

MCD01900348 / ComfortDelGro Engineering Pte Ltd - Loyang  
 ENTRY DATE & TIME: 22/05/2019 16:56  
 SUBMITTED BY: Huang XiaoYan

Your NCD will be affected due to late reporting  
 Actual e-Filing Submission Date & Time: 22/05/2019 17:04

### 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 22/05/2019 16:56  
 Date Of Accident 19/05/2019 05:45  
 Exact Location Of Accident EU TONG SEN ST X RIVER VALLEY RD  
 Country/State of Loss SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2755G  
 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 CHEW KENG HWEE  
 NRIC No S1374587J  
 Date Of Birth 17/11/1959  
 Occupation OUTDOOR  
 Date Of Driving Pass 06/05/1977  
 Driving Experience 42 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96178076  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

Address BLK 132 BEDOK NORTH STREET 2 #05-81  
 Postcode 460132  
 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 COLLISION - CROSS JUNCTION  
 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? YES  
 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) 1

**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 / Type Of Accident : HEAD TO SIDE

**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 SHD8939L  
 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 REAR  
 No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	CHEW KENG HWEE
Approximate Age	60
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SHC2755G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**SKETCH PLAN****IMPORTANT NOTICE**

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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. 199303821R

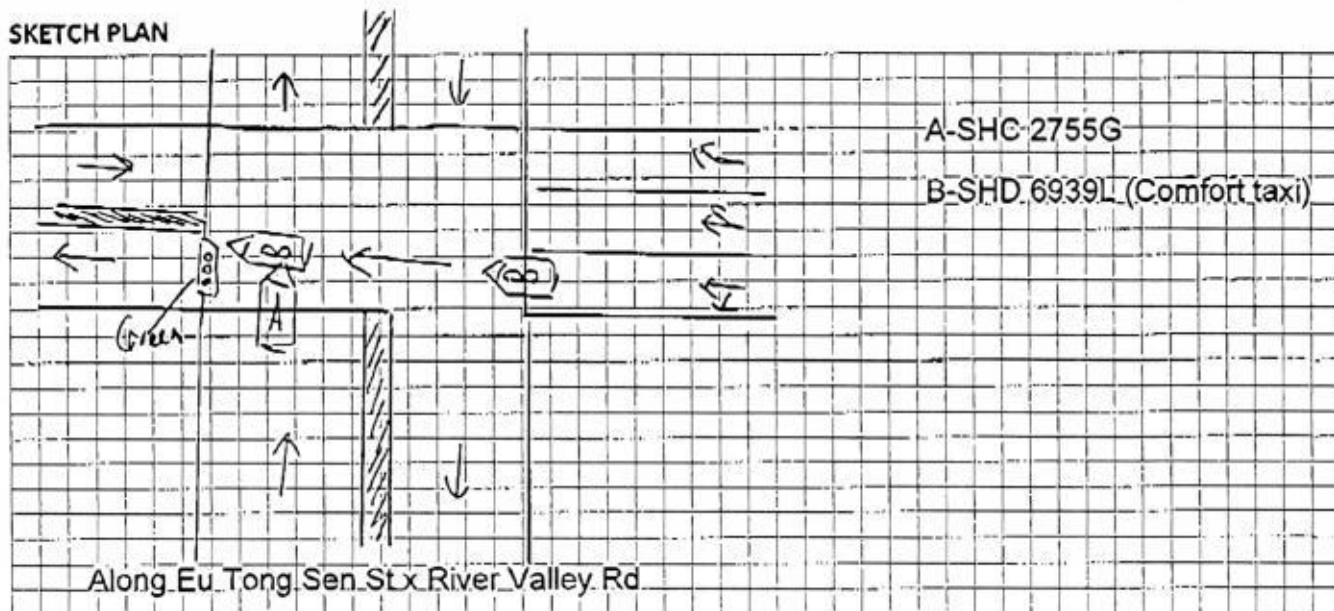
**Lisa Diong**

Policyholder's Signature  
Date & Time: 22/5/2019

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/5/2019 @ 14:30hrs

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

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

**Lisa Diong**

Policyholder's Signature \_\_\_\_\_  
Date & Time: 19/5/2019

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19/5/2019 @ 14:30hrs

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