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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/04/2020 11:33
Date Of Accident	02/04/2020 22:10
Exact Location Of Accident	AYE TOWARDS CTE AFTER SCIENCE PARK DRIVE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD3568T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
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	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 WOO ONN WAH NRIC No S0153545E Date Of Birth 13/03/1953 Occupation **OUTDOOR Date Of Driving Pass** 15/12/1973

Driving Experience 46 YEARS AND 3 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-98526122

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 714 WOODLANDS DRIVE 70 #04-172

Postcode 73071

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? YES

Foreign Vehicle Registration Number JQY3455 (MOTORCYCLE)

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?

YES

Was any other material or property damaged? YES

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

NO

2

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT: T/20200403/2003

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JQY3455

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

Contact Number

NRIC/Passport Number

Page 2 of 19

Address

Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER

Approximate Age

Injuries Sustain NOT SURE Injured person in which vehicle? JQY3455

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PILLION

Approximate Age

Injuries Sustain NOT SURE Injured person in which vehicle? JQY3455

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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:
 - 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 outisde 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.

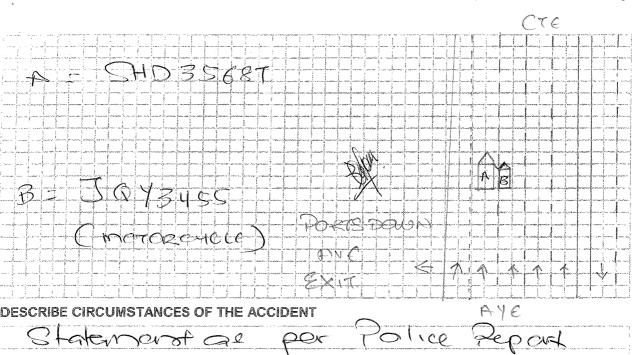
COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No.:

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DECLARATION

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 Wendy

Reporting Centre Personne (s) Signature Name: 0 3 APR (Signature Name: NRIC/FIN No.:

2





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

1 of 3 Report No. T/20200403/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2020 00:32		lade:	Vide Report No.: D/20200402/0151		Station Diary No.:	
	t's Particu	ılars				
Name of Informant: WOO ONN WAH			Address: APT BLK 714 WOODLANDS DRIVE 70 #04-172 SINGAPORE 730714			
ID Type / ID No.: NRIC NO / S0153545E Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 98526122 Email:			
Sex: Male	Ligo: Date of Diffi.		Type of Informant:			
Race: Chinese			Language: Institution / School Name.		School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:		

General Informat	ion of the Accident					
Type of Accident:	Injury Conveyed By Ambular	Drink Drive:	Date/Time Accident: 02/04/2020		Type of Location: Straight Road	
Location: Along Road 1 AYER RAJAH EX Towards CTE afte Lamp Post Number	er Science Park Drive ex	-	1 02/04/2021	V Z.Z. 1 V		
Weather: Clear		Road Surface: Road Speed Limit:			Speed Limit:	
Traffic Flow: One Way	1	Traffic Control: Tr			Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				ne conveyed by llance:		

Zehicle No.	Туре	Make	Model	Color	Condition	No of December 1
JQY3455	Motorcycle			- VVIVI		No of Passenge
	Motorcycle				Slightly	1
NIDAGAAT					Damaged	
SHD3568T	Taxi				No	1

Details of Person involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20200403/2003

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999 **CONTINUATION OF REPORT**

Driver						
Name	WOO ONN WAH			ID No	•	S0153545E
Related Vehicle	SHD3568T (Taxi)			Conta	ct No.	98526122
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	nted Medical Leave NIL Deg			Injury	NIL	

Brief Details.

On the 02/04/2020 at about 2210hrs, I was driving along AYE towards CTE (most left lane) after exiting from Science Park Drive. Out of a sudden, one motorcycle side swiped my car on the right side and subsequently both the rider and pillion fell to the road. Thereafter, the ambulance arrived and conveyed them to the hospital. The traffic police was also at the location. My passenger and I are not injured in the accident.

CONTINUATION OF REPORT





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20200403/2003

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: L / Staff Sgt TOH ZI GUI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	03/04/2020 00:32
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	SN 130
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN M	MD S14 150
YUSOF	- -
Contact No.: 65476358	
Authentication Stamp Signature:	
NP168	A CANADA AND AND AND AND AND AND AND AND AN
Singapore Polic	ice Force

