### 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.

ACCIDENT STATEME	1 the same
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Date Of Report

06/08/2020 10:36

Date Of Accident

05/08/2020 17:15

**Exact Location Of Accident** 

ALONG YIO CHU KANG LINKOPP B/214 SERANGOON AVE 4

SINGAPORE

### ■ DETAILS OF OWN VEHICLES

Vehicle Registration Number

SHA7500C

Insured/Policyholder

Country/State of Loss

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

MERCEDES-BENZ

Model

E220

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-18088937MFSH

Cover Note Number

# Driver

Name of Driver

HUA DEKUN FABIAN

NRIC No

SXXXX059E

Date Of Birth

27/04/1981

Occupation

OUTDOOR

Date Of Driving Pass

07/03/2001

**Driving Experience** 

19 YEARS AND 4 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96929703

Fax Number

Contact Number

EMail Address

NAIBAF57@YAHOO.COM

Address

**BLK 603A PUNGGOL ROAD** 

#05-700

Postcode

821603

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

NO

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

PUNGGOL N.P.C

Police Station Address

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER POLICE REPORT NO: S/D REF: 96

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

**SJR2116Z** 

Vehicle Make/Model/Colour

**MERCEDES** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

WANG SOON FOOK

NRIC/Passport Number

FXXXX290T

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRONT

### Sketch Plan Pg. 1

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- By the longement 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)

Funderstand, 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)
  - 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 engulries 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")
- (a) 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 my be sited outlide 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.
  - 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 ourt orders.

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Poicyholder's Signature Date & Lime

Driver's Signature (if driver is not the policyholder) Date & Time Reporting Centre Personnel's Signature Name

NRIC/Fin No

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COMFORT TRANSPORTATION	1 6/01
CO. REG. NO. 1993038	6/8/2020
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950540505000000000000000000000000000000	tabol up and a signature
Date & Time	(If driver is not the policyholder) Name:

## CONFIDENTIAL

Annex E

## NOTICE OF COMPLIANCE

This is to confirm that Hua Dekun Fabian,		
NRIC <u>S8112059E</u> , has reported to the Police a non-injury traffic accident		
which occurred at Yio Chu Kang Link, opposite of Blk 214 Serangoon Avenue 4 on <u>05/08/2020</u> at <u>1715hrs</u> pm involving the following vehicles:		
SHA7500C and SJR2116Z. On 05/08/2020 at about 1715hrs, the person mentioned above was in the taxi SHA7500C with no passenger and was driving along the location mentioned above. Mr Hua was waiting at the traffic light on lane 2 when driver of SJR2116Z whom had 3 passengers hit onto the rear of SHA7500C. There was no one injured and both parties exchanged particulars.		
2 If this accident was reported to the Police within 24 hours of its occurrence,		
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.		
Rank/Name of Issuing Officer: SGT3 Krishnan		
Date:05/08/2020		
S/D Ref:96		
Police Post/Unit: Punggol NPC		
Original - to be issued to informant  Duplicate - to be submitted to Traffic Police		
CONFIDENTIAL		
Version as of 15 Jan 2002  Punggol NPC 21A Tebing Lane 5 (328337) Tel: 1600-604-9999		

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