

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	03/03/2020 13:46
Date Of Accident	02/03/2020 19:30
Exact Location Of Accident	PASIR RIS DR 8 TWDS TAMPINES AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7023X
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	TEO KOK WAH
NRIC No	SXXXX759C
Date Of Birth	06/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	19/08/1999
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883955
Fax Number	
Contact Number	
Email Address	NOEMAIL

BLK 652 PUNGGOL CENTRAL #13-314

Address 820652
 Postcode
 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 -
 Vehicle -
 Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
 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? 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) 4
 Passenger 1 NAME: : -
 GENDER: : MALE
 Passenger 2 NAME: : -
 GENDER: : FEMALE
 Passenger 3 NAME: : -
 GENDER: : FEMALE

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 YN6675T
 Vehicle Make/Model/Colour
 Details Of Properties COMMERCIAL VEHICLE
 Vehicle Category
 Name of Driver
 NRIC/Passport Number

Address	BLK 652 PUNGGOL CENTRAL #13-314
Postcode	820652
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 - HEAD TO REAR
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

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	YN6675T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TEO KOK WAH

Approximate Age

46

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

SH7023X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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, investigation, 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. 199303821K

Policyholder's Signature
Date & Time:

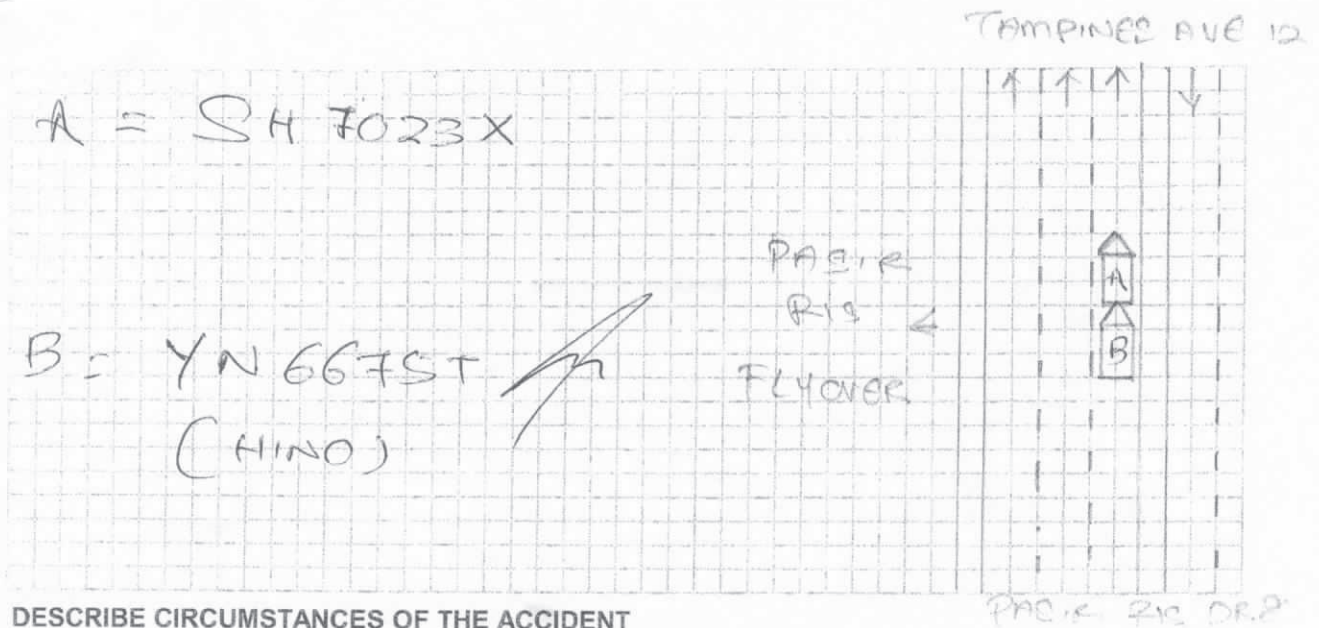
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Olivia Wendy

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

07 MAR 2020

1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CC. REG. NO. 199203321R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 02 MAR 2020

Describe Circumstances of the Accident.

On the 02/03/2020 @ 19:30 about hrs, I was driving along Pasir Ris Dr 8 towards Tampines Ave
12 direction with 3 passenger on board my taxi.

As I was driving along the Pasir Ris Flyover, the front vehicle slow down to stop so I stop
as well when after few seconds later there's an impact from behind my taxi. I step out to
checked and found out a Lorry of YN6675T front portion had collided onto my taxi rear
portion.

I felt slight neck pain and will consult doctor later.

Declaration

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

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

Policyholder's Signature/Date &
Time

Driver's Signature (If driver is not the policyholder)/Date
& Time

Olivia Wendorf

Witnessed by Reporting
Centre Personnel

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	821R
Vehicle Details	
Vehicle No.:	SH7023X
Vehicle to be Exported:	No
Intended Deregistration Date:	04 Mar 2020
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Blue
Manufacturing Year:	2015
Engine No.:	D4FDEU418623
Chassis No.:	KMHLB41UMGU077015
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,370.00
Original Registration Date:	20 Aug 2015
First Registration Date:	20 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$20,518.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	19 Aug 2023
PARF Rebate Amount:	\$15,388.00
Intended COE Rebate Details	
COE Expiry Date:	19 Aug 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,236.00
COE Rebate Amount:	\$21,708.00
Total Rebate Amount:	\$37,096.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 04 Mar 2020

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