobile Phone No OFFICE-65508768 // Phice Particulars Anufacturer Anufa	Agricultural and Co. En. 1975		
ame Of Registered Owner OReg No 199303821R FLEETSAFETY@CDGTAXI.COM.SG lobile Phone No Itternative Phone No Vehicle Particulars Hanufacturer Model Accact Purpose for which vehicle was being used at me of accident Acra you claiming under your own insurance policy or repair to your vehicle? I No, Please state action to be taken Almane of Insurance Company Almane of Driver Nowner None Of Coverage Almane of Driver None Of Coverage Almane of Driver Name of Insurance Company Na		SHOZUJA	
on Reg No mail Address fLEETSAFETY@CDGTAXI.COM.SG lobile Phone No liternative Phone No oFFICE-65508768 fehicle Particulars flanufacturer flodel floxicat Purpose for which vehicle was being used at we of accident for your claiming under your own insurance policy or repair to your vehicle? fl No, Please state action to be taken flye Office Cotegory NO THIRD PARTY TAXI INDIA INTERNATIONAL INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number Cover Note Number Driver Name of Driver Noble Name		COMPORT TRANSPORTATION RTE LTD	
Internative Phone No International International Insurance Phone Phone International International Insurance Phone International Internat	Name Of Registered Owner		
Internative Phone No Internati	Co Reg No		
Internative Phone No Pehicle Particulars Planufacturer Anodel Anote Purpose for which vehicle was being used at me of accident Are you claiming under your own insurance policy or repair to your vehicle? Proof Poince Company No Third Party Insurance Company No In Dia International Insurance PTE LTD Third Party FIRE AND/OR THEFT Pleet Policy Policy Number Cover Note Number Priver Name of Driver None Of Coupation No Third Party FIRE AND/OR THEFT Name of Driver None of Driver None of Driver None of Driving Pass Diving Experience Gender Mobile Number (LOCAL) +65-92992556	Email Address	FLEETSAFETY@CDGTAXI.COM.SG	
Manufacturer Model IONIQ HYBRID Manufacturer Model IONIQ HYBRID	Mobile Phone No	25105 25502702	
Manufacturer Model	Alternative Phone No	OFFICE-65508768	
Model IONIQ HYBRID Fixact Purpose for which vehicle was being used at me of accident Fixer you claiming under your own insurance policy or repair to your vehicle? Fixer No, Please state action to be taken THIRD PARTY Fixer Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD Fixer Of Coverage THIRD PARTY FIRE AND/OR THEFT Fixer Policy YES MCOM0015 Fixer Name of Driver Name of Driver HOH CHIN HUAT NRIC No S7040784A Date Of Birth 19/10/1970 Occupation OutDoor Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556	Vehicle Particulars		
Exact Purpose for which vehicle was being used at me of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken If No, Please State action to please State action to part of the	Manufacturer	HYUNDAI	
me of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY TAXI TAXI INDIA INTERNATIONAL INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT THIRD PARTY THIRD PARTY THE AND/OR THEFT THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THEFT THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THEFT THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THEFT THIRD PARTY THE AND/OR THE THE THIRD PARTY THE AND/OR THE THE THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THE THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THE THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THE THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THE THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THE THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THE THIRD PARTY THIRD PARTY THIRD PARTY THE AND/OR THE THE AND/OR THE	Model	IONIQ HYBRID	
or repair to your vehicle? If No, Please state action to be taken //ehicle Category Insurance Company Name of Insurance Company Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES MCOM0015 Cover Note Number Driver Name of Driver Name of Driver NAME of Birth Occupation Date Of Driving Pass Driving Experience MALE Mobile Number (LOCAL) +65-92992556	Exact Purpose for which vehicle was being used time of accident	d at	
Average State auton 6 of States Average Company Name of Insurance Company Name of Insurance Company India International Insurance PTE LTD Third Party FIRE AND/OR THEFT Theet Policy Policy Number Cover Note Number Priver Name of Driver Name of Driver Name of Birth Occupation Date Of Birth Driving Pass Driving Experience 18 YEARS AND 11 MONTHS Gender Mobile Number MALE (LOCAL) +65-92992556	Are you claiming under your own insurance poli for repair to your vehicle?	NO NO	
Insurance Company Name of Insurance Company Name of Insurance Company India International Insurance PTE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT T	If No, Please state action to be taken	THIRD PARTY	
Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number MCOM0015 Cover Note Number Driver Name of Driver Name of Driver NRIC No Date Of Birth Occupation Date Of Driving Pass Driving Experience Sender Mole Number MALE Mobile Number INDIA INTERNATIONAL INSURANCE PTE LTD THIRD PARTY FIRE AND/OR THEFT THIRD PARTY FIRE AND/OR THEF	Vehicle Category	TAXI	
THIRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number MCOM0015 Cover Note Number Priver Name of Driver NRIC No Date Of Birth Occupation Driving Pass Driving Experience 18 YEARS AND 11 MONTHS Gender Molicy Number THIRD PARTY FIRE AND/OR THEFT YES MCOM0015 MCOM	Insurance Company		
Fleet Policy Policy Number MCOM0015 Policy Number Driver Name of Driver NRIC No Date Of Birth Doccupation Date Of Driving Pass Driving Experience 18 YEARS AND 11 MONTHS Gender Mobile Number YES MCOM0015 HCOM0015 HCOM0015 HOH CHIN HUAT S7040784A 19/10/1970 OUTDOOR 11/05/2000 18 YEARS AND 11 MONTHS MALE (LOCAL) +65-92992556	Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD	
Policy Number Cover Note Number Driver Name of Driver NRIC No S7040784A Date Of Birth 19/10/1970 Occupation OUTDOOR Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender Male Mobile Number (LOCAL) +65-92992556	Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Policy Number Cover Note Number Driver Name of Driver NRIC No S7040784A Date Of Birth 19/10/1970 Occupation OUTDOOR Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender Mobile Number (LOCAL) +65-92992556	Fleet Policy	YES	
Cover Note Number Driver HOH CHIN HUAT Name of Driver HOH CHIN HUAT NRIC No \$7040784A Date Of Birth 19/10/1970 Occupation OUTDOOR Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556	Policy Number	MCOM0015	
Name of Driver HOH CHIN HUAT NRIC No \$7040784A Date Of Birth 19/10/1970 Occupation OUTDOOR Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556	Cover Note Number		
NRIC No S7040784A Date Of Birth 19/10/1970 Occupation OUTDOOR Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556	Driver		
Date Of Birth Occupation Outdoor Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender Mobile Number (LOCAL) +65-92992556	Name of Driver	HOH CHIN HUAT	
Date Of Birth 19/10/1970 Occupation OUTDOOR Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556	NRIC No	S7040784A	
Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556	Date Of Birth	19/10/1970	
Date Of Driving Pass 11/05/2000 Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556	Occupation	OUTDOOR	
Driving Experience 18 YEARS AND 11 MONTHS Gender MALE Mobile Number (LOCAL) +65-92992556		11/05/2000	
Gender MALE Mobile Number (LOCAL) +65-92992556		18 YEARS AND 11 MONTHS	
Mobile Number (LOCAL) +65-92992556		MALE	
Nobile Hallies		(LOCAL) +65-92992556	
Fax Number			

NOEMAIL

BLK 111 EDGEFIELD PLAINS Addrèss

#09-402

820111 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

YES

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER 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

GY8152C Vehicle Registration Number MITSUBISHI Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

VELASAMY S/O V KRISHNAN Name of Driver

S2637603C NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 16

No. Of Passenger (Including Driver)

			The second second	
	LOOF	113 11 11 11 -	1-1am=1.	ERSON 1
SE 21 2 2 2 1 1	6 4 6 1 1	III. MITOIP	(1 = 1 = 1 = 1 = 1	

Name

HOH CHIN HUAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NECK AND RH SHOULDER

SH6203A

YES

NO

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.
- 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
- 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)
 - (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
- 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.
- 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 TRANSFORTATION FTE LTD

CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Weak'y

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

2 4 APR 2019

Sketch Plan Pg. 2

SKETCH PLAN		
N = 54630		
TO TO THE STATE OF		T
DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT AMOY ST	
Slatemant	as per attanhool	
DECLARATION I/We declare the foregoing particulars a	are true in every respect	
CO. REG. NO. 199303821	A CT LETT	
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: 2 1, APP (1915)	

(If driver is not the policyholder)

Name:

Date & Time:

Sketch Plan Pg. 3

Describe Circumstances of th	ne Accident.	
On the 23/04/2019 @ about	19:15hrs, I was driving along Amoy St towa	rds Cross St direction.
As I was driving suddenly ve	hicle GY8152C driving out from Boon Tat St	and collided onto my
right front portion of my tax	di.	
01 female passenger on boa	ırd my taxi.	
I felt slight pain on my neck	and right shoulder and will consult doctor la	ater.
Declaration		
I/We declare the foregoing parti	culars are true in every respect.	
COMFORT TRANSPORTATION CO. REG. NO. 1993038:		Olivia Wear'y
Policyholder's Signature/Date & Time	Driver's Signature(if driver is not the policyholder)/Date & Time	Witnessed by Reporting Centre Personnel

2 4 APR 2019