

## 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 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.
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	12/06/2020 14:16
Date Of Accident	12/06/2020 10:40
Exact Location Of Accident	SEMBAWANG RD AFTER SPRINGSIDE DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1972C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

### Driver

Name of Driver	FOO KHEE MENG
NRIC No	SXXXX283B
Date Of Birth	08/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1979
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96916363
Fax Number	
Contact Number	
Email Address	FOOKHEEMENG@GMAIL.COM

Address	BLK 351D CANBERRA ROAD #08-279
Postcode	754351
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	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEBBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes against whom?	

#### Circumstances of Accident

PLS REFER TO 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

Vehicle Registration Number	SMC7429G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM HUAT SENG
NRIC/Passport Number	
Contact Number	83384792
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage	FRT
No. Of Passenger (Including Driver)	



# IMPORTANT NOTICE

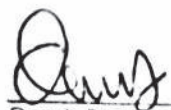
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8. **Consent under the Personal Data Protection Act (PDPA)**

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 set out 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 outside 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.

COMPETENT AND COMPETENT NOTIFIED  
CO-REGULATORY PROVISIONS

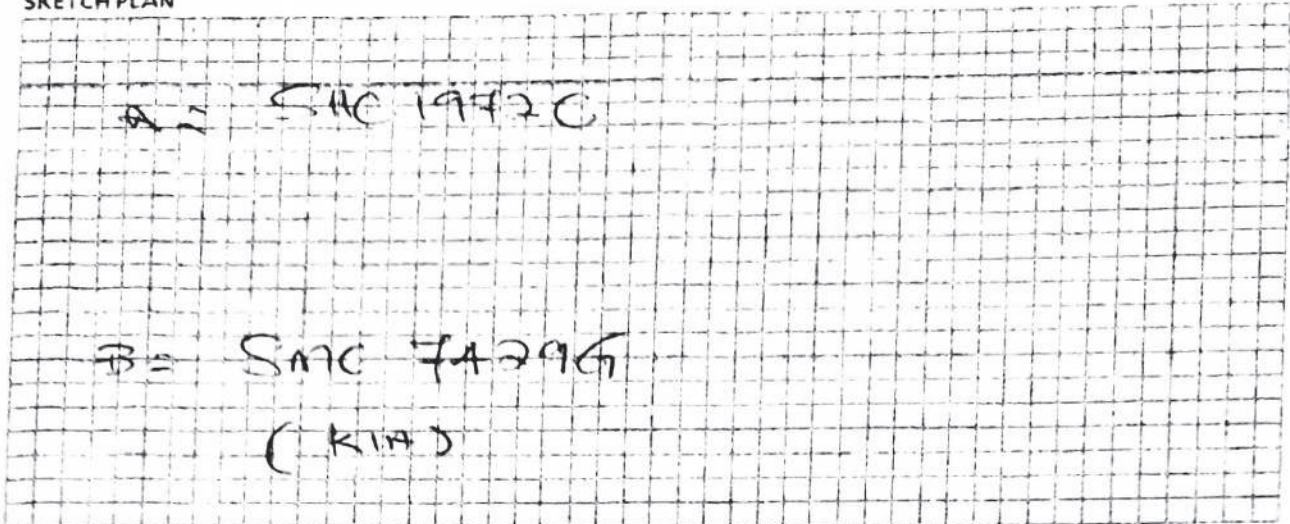
Policyholder's Signature  
Date & Time:

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

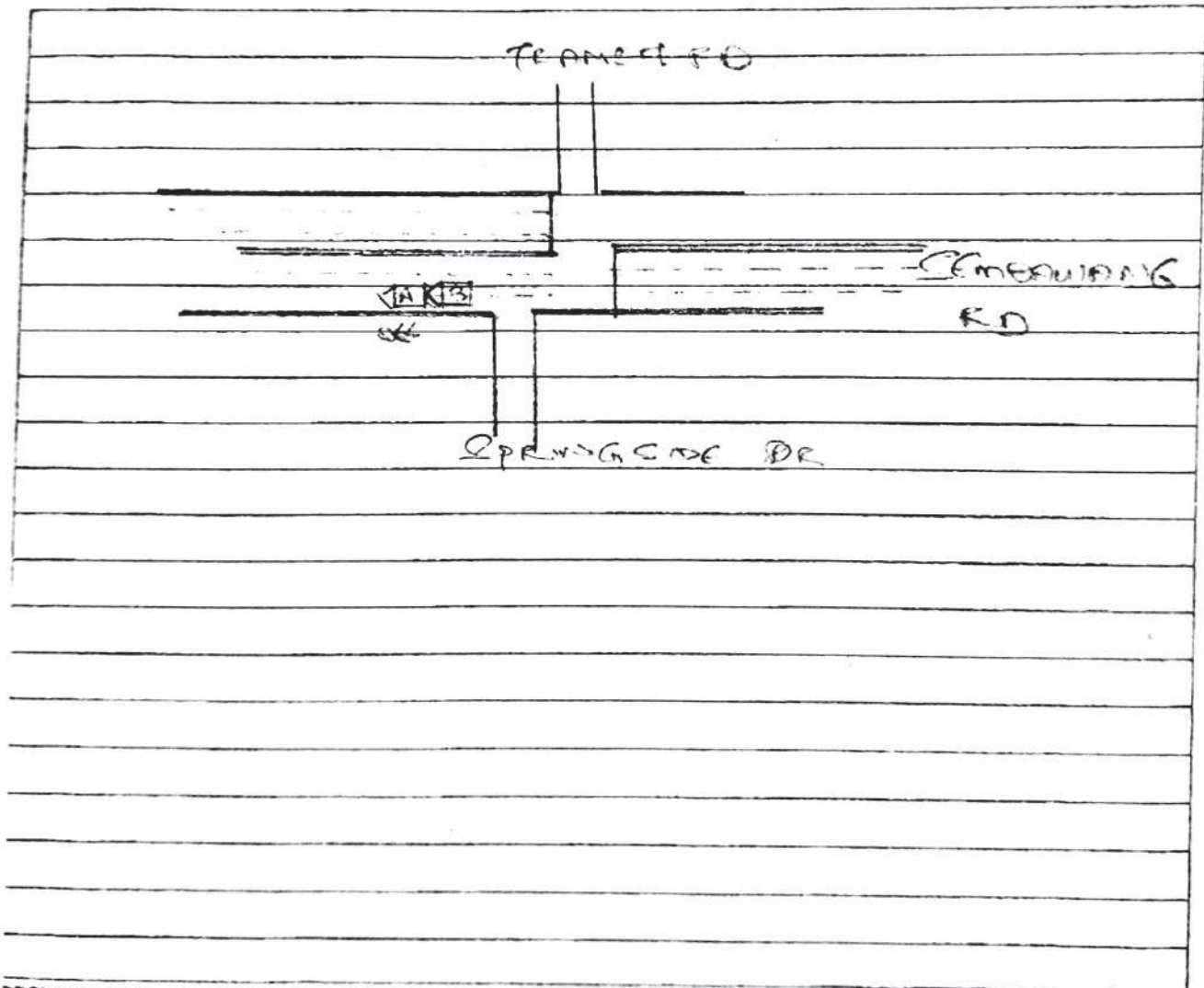
Olivia Wendy

  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION

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

12 JUN 2020



Describe Circumstances of the Accident.

On the 12/06/2020 @ about 10:40hrs, I was driving along Sembawang Rd direction with no passenger on board my taxi.

Just after the junction of Springside Dr there's a passenger flag my taxi so I switched on my hazard light and slow down to stop. Then there's an impact from behind my taxi. I step out to checked and found out a vehicle SMC7429G front portion had collided onto my taxi rear portion.


No injury at the point of accident.

Declaration

I/We declare the foregoing particulars are true in every respect.

COMPANY POLICYHOLDER'S SIGNATURE  
(If not the policyholder, the driver must sign)

Policyholder's Signature/Date &  
Time



Driver's Signature (if driver is not the policyholder)/Date  
& Time

Driver's Name

Witnessed by Reporting  
Centre Personnel

12 JUN 2020

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that FOO KHEE MENG, S1176283B, TEL: 96916363  
residing at Blk 351D CANBERRA RD #08-279 has reported to the Police a non-  
injury traffic accident which occurred along SEMBAWANG RD AFTER  
SPRINGSIDE DR.

which took place on 12/6/2020 at 1040hrs involving the following vehicles;

- 2 This accident was reported to the Police within 24 hours of its occurrence,  
Then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

- SHC1972C (COMPLAINANT)
- SMC7429G (LIM HUAT SENG, S9809610H, TEL: 83384792)

Rank/Name of Issuing Officer: SC/SGT (2) MD HAZIQ

Date: 12/06/2020 Time: 1210hrs

S/D Ref: 12

Police Post/Unit: Sembawang Neighbourhood Police Centre

Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

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SEMBAWANG NPC  
4 Sembawang Crescent  
Singapore 757633  
Tel: 1800-5549999  
Fax: 68522499

