Vehicle Make/Model/Colour

Name of Driver MAHFUDZ

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name MAHFUDZ

Injured person in which vehicle? FBE8030K

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
 interested parties.
- 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:
 - 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 LEU CO REG NO 1992038216

> Policyholder's Signature Date & Time:

Oriver's Signature (If environs not the policyholder)

Date & Time:

2/12/18 300 800 500 8

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARDAC SketchPlanForm_V3

. . .

SKETCH PLAN		
- [] -		HERREITH CHARLES
LI AL		
	++++++++	HILLIAN LEGISTER
		+++++++++++++++++++++++++++++++++++++++
	la telephone to the	(- - - - - - - - - - - - - - - - - - -
+	THE SECTION	
	KOOK NOW	
		444444444
	111111111111111	++ <u>+++++++++++++++++++++++++++++++++++</u>
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Rober . Pohee	report attach T/	20181202/2023
	Committee of the Commit	
	in instruction.	
<u></u>		
DECLARATION		
	culars are true in every respect.	2/12/11
	//	Jackson Heiri
MFORT TRANSPORTATION CC. REG. NO. 1992033	218 /1	CSO
Policyholder's Signature		
Policyholder's Signature Date & Time:	Oriver Signature (If diver is not the policyholder)	Reporting Centre Personnel's Signature
ACCUSED NO. 1 HOUSE	Date & Time	Name:

GIARRAC SketchtrlanForm_VX





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

T/20181202/2023

1 of 3 Report No. T/20181202/2023

REPORT	OF A TRAFFI	C ACCIDENT		
Date/Time Report Made: 02/12/2018 07:22			Vide Report No.: E/20181201/0179	Station Diary No.:
Informa	nt's Partic	ulars		Visitarina data di Casta da Santa da Casta
Name of Informant: TAN THONG SENG			Address: APT BLK 267A PUNGGOL F 821267	FIELD #05-101 SINGAPORE
ID Type / ID No.: NRIC NO / S7701991Z			Contact No.: Home/Office: Mobile: 90151166	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Age: Date of Birth: Male 41 10/01/1977			Type of Informant: Driver	18
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:

	mation of the Accident	cont. In case years a subject of capital and	Section Commenced Section (Section Commenced Section Commenced Sec	
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2018 23:05	Type of Location
Location: Along Road 1 KRAMAT LAI Along Krama Weather: Clear		Plaze. On the left is Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:	ontrol: Traffic Vo	
	sion:		Anyone conveyed by	

THE RESERVE AND ADDRESS OF THE PARTY OF THE	ehicle Involve	dame		150 C. St. P. C. Land	67-374-2940-740	MAR BEEN ALERES TO
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBE8030K	Motorcycle					0
SHD3625L	Car				Slightly Damaged	2

The state of the s
Use of Pedestrian Crossing: NA



T/20181202/2023

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20181202/2023

CONTINUATION OF REPORT

Rider		AND STREET STREET, STR	AND VICES	S-1/F-1-43	SUBSTRUMBUL SECTION
Name	Mahfudz		ID No		NIL
Related Vehicle	FBE8030K (Motorcycle)			ct No.	98365733
Hospital/Clinic	NIL		Class Drivin Licent Expire	g	Class: N/L Date of Expiry: N/L
Date Treatment	NIL Date Disc		Annual State of the later of th	NIL	
	ted Medical Leave NIL	Degree of		NIL	
Driver	AND THE PROPERTY OF THE PARTY O	WELL STORY	BENEVER.	1.130000	(SESSIONAL SESSIONAL SESSI
Name	TAN THONG SENG		ID No.		S7701991Z
Related Vehicle	SHD3625L (Car)		Conta	ct No.	90151166
Hospital/Clinic	NIL	Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disch		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

I am a taxi driver of Si-ID3625L. On 01/12/2018 at about 2242hrs, I picked up 2 Philippines tourist from the Max Atria, Expo and they requested to drop them at Grand Central located at 22 Cavenagh Rd S(229617). On 2305hrs, I was at along Kramat Road (extreme left lane) and the traffic was heavy at that particular moment. I was the third car waiting for the traffic light to turn green. As the traffic was jam and vehicles were moving slowly, my passengers decided to alight and walk to their Hotel. Once my passengers made the payment for the taxi fare, the one sitting on the extreme left opened the door. Less then one second later, a motorcycle bearing registration number FBE8030K squeeze through on the left and hit the edge of my taxi door while the passenger open it. Due to the impact, the rider skidded and lie on the ground less then a meter away. My taxi was stopping at the extreme left and about 2 steps away from the curb. I then made a check on the rider who was conscious and we exchanged particulars. Shortly after, Traffic Police officer came to my scene and issued me with a case card (E/201811201/0179). The rider was then conveyed to the hospital by ambulance. Both my passengers were not injured and my taxi had some paints chipped off at the edge of the rear left passenger.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20181202/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt FARHAN BIN ABU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Fine: 02/12/2018 07:22
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251 SN 08	Classification Of Case:
Authentication Stamp	





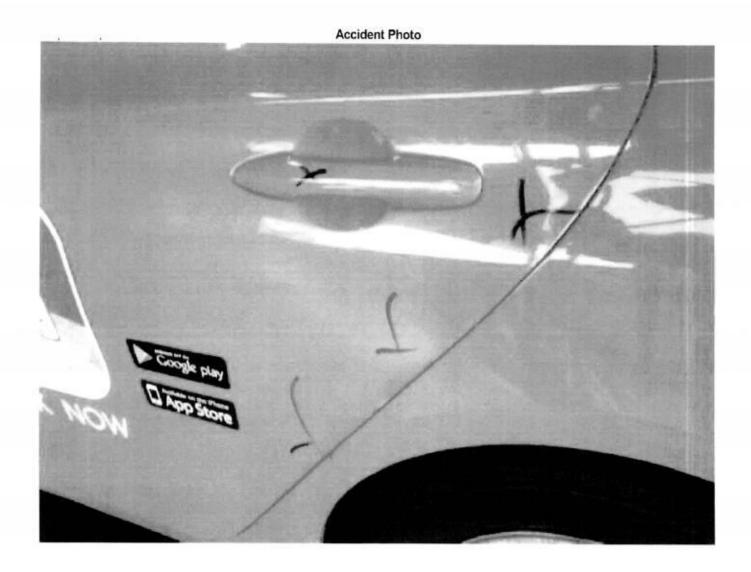


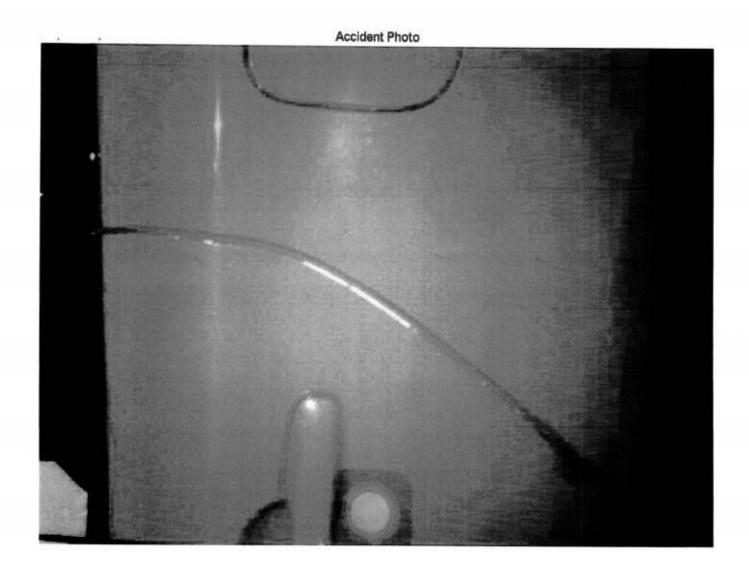












SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

and to dead.		
	ACCIDENT STATEMENT	
Date Of Report	02/12/2018 10:51	
Date Of Accident	01/12/2018 23:05	
Exact Location Of Accident	KRAMAT RD TWDS KOEK RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD3625L	
Insured/Policyholder		
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD	

Name Of Registered Owner 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

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 TAN THONG SENG (CHEN TONGXIN)

NRIC No S7701991Z Date Of Birth 10/01/1977 Occupation OUTDOOR Date Of Driving Pass 19/07/2001

Driving Experience 17 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90151166

Fax Number

Contact Number

EMail Address MELVIN_TAN10@YAHOO.COM.SG Address BLK 267A PUNGGOL FIELD #05-101

Postcode 821267

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 involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

3

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

. .

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

PUNGGOL N.P.C

YES

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20181202/2023

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBE8030K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE Name of Driver MAHFUDZ

NRIC/Passport Number

Contact Number 98365733

Address Postcode Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1	
Name	MAHFUDZ	
Approximate Age		
Injuries Sustain	NOT SURE	
njured person in which vehicle?	FBE8030K	
Were seat belts worn?		
Was this injured conveyed to hospital by ambulance?	YES	
Address		
Postcode		

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.
- 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.
- 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.
- 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 interested parties.
- 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:
 - 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. 199203821R

> Policyholder's Signature Date & Time:

Driver's Signature

(If there's not the policyholder)

Date & Time:

2/12/18

Jackson riwk Onu

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMC ShetchPlanForm, V3

1

[1

1

SKETCH PLAN	property of the property of the contract of		pr 1 .
	11 11111111		1-1
			İ
		╎╎╎╎╎╎╎╎╎╎ ┼┼┼┼┼┼┼┼┼┼┼┼┼	+1
		THE PROPERTY IS ALLE	
	+	HHHHYFTHE	. !
LA A		TITLE AND THE COURT	
	╡┋ ┪╃┪┪┪	ा । । । । । । । । । । । । । । । । । । ।	N
(45)			Ti
++++++++++++++++++++++++++++++++++++	A Kramak Ico		
<u> </u>	TIT TOWNS	<u> </u>	t
+++++++++++++++++++++++++++++++++++++++	KOEK RO	+++++++++++++++++++++++++++++++++++++	+
.+++++++++++	111111111111111111111111111111111111111		Li
	111111 11++++	╿╒┋┋┋┋┋┋┋┋┋┋┋┋┋	1-1
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	The first terms of the first first of the first	
		500	
Refer: Police	report attach T	720181202/2023	
reger , 15 Mes	To which	1/201012021 2025	_
99	<u> </u>		
			-
			-
		33000	
			-
			-
			_
70			-

DECLARATION			
DECLARATION		2/12/12	
	iculars are true in every respect.	2/12/18	
/We declare the foregoing parti	PTELE	JIZLIE Jackson Hear	
/We declare the foregoing parti	1 PT 21R	Jackson Heat	
/We declare the foregoing parti MFORT TRANSPORTATION CO. REG. NO. 19900333	Delver Signature	JIZL(8- Jackson Here) CSO Reporting Centre Personnel's Signature Name:	
/We declare the foregoing parti MFORT TRANSPORTATION CO. REG. NO. 19900333 Policyholder's Signature	1 PT 21R	Jackson Here CSO Reporting Centre Personnel's Signature	





Date of Expiry:

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Taxi driver

Report No. T/20181202/2023

REPORT	OF A TRAFFI	C ACCIDENT		85	
Date/Time Report Made: 02/12/2018 07:22			Vide Report No.: E/20181201/0179	Station Diary No.:	
Informa	int's Partic	ulars			
Name of Informant: TAN THONG SENG			Address: APT BLK 267A PUNG 821267	GOL FIELD #05-101 SINGAPORE	
ID Type / ID No.: NRIC NO / S7701991Z			Contact No.: Home/Office: Mobile: 90151166		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age:	Date of Birth: 10/01/1977	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation:			Driving Licence Information:		

Class:

General Infor	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/12/2018 23:05	Type of Location:	
Location: Along Road 1 KRAMAT LAN					
Weather: Roa Clear Dry		Road Surface: Dry	R	Road Speed Limit:	
Traffic Flow: Traffic		Traffic Control:	1.333	Traffic Volume: Heavy	
Type of Collis Moving Vehic	ion: le Against - Others			nyone conveyed by mbulance; es	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBE8030K	Motorcycle					0
SHD3625L	Car				Slightly	2
					Damaged	

Details of Person Involved	AND PRODUCTION CONTRACTOR STREET, AND ADDRESS OF THE PARTY OF THE PART
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20181202/2023

Police Station Of Origin; Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20181202/2023

CONTINUATION OF REPORT

Name	Mahfudz		ID No.	SOLVEN ST		
	Marridoz		ID No.		NIL	
Related Vehicle	FBE8030K (Motorcycle)		Contact No.		98365733	
Hospital/Clinic	NIL .		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Disc		NIL		
	ted Medical Leave NIL	Degree of				
Driver	To Grant Williams	Parameter (1)	海湖湖流行	50,800	William Service Services	
Name	TAN THONG SENG	A CAST CONTRACTOR (CONTRACTOR	ID No.	STREET, STREET	S7701991Z	
Related Vehicle	SHD3625L (Car)		Contact No.		90151166	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment				NIL		
No. of Days grant	ed Medical Leave NIL	Degree of		NIL		

Brief Details.

I am a taxi driver of Si-ID3625L. On 01/12/2018 at about 2242hrs, I picked up 2 Philippines tourist from the Max Atria, Expo and they requested to drop them at Grand Central located at 22 Cavenagh Rd S(229617). On 2305hrs, I was at along Kramat Road (extreme left lane) and the traffic was heavy at that particular moment. I was the third car waiting for the traffic light to turn green. As the traffic was jam and vehicles were moving slowly, my passengers decided to alight and walk to their Hotel. Once my passengers made the payment for the taxi fare, the one sitting on the extreme left opened the door. Less then one second later, a motorcycle bearing registration number FBE8030K squeeze through on the left and hit the edge of my taxi door while the passenger open it. Due to the impact, the rider skidded and lie on the ground less then a meter away. My taxi was stopping at the extreme left and about 2 steps away from the curb. I then made a check on the rider who was conscious and we exchanged particulars. Shortly after, Traffic Police officer came to my scene and issued me with a case card (E/201811201/0179). The rider was then conveyed to the hospital by ambulance. Both my passengers were not injured and my taxi had some paints chipped off at the edge of the rear left passenger.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20181202/2023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt FARHAN BIN ABU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Fine: 02/12/2018 07:22
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251	Classification Of Case:
Authentication Stamp	













