### 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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	14/09/2020 13:37			
Date Of Accident	12/09/2020 21:45			
Exact Location Of Accident	ALONG CTE TOWARDS SLE BEFORE JLN BAHAGIA			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SHC8828R			
Insured/Policyholder				
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD			
Co Reg No	199303821R			
Email Address	FLEETSAFETY@CDGTAXI.COM.SG			
Mobile Phone No				
Alternative Phone No	OFFICE-65508768			
Vehicle Particulars				
Manufacturer	HYUNDAI			
Model	140			
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	REPORTING ONLY			
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 NOORSAIDI BIN SAID

NRIC No S1652959A

Date Of Birth 19/02/1964

Occupation OUTDOOR

Date Of Driving Pass 14/04/2000

Driving Experience 20 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97339958

Fax Number
Contact Number

EMail Address SAIDISAID98@YAHOO.COM.SG

Address BLK 28 SIMEI STREET 1 #01-14

Postcode 529948

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)

3

involved in the accident

•

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 December (Installing Delem)

NO

Number of Passengers (Including Driver)

5

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME: : -

GENDER: : MALE

Passenger 3

NAME: : -

GENDER: : FEMALE

: -

Passenger 4

NAME: GENDER:

: FEMALE

**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

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

**SLT7464B** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SHAK CHEE HUNG

NRIC/Passport Number

Contact Number 91373482

Address Postcode

Insurance Company Name

Nature Of Damage REAR AND FRT

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

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- 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 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 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 my be sited outisde 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 ourt 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.:
Olivia Wenty SEP 2020

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# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT the 12/9/2020 was with taxi. vehicle Of SLT 7464B was the trans Due ta 20 20chier broke . accidentally CO(1/0/CO 110 which rear vehicle moverbed 15 this acadent

# **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:

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.: Olivia Wendy

14 SEP 2020













