

MCD819180754 / ComfortDelGro Engineering Pte Ltd - Loyal  
 ENTRY DATE & TIME: 06/12/2019 08:57  
 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 06/12/2019 08:57  
 Date Of Accident 05/12/2019 14:10  
 Exact Location Of Accident TAN TOCK SENG LINK  
 Country/State of Loss SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHA7925K  
**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 KALIMUTHU SHANMUGAVEL

NRIC No S1207354B

Date Of Birth 31/10/1956

Occupation OUTDOOR

Date Of Driving Pass 29/07/1995

Driving Experience 24 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83150062

Fax Number

Contact Number

Email Address NOEMAIL

Address BLK 629 HOUGANG AVENUE 8  
#11-84  
Postcode 530629  
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  
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

**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 SMJ746A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ANG BEE CHENG  
NRIC/Passport Number  
Contact Number 90081553  
Address  
Postcode  
Insurance Company Name SOMPO INSURANCE SINGAPORE PTE. LTD.  
Nature Of Damage FRT RIGHT  
No. Of Passenger (Including Driver)

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


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8. **Consent under the Personal Data Protection Act (PDPA)**

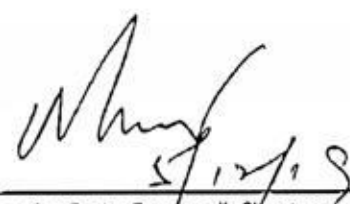
I understand, acknowledge, agree and consent that:

- (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:
  - (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.

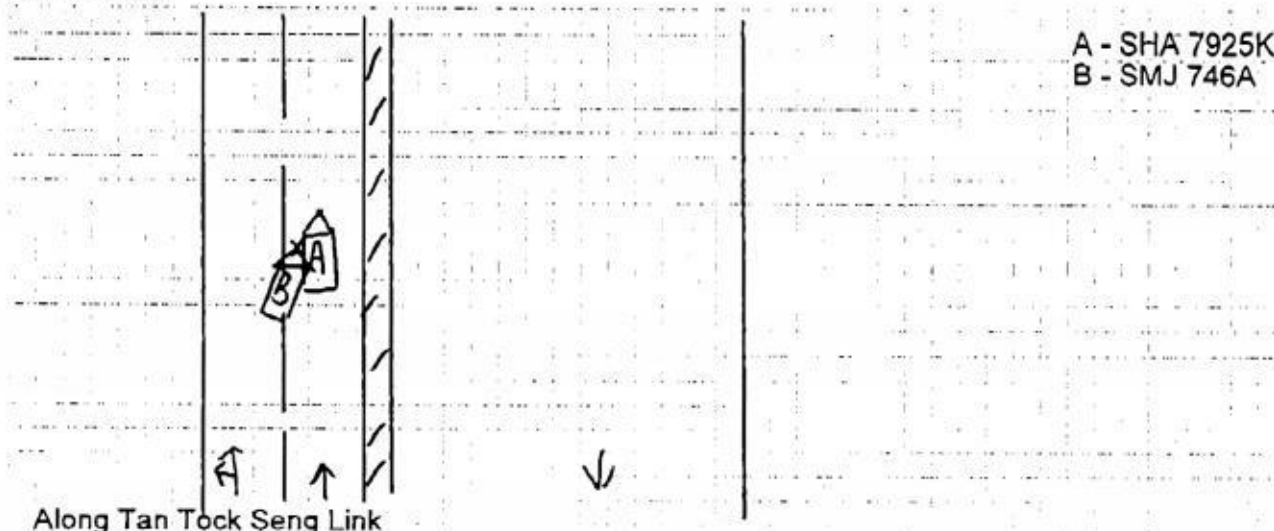
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05.12.2019  
@ 1615 hrs

  
Reporting Centre Personnel's Signature  
Name: S R Moorthy  
NRIC/FIN No.: CSO

## SKETCH PLAN




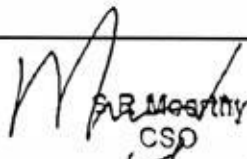
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.12.2019 at about 14:10 hours I was travelling along Tan Tock Seng Link with no
Passenger onboard .
While travelling straight , suddnely veh B ( SMJ 746A ) cut into my lane and collided into my
taxi A - Lefr Rear Portion .
As it took place too fast I colud not take evasive action to prevent the accident .
No injury in this accident .
I have company video and photos at scene to support my claims .
Veh B ( SMJ 746A ) - Ms Ang Bee Cheng H/P : 9008 1553

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821RPolicyholder's Signature  
Date & Time:
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 05.12.2019  
 @ 1615 hrs

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