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	16/05/2020 09:55
Date Of Accident	15/05/2020 14:30
Exact Location Of Accident	ALONG RACE COURSE RD TOWARDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA7549M
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGETAXI.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 SAPARI BIN MOHAMED

NRIC No S0063569C

Date Of Birth 20/10/1952

Occupation OUTDOOR

Date Of Driving Pass 28/01/1981

Driving Experience 39 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96727550

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 859 TAMPINES AVENUE 5 Address

#04-613

Postcode 520859

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

2

NO

NO

1

General Information of the Accident

SIDE SWIPE Type Of Accident 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?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20200515/2063

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 SLC3770H Vehicle Make/Model/Colour **JAGUAR**

Details Of Properties

Vehicle Category PRIVATE CAR **UNKNOWN** Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 15

Nature Of Damage

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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- 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. 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.
- 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.
- 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 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: Øriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No]:6 MAY 2020

Olivia Wend

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DECLARATION				
We declare the foregoing particulars are to				.e
COMFORT TRANSPORTATION PTE LT CO. REG. NO. 199303821R	ro Sinth	1	Olivia W endy	08
Policyholder's Signature Date & Time:	Driver's Signature off driver is not the po Date & Time:	blicyholder)	Reporting Centre Name: NRIC/FIN Nq.6	Personnel's Signature





20200313/2003

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3 Report No. T/20200515/2063

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/05/2020 22:50		Vide Report No.:	Station Diary No.: 90		
Informar	nt's Particu	lars				
Name of	Name of Informant:		Address:	Address:		
SAPARI BIN MOHAMED		MED	APT BLK 859 TAMPINES AVENUE 5 #04-613 SINGAPORE 520859			
ID Type /	ID Type / ID No.:		Contact No.:			
NRIC NC	NRIC NO / S0063569C		Home/Office:	Mobile: 96727550		
Nationalit	Nationality:		Email:			
SINGAP	SINGAPORE CITIZEN		princessnowhite80@gmail.com			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	67	20/10/1952	Driver			
Race:	Race:		Language:	Institution / School Name:		
Javanese	Javanese		English			
Occupation:			Driving Licence Information:			
Taxi driver			Class: 2B,2A,2,3	Date of Expiry:		

General Informat	ion of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/05/2020 14:30	Type of Location: Straight Road	
Location: Along Road 1 Tra RACE COURSE BUKIT TIMAH RO Opposite Tekka M	DAD	2		ah di Prod Kilabahan And Kilaba	
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way		Not Controlled Heavy			
Type of Collision: Moving Vehicle Against - Parked Vehicle			6	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA7549M	Blue Comfort Taxi	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	O VILO
SLC3770H	Car	JAGUAR	XJ 2.0 TSS SWB SR	White	Slightly Damaged	0 4 5

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Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20200515/2063

2 of 3

CONTINUATION OF REPORT

Brief Details.

On 15/05/2020 at about 1430hrs, I was driving along Race Course Road towards Bukit Timah Road in my Blue Hyundai Comfort Taxi (Reg No: SHA7549M) on the right of the two lanes. I observed that the left of the two lane was a carpark lots with many stationary vehicle and the road was so narrow. I continue driving along the said road when I heard a small thug coming on my left front side mirror. I managed to reserve and discovered that I had hit the front side mirror of a jaguar vehicle (SLC3770H) however there was no damages.

I did not alighted from my vehicle and decided to drive off as I did not want to held back the other vehicle behind me.

At about 1600hrs, I received a called from Traffic Police Investigator Officer IO and advised me to lodge a police report.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SIN 3 of 3 Report No. T/20200515/2063

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999 CONTINUATION OF REPORT

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.

G / Staff Sgt MUHAMMAD FIRD	· /	Signature Of Informant.
Signature Of Interpreter:	1	Date/Time:
Not applicable		15/05/2020 22:50
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Officer In Charge Of Case:	SINGAPORE	Classification Of Case:
TP / GIA /	POLICE FORCE	
Staff Sgt WONG SIEU LUI Contact No.: 65476151		
Contact No.: 03470131		\forall
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