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.
- 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.

aforesaid.	ou 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	09/04/2020 11:25
Date Of Accident	09/04/2020 08:10
Exact Location Of Accident	ALONG JURONG PIER RD TOWARDS JURONG ISLAND
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH7007T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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?

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 LEE TIAN NAM NRIC No SXXXX618I Date Of Birth 25/04/1946 Occupation OUTDOOR Date Of Driving Pass 22/04/1966

Driving Experience 53 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93392168

Fax Number

Contact Number

EMail Address NOEMAIL Address

BLK 22 GHIM MOH LINK

#34-210

Postcode

271022

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?

Number of vehicles (including own vehicle)

involved in the accident

NO

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)

2

Passenger 1

NAME:

GENDER:

: MALE

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

REFER ATTACHED

Attachment(s)

YES

Are accident photos available for attachment? 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

FBN1670L

Vehicle Make/Model/Colour

MOTORCYCLE

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

•	DETAILS OF INJURED PERSON 1	
Name	UNKNOWN(RIDER)	
Approximate Age		
Injuries Sustain	HANDS	
Injured person in which vehicle?	FBN1670L	
Were seat belts worn?	NO	
Was this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

Sketch Plan Pg. 1

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- 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:
 - (i) 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
- 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:
 - (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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centr Name:

NRIC/FIN No.

BEBN 1670 L SCRIBE CIRCUMSTANCES OF THE ACCIDENT On. 09 4 2000 @ 0810 hr 1 was arving along Jurang Pier Roaci toward Jurang Island with one pensenger. As I was driving sudday there a sound on my rear portion of my taxi so I step and chark, a motor cycle FBN 1670L had skide and hit onto my taxi Rear-Hiefe Leaft portion of my taxi. Ther order miguiped on his hand, ambulance come to chal on him and not conveyed.			Juno Jaron Islan
SCRIBE CIRCUMSTANCES OF THE ACCIDENT On. 09 4 2000 @ 0810 hr 1 was arving along Jurong Pier Road toward Jurons Island with one pensenger. As I was driving suddenly there a sound on my rear portion of my taxi so I stop and check a motor cycle "FBN 1670L had skide and hit anto my taxi Rear tiefte tests porton of my taxi. Ther order mjurged on his hand, ambulance ame to check on him and not conveyed.	A SH70077		
On. 09/4/2020 @ 8810 hr 1 was arving along Jurong Pier Road toward Jurong Island with one pensenger As I was driving suddenly there a sound on my rear portion of my taxi so I stop and check. A motor cycle FBN 1670L had skide and hit onto my taxi Rear-tixte least portion of my taxi. Ther order mjuryed on his hand, ambulance come to check on him and not conveyed.	B EBN 1670L		
On. 09/4/2020 @ 0810 hr 1 was arring along Jurong Pier Road toward Jurong Island with one pensenger As i was driving suddenly there a sound on my rear portion of my taxi so i stop and check a motor cycle : FBN 1670L had skidd and hit onto my taxi Rear-Hiete left portan of my taxi. Ther order mjurged on his hand, ambulance come to check on him and not conveyed.			COAS Pres BOOD
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	As i was driving suddentaxi so i stop and and hit anto my taxi. Ther order mjumped on and not conveyed.	day there a cound on a check. A motor cycle Rear-tixte left porton his hand, ambulance	my rear portion of my FBN 1670L had skidd of my faxi.

DECLARATION

We declare the foregoing particulars are true in every respect.

COMPOSITION OF THE STATE OF

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:
NRIC/FIN No.:

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