

## 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 11/08/2020 10:34  
Date Of Accident 08/08/2020 13:20  
Exact Location Of Accident DUNMAN RD & TG KATONG RD  
Country/State Of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1881S  
**Insured/Policyholder**  
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 TOYOTA  
Model PRIUS

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 CHEONG CHEE MENG  
NRIC No SXXXX629H  
Date Of Birth 23/06/1953  
Occupation OUTDOOR  
Date Of Driving Pass 07/09/1973  
Driving Experience 46 YEARS AND 11 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-91179113  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 130 ANG MO KIO AVENUE 3  
#05-1567  
Postcode 560130  
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 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 SLE8747H  
Vehicle Make/Model/Colour BMW  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT LH  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

CHEONG CHEE MENG

Approximate Age

LEFT SHOULDER

Injuries Sustain

SHA1881S

Injured person in which vehicle?

YES

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

Address

Postcode



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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 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)
  - (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.

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  
NRIC/Fin No :

11.08.2020  
0935h

Larry Ng

TC, KATONG RD



A-SHA-1881-S

B-SLE 8747H

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

\* Statement affected

### DECLARATION

I/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

11.08.2020  
09:35h.

Reporting Centre Personnel's Signature  
Name: Larry Ng  
NRIC/FIN No.:

Larry Ng

**Describe Circumstances of the Accident.**

On 08.08.2020, at about 1320hrs I stopped my Comfort taxi, SHA1881A, on the left lane, near the junction of Dunman Rd and Tg Katong Rd due to red lights. When the lights turned green, the front vehicles moved and I moved too, turning left into Tg Katong Rd. I slowed down and stopped at the pedestrian crossing to allow pedestrians to cross. While stopping, I felt an impact from the rear.

A private car, B, had hit my taxi rear right side. I have a video recording of the impact.

Weather was clear and moderate traffic. No pax in my taxi.

After the accident, I felt some pain in my left shoulder.

**Declaration**

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 192303821R

Policyholder's Signature/Date &  
Time

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



11.08.2020

0935hr

Larry Ng

Witnessed by Reporting  
Centre Personnel