

## 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 Authonsed 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	09/06/2020 12:16
Date Of Accident	09/06/2020 08:55
Exact Location Of Accident	TANGLIN HALT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4955C
<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	I40

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	FAN JIIN PIOW
NRIC No	SXXXX406Z
Date Of Birth	09/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98712662
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 180 LOMPANG ROAD #08-05  
 Postcode 670180  
 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 -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD ON COLLISION  
 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 1  
 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? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes against whom?

**Circumstances of Accident**

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

**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 SMN6178D  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver YAZID BIN MOHAMAD  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Nature Of Damage RIGHT REAR  
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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

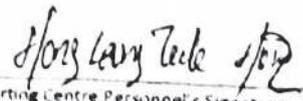
I understand, acknowledge, agree and consent that:

- (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, investigating, 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

COMP 101 (ENGLISH) (REV. 11/11)  
CO. REG. NO. 109403821K

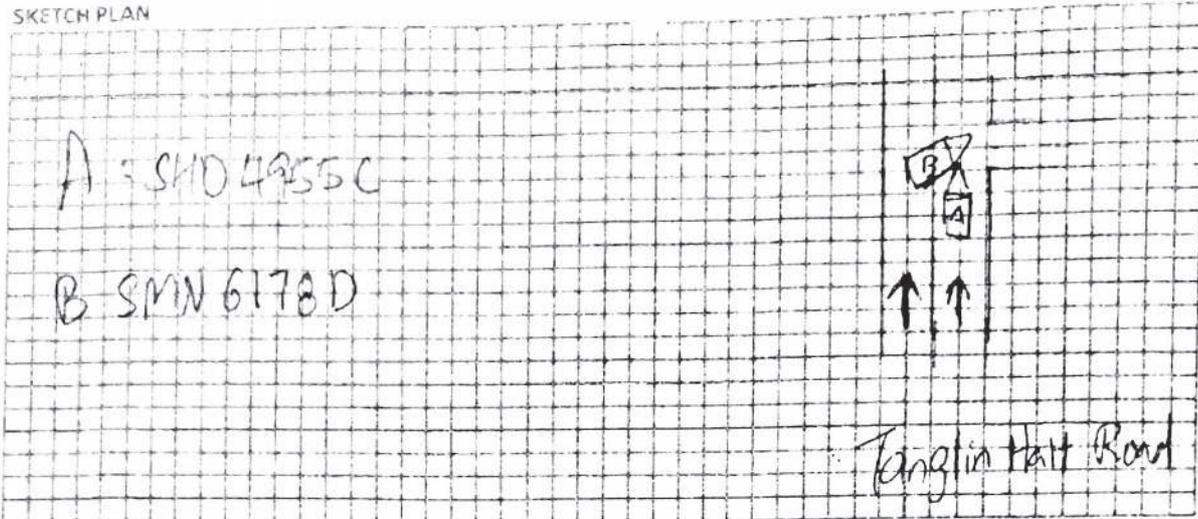
\_\_\_\_\_  
Policyholder's Signature  
Date & Time

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/6/2020 @ 0855hr I was driving along  
Tanglin Halt Road with no passenger on board.  
I was at the extreme right lane going straight.  
Vehicle B - SMN 6178D at the left lane suddenly turn right  
to carpark, and collided onto my vehicle A - SHD 4955C  
front right portion.  
No one was injury at that time of accident.

DECLARATION

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

COMPLETED BY: [Signature]

Policyholder's Signature  
Date & Time:

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

[Signature]  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: