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 <u>truthful and accurate</u> 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/03/2020 07:33
Date Of Accident	12/03/2020 19:55
Exact Location Of Accident	MAPLETREE BUSINESS CITY AT PASIR PANJANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8573A
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	SALIMRAMJU@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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 MOHAMAD SALIM BIN RAMJU

NRIC No S1431875E

Date Of Birth 06/03/1960

Occupation OUTDOOR

Date Of Driving Pass 17/03/1981

Driving Experience 38 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91137141

Fax Number

Contact Number

EMail Address SALIMRAMJU@GMAIL.COM

536 #10-609 WOODLANDS DRIVE 14 Address

730536 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

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 NO

NO

YES

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

2

Number of Passengers (Including Driver)

Passenger 1 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?

If Yes, against whom?

NO

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:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB3580S

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

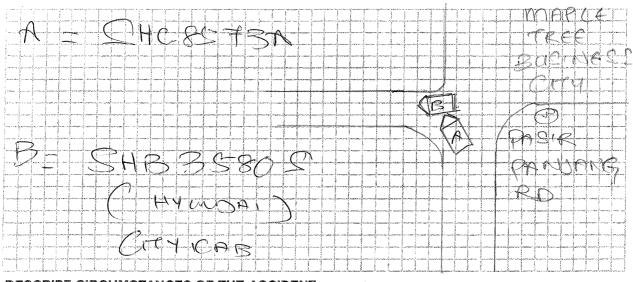
Postcode

Insurance Company Name

LEFT REAR Nature Of Damage

Page 2 of 15

No. Of Passenger (Including Driver)



Statement as per attached												
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DECLARATION

We declare the foregoing particulars are true in every respect.

COMPORT TRANSPORTATION PTC L. CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 19 MAR 2020

2

Sketch Plan Pg. 2

REPORTING ONLY CTPL

Describe Circumstances of	the Accident.	
On the 19/03/2020 I receiv	red a CALL from SINMING regarding an incident	t on the 12/03/2020
	ee Business City at Pasir Panjang Rd involved w	
During the date and time I	was driving towards the above location to pick	c up passenger
After my passenger board	my taxi I slowly drive out and a City Cab of SHE	33580S drove pass
and grazed onto my taxi fro	ont right portion.	
	·	
		77444
I am filling this report as in	structed.	
Declaration		
I/We declare the foregoing parti	culars are true in every respect.	
COMFORT TRANSPORTA	TION PTE AM	and Vigor
Policyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date	Witnessed by Reporting
Time	& Time	Centre Personnel

19 MAR 2020

Sketch Plan Pg. 3

IMPORTANT NOTICE

- 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.
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- 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.
- 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 setout 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 invesigations 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 outlisde 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:
 - 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 FTE U CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If drive∦is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: 19 MAR 2020

NRIC/FIN No.:

Olivia Wend

