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.	
	ACCIDENT STATEMENT
Date Of Report	21/05/2020 10:40
Date Of Accident	20/05/2020 15:20
Exact Location Of Accident	89 HOUGANG AVE 4 HOUGANG POLYCLINIC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH8847D
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	
Names of Duissan	NEO CUNVEE CUITA

Name of Driver NEO CHWEE CHUA

NRIC No S0009824H

Date Of Birth 11/11/1951

Occupation OUTDOOR

Date Of Driving Pass 12/04/1975

Driving Experience 45 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94682156

Fax Number

Contact Number

EMail Address NOEMAIL

Address 9 05-01 EVERITT ROAD NORTH

Postcode 428522

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)

2

involved in the accident

NO

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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

NO 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] HOUGANG NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA2153U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIN XUEDENG

NRIC/Passport Number

Contact Number 96432229

Address Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

Sketch Plan

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We declare the foregoing particulars are true	in every respect.			
	. ()			1
COMFORT TRANSPORTATION PT CO. REG. NO. 192293F21R	ELI OF		Horozeontak	1000 -11-1
Policyholder's Signature	Driver's Signature		Reporting Centre Person	mel's Signature
Date & Time:	(If driver is not the policyho Date & Time:	older)	Name: NRIC/FIN No.:	

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200520/2042

Others			
Person Name	LIN XUEDENG		The state of the s
ID Type	NRIC NO	ID No	S6982478A
Gender	Male	Age	41
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	Mandarin	Address Type	Apt Blk
Address	APT BLK 601A PUNGGOL CENTRAL #15-622 SINGAPORE 621601	Mobile No	96432229

"Your report is classified as.

Î	, }	Lost & found
1 X	()	Insurance Claims
[]	Divorce / Contract / Civil Proceedings
(1	Tenancy Dispute (Contractual)
[1	Others (Please Specify)

As these are not criminal matters, no further investigations will be carri-However, civil remedies may be available. You are advised to consult : logal professional for further advice".

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Staff Sgt TEO HENG HENG, ROBIN	1
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2020 15:53
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 CHONG TECK WEI, JEFFREY Contact No.: 64890999	Classification Of Case:
Authentication Stamp	h





1 of 2

Report No. F/20200520/2042

POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made 20/05/2020 15:53	Vide Report No.		Station Diary No. 59	
Name Of Informant NEO CHWEE CHUA	Address			NOADODE 100500
ID Type / ID No. NRIC NO / S0009824H	9 EVERITT ROAD NORTH #05-01 Contact No. Home/Office Mobile			INGAPORE 428522
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Taxi driver	Male	68	11/11/1951	Chinese
Institution/School Name	Language Mandarin			
Date/Time Of Incident 20/05/2020 15:20 - 20/05/2020 15:20	Location Of Incident 89 HOUGANG AVENUE 4 HOUGANG POLYCLINIC SINGAPORE 538829			

Brief details.

On 20/05/2020 at about 1520 hours, my Blue Hyundai I40 Comfort Taxi registration plate SH8847D was travelling along Hougang Avenue 4 towards Hougang Central. Suddenly, I felt an impact from the rear. I alighted from my taxi and exchanged my details with the male driver. My car right rear has scratches. We left the scene as no one was injured.

This report is for my company insurance. My taxi has an front in-car camera. I do not know if the other car has an in-car camera. There is no LTA camera at the location.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Staff Sgt TEO HENG HENG, ROBIN	
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2020 15:53
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 CHONG TECK WEI, JEFFREY Contact No.: 64890999	Classification Of Case: no offere disologed
Authentication Stamp	
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1 of 1

Report No. F/20200520/2050

POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made 20/05/2020 16:24	Vide Report No. p/202005 20/2042 Station Diary No.				
Name Of Informant	Address				
NEO CHWEE CHUA	9 EVERITT ROAD NORTH #05-01 SINGAPORE 42852			INGAPORE 428522	
ID Type / ID No. NRIC NO / S0009824H	Contact No. Home/Office		Mobile 94682156		
Nationality SINGAPORE CITIZEN	Email Address				
Occupation	Sex	Age	Date of Birth	Race	
Taxi driver	Male	68	11/11/1951	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 20/05/2020 15:20 - 20/05/2020 15:20	Location Of Incident 89 HOUGANG AVENUE 4 HOUGANG POLYCLINIC			G POLYCLINIC	
	SINGAPORE 538829				

Brief details.

The other car is a Grey Mazda registration plate is SMA2153U. That is all.

Signature Of Officer Recording The Report:	1/1	Signature Of Informant:
F / Staff Sgt TEO HENG HENG, ROBIN	1	M
Signature Of Interpreter: Not applicable	-	Date/Time: 20/05/2020 16:24
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 CHONG TECK WEI, JEFFREY Contact No.: 64890999		Classification Of Case:
Authentication Stamp		1/2 man
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IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Polloyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 3. facts may allow insurance companies to repudiate policy liability.
- 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 faise reporting may be referred to the Police for investigation. 5
- 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
- By the ledgement 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 dalms 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
- (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 LIL CO. REG. NO. 18920 1821R

Driver's Signature

(If driver is not the policyholder)

Date & Time:

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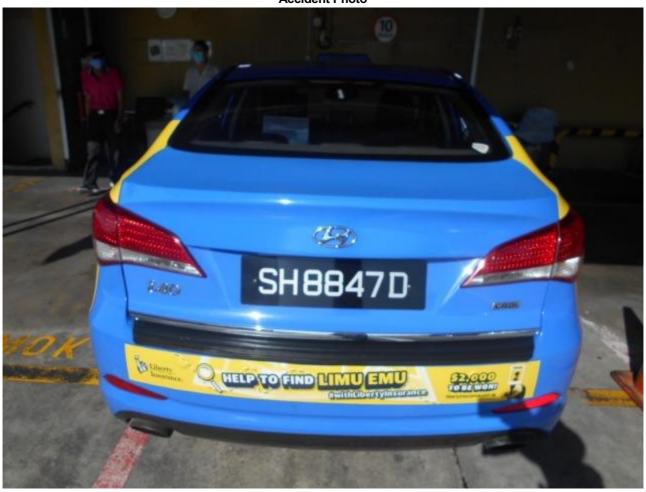
Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



Accident Photo



Accident Photo



Accident Photo

