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

 By the lodgement of this report to the insurers, your aforesaid. 	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	08/04/2020 15:11	
Date Of Accident	08/04/2020 12:20	
Exact Location Of Accident	KK WOMEN'S & CHILDREN'S HOSPITAL	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA6020C	
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	
Event Durage for which vehicle was be	ing used at	

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

MS FIRST CAPITAL INSURANCE LTD THIRD PARTY FIRE AND/OR THEFT

Type Of Coverage

YES

Fleet Policy Policy Number

D-18088936MFSH

Cover Note Number

Driver

BAY KOK HOWE Name of Driver

NRIC No SXXXX879I Date Of Birth 04/06/1955 **OUTDOOR** Occupation Date Of Driving Pass 16/12/1976

43 YEARS AND 3 MONTHS **Driving Experience**

MALE Gender

Mobile Number (LOCAL) +65-97385887

Fax Number

Contact Number

BAYKOKHOWE0406@YAHOO.COM **EMail Address**

Address

BLK 298 BUKIT BATOK STREET 22

#07-30

Postcode

650298

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver) Passenger 1

NAME:

. -

: FEMALE

Passenger 2

NAME:

: -

GENDER:

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

REFER 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

SLM7451A

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NUREENLIAWATI BINTE ABDUK RASHID

NRIC/Passport Number

Contact Number

Address

Page 2 of 15

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

RH REAR

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.
- 3. 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 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.
- 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.
- 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 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 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 invoive 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.

CO. K. C. 1965. Canada State

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

NRIC/FIN No .:

9 90	
A = SHA6020C	
	LINGWENT & LATHAPHILE
and a surface from the form of the first of	
	MUSECHUL JOHN
	HOPPETPLEATER
BESZMFASIN	
(HOMA)	and the second section of the second section is a second section of the second section of the second section of the second section is a second section of the section of the second section of the section of the second section of the sectio
DESCRIBE CIRCUMSTANCES OF THE ACCI	Control of the Contro
Statement Cus per	ratacled.
n and a survival of the surviv	remove resolvent of the content of t
Acres - Advised the State of the Company Support man in the State of the Company	entende d'asserté e distribute entranchique des consolitations à distribute. Sur disse de service entende des services de serv
	trades and the femiliaries of the comments of the properties of the contract o
тан также экспекту Америтан мемененде судах, это эменения передамения аксертання начания производительно на начали в	de parties conflicts a conflicter grant specifies a meter particulation, so and particulation and an experience of the conflicted and so and the many conflicted and the conflicted and
mick of the contribution o	
paga tang tang kalandaran kalandaran paga kalandaran paga kanggalan ang paga tanggalan baga ang paga baga ang	e de las cares colo mensión residente destandas. Antenes colos el mane aportes que enque actual actual de la colo d
	A SUBSECTION OF MARKETING AND ADDRESS TO THE STATE OF THE
en a se se se commente de commente de la company de com	
THE RESIDENCE FROM A SHOP IN MAKE THE SHOP WITH THE PARTY OF THE PARTY	A 1985 CONTRACTOR OF THE STATE
a to the remainder of the control of	includes an experience of the contraction of the co
(a) The contract of the con	
	and affiliation of the agreement of the contract of the contra
Contractor of the Contract of the Section of the Contract of t	to an agreement the angles of a proposed and a superstanding of the supe
ECLARATION	

D

We declare the foregoing particulars are true in every respect.

Commence of the state of the Library PER ATTS COMMENCE SERVICE STATE STATES

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 :

Sketch Plan Pg. 3

Describe Circumstances of	the Accident.	
On the 08/04/2020 at abou	ut 12:20hrs, I was driving towards the drop o	off point at KK Women's
	tion with 2 female passenger on board my ta	. 17 P. M. 18 P. M. 1
	ne drop off point the front vehicle of SLM745	1A stop and started
to reverse and conided on	to my taxi left front portion.	
	*UF-10-10-57-57	
No injure at the point of or	aid-uk	170.000
No injury at the point of ac	ccident.	
111.00-00-00-00-00-00-00-00-00-00-00-00-00-	SATURATE	
200 00 00 00 00 00 00 00 00 00 00 00 00		
A second		7110575-0
	CONTRACT CON	
	- Annahada an	
Declaration		
/We declare the foregoing parti	culars are true in every respect.	
		w .
	→ vk	~ ~
COMPONE TO THE TOTAL STREET	Kind Prize A.TO	Olivia Wenti
olicyholder's Signature/Date &	Driver's Signature(If driver is not the policyholder)/Date	Witnessed by Reporting
ime	& Time	Centre Personnel

0 8 APR 2020