### 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 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

	ACCIDENT STATEMENT	
Date Of Report	07/04/2020 17:37	
Date Of Accident	07/04/2020 16:15	
Exact Location Of Accident	ALONG BUKIT BATOK INDUSTRIAL PARK A	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

•	
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA7866Y
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	
	The state of the s

T KENGLYE@YAHOO.COM

Manufacturer	HYUNDAI
Model	IONIQ

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?

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

**Insurance Company** 

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number D-18088936MFSH

Cover Note Number

Driver

Name of Driver TAN KENG LYE NRIC No SXXXX491B Date Of Birth 05/11/1952 Occupation OUTDOOR Date Of Driving Pass 20/03/1980

**Driving Experience** 40 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93639896

Fax Number

**EMail Address** 

Contact Number

Address

545 #02-12 CHOA CHU KANG STREET 52

Postcode

680545

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

COLLIDED INTO MOTORCYCLIST

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

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** 

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

FBG1353P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

NO DAMAGE

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

**RIDER** 

Approximate Age

Injuries Sustain

LEG

Injured person in which vehicle?

FBG1353P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## Sketch Plan Pg. 1

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 and 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 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.

CANTOR: TRANSPORTATION FIELD CO REG. NO. 1993036218

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

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature Name: 0.7 APR 2020

NRIC/FIN No.:

Page 4 of 12

OMFURT RANGEOR. CO. REG. NO. 18 cyholder's Signature	93036218	s Signature			Wen <b>oy</b>	
				en in the	10,000	7 ()
declare the foregoing particu	lars are true in every	respect.			-	1/
ECLARATION			C C C C C C C C C C C C C C C C C C C			
	mane a energia en compara a como e des-		becomes archer ween the property and all the second			1 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
		APPENDED TO THE SHEET STEET SALES FROM	of the adjoint of the state of the state of	er and comment and commentation	and the contract of the second	w/w/
a N. F. (1994). When a street was in the same as	PARTS A STORE STORE BY MAN A STORE S	er a samulation of the control of th		الري موساني بتوليد فيداس الهادالية		
	The state of the s	CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	The water of the state of the same and the same of the	M Apple to 1971 and the first state of the s	and become the trapped care season and contract of the trapped and the trapped of trapped of the trapped of	
				gramma ye ili a saya a da a dayana iya		
(a. 17) to the first section of the section of	eran die Mark voor er en dechaatsgeviet op en	and an original of the second configuration and admitted to	TO THE STATE OF TH	The state of the s	there is a second the assemble of	the make more definitions of
Control of the Control of the Agencian of the Control of the Contr	ergist open met rechte in der eine eine eine eine eine eine eine ei	eres was and make a good and make a	Electronic Angelings (Charles Angeline)	the and Schooling organic by may light be	ere turner epiperistance e	The second of the second
and the second s	and a construction of Species of		7 T 1 TOP - WILDOW - 1981 - 1985 - 1		and the second of the second of	
The second secon	The second secon	errila monta de contrata de la constanta de la	THE RESERVE OF THE PERSON OF T	many and the contract of the c	es an a residencial constant and a	Carry Commence
on construct and the street for the state of Service and the state of	and the Sea Seas Wellington in the depot to	titi Mood statistiinii lookisti aaan Taraan aaan Prii	- may with our analysis of a	and the second second second second second second	manus a manus de la manus de l	
	distribution in graphical constraints of the second	- a major	No other professional and the second		anterest to the set of emergence	COMMERCIAL CONTRACTOR CONTRACTOR
			e de terromana establishmens		The state of the s	the matter of the equilibrium of the control of the
the state of the s	Compression of the Compression was	THE THE PERSONNEL WATER	restrain the all Compress		alek ekonomia on antiquala	
Ctatemen	+ 09	per	atta	rated.		4
DESCRIBE CIRCUMS		HE ACCIDENT	and our slave about slaves are	Bile	to Barrox	IND PA
				<u>ago</u>		
The Cinner	receive	$c(\epsilon)$		Sulle		1 802
BEFR	6130				塚	
	t and for a bound from his in facility facility	Parameter and the second	marine make a house		4	
			and the state of t			

Martin Control Control

# Sketch Plan Pg. 3

# H2SIDE BIKE

MESIDE I	SIKE	
Describe Circumstances of the Accident.		
On the 07/04/2020 @ about 16:15hrs, I was driving	along Bukit Batok Industria	Il Park A
direction with no passenger on board my taxi.		
As I was driving suddenly a motorcycle of FBG1353P	drive out from a small land	so I jammed
	Note that the second se	
brake to avoid the collision. However the said motor	rcycle hit onto my taxi fron	t left portion.
The motorcycle was driving out from the opposite di	irection.agains 4 the	flow of traffic
	Qu: No	-
The rider leg was limping from the impact.	9	- A summittee
I'm not injured as well.		
		177004
	191	
		- 03
14)	NAME OF THE OWNER OWNER OF THE OWNER	
		110 Files
	TURNILLAND TO STATE OF THE STAT	
Declaration		
I/We declare the foregoing particulars are true in every respect		
		. /
2		, )×
AND TO MEDION STON STELTD		Olivia Hanney YO
CO. RES. NO. 19930 (C1R autil)		
Policyholder's Signature/Date & Driver's Signature/If driver is not the	he noticyholder)/Date	Witnessed by Departing

07 APR 2020

Centre Personnel

Page 1

& Time

Time