

## 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	29/06/2020 11:03
Date Of Accident	27/06/2020 19:00
Exact Location Of Accident	SLIP ROAD FROM BENDEMEER ROAD TO GEYLANG BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5006B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	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	HO CHEE MENG
NRIC No	SXXXX186B
Date Of Birth	25/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1980
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83022839
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 95 GEYLANG BAHRU #10-3128
Postcode	330095
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	DRY

**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?	YES
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**

REFER 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 1:**

Vehicle Registration Number	GBA9042R
Vehicle Make/Model/Colour	ISUZU LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE KWAY YEOW
NRIC/Passport Number	
Contact Number	81239388
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1:**

Name	HO CHEE MENG
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SHA5006B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Sketch Plan Pg 1

## REPORTING AND FORMS

1. Please ensure it correctly details the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorized Insurer
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 lodging 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 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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 190303021H

Policyholder's Signature  
Date & Time

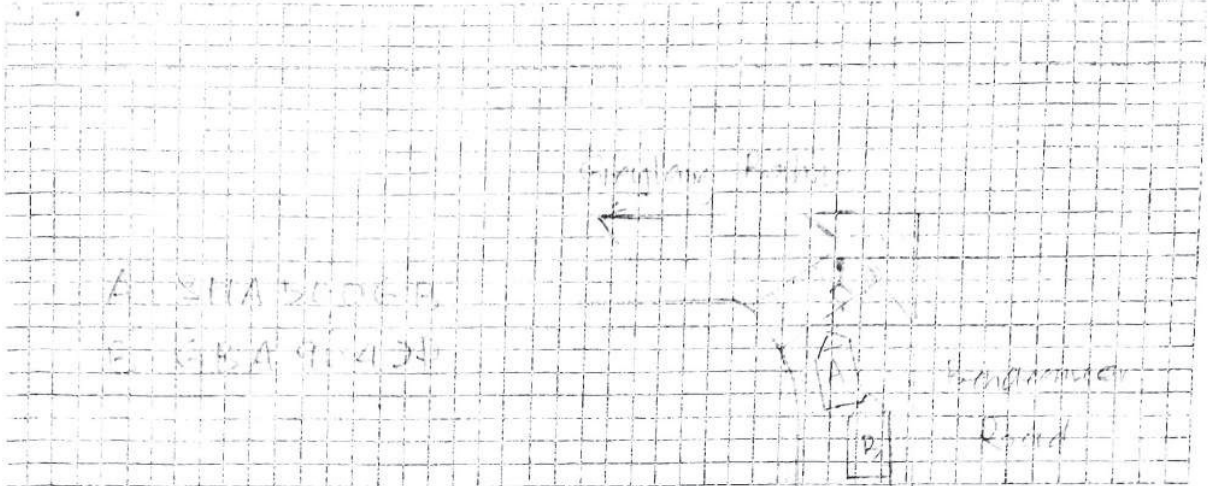
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Person's Signature  
Name  
NRIC / TIN No.



# Sketch Plan Pg. 2

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/6/2020 at about 19:00 hrs, I Veh A was driving at above said location without pax onboard. I applied brake to stop my taxi upon notice a pedestrian dashed out on pedestrian crossing. A split second later, I felt an impact from behind followed by a jerk. Veh B front left portion collided onto the rear right portion of my taxi. Some photo taken. I suffered neck pain, will consult doctor later on.

## 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

Reporting Centre Personnel's Signature  
Name: Loh Yee Yeng  
NRIC/FIN No.

29/6/2020