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 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 aforesaid.

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	ACCIDENT STATEMENT		
Date Of Report	06/05/2019 15:08		
Date Of Accident	05/05/2019 15:45		
Exact Location Of Accident	STADIUM ROUNDABOUT.		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SHD4291J		
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	SONATA		
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	REPORTING ONLY		
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 HO SWAN HIONG NRIC No S0101281I Date Of Birth 29/05/1953 Occupation **OUTDOOR** Date Of Driving Pass 16/12/1971 **Driving Experience** 47 YEARS AND 4 MONTHS Gender MALE

Mobile Number (LOCAL) +65-97386486

Fax Number **Contact Number**

EMail Address HOSH53@GMAIL.COM

922 #11-29 HOUGANG STREET 91 Address

Postcode 530922

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?

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

5

Number of Passengers (Including Driver)

NAME:

GENDER: : MALE

Passenger 2

NAME: : -

GENDER: : FEMALE

Passenger 3

Passenger 1

NAME: : -

: MALE

Passenger 4

GENDER:

NAME: : -

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

HOUGANG NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Remarks/ Reasons:

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SKP9235R

NO

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 RHT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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DECLARATION I/We declare the foregoing particulars a	are true in every respect	11-1-
COMEORT TRANSPORTATION	ON PIE - 1	6/5/19 - 72000.
CO. REG. NO. 19930:	38218	C30
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
Stable tallet room one	Date & Time:	NRIC/FIN No.:
restablish Sheet Asian Form _ 72		

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:
 - 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.

CO REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

6/5/19 Backson - C.N.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 3

CONFIDENTIAL

Annex E

HOUSANG APC ENECOCAME AND A SINGAPORE 100 / 15 TEL: 1800-4880859

NOTICE OF COMPLIANCE

This is to confirm that <u>HO SWAN HIONG NRIC/FIN No.: S01012811</u>

Contact number: <u>97386486</u> has reported to the Police a non-injury traffic accident which occurred at <u>KALLANG BOULEVARD</u> on <u>05/05/2019</u> at <u>1550hrs</u> involving the following vehicles: <u>SKP9235R & SHD4291J.</u>

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT Chua Zi Hua

Date: 05/05/2019

Time: 2110hrs

S/D Ref: 182

Police Post/Unit: HOUGANG NPC

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002























