

SINGAPORE ACCIDENT STATEMENT

- ... of the accident to speed up the claims process.
 completed by the Policyholder and/or the Authorised Driver.
 provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to
 policy liability.
 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 01/10/2020 08:40
 Date Of Accident 30/09/2020 13:45
 Exact Location Of Accident CHOA CHU KANG DRIVE TWDS TECK WHYE AVE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1152M
 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 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 PHUA BAH CHEE
 NRIC No SXXXX149G
 Date Of Birth 01/11/1947
 Occupation OUTDOOR
 Date Of Driving Pass 10/12/1975
 Driving Experience 44 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97211681
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address BLK 629 YISHUN STREET 61
#06-19
Postcode 760629
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 * TYPE OF ACCIDENT :- MOTORCYCLE CHANGE LANE

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 FBQ9817M
Vehicle Make/Model/Colour MOTORCYCLE
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver AUNI BISYARAH BTE AZMI
NRIC/Passport Number
Contact Number 88145635
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

AUNI BISYARAH BTE AZMI

Approximate Age

Injuries Sustain

HAND AND LEG

Injured person in which vehicle?

FBQ9817M

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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. 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 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 communications relating to the claims;
 - assessing, handling and/or dealing with my claims;
 - assessing and dealing with my instructions or responding to any enquiries by me;
 - assessing my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, involve disclosure of certain personal data about me to bring about delivery of the same as well as on the delivery of envelopes/mail packages); and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "**Purposes**")
- (b) 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



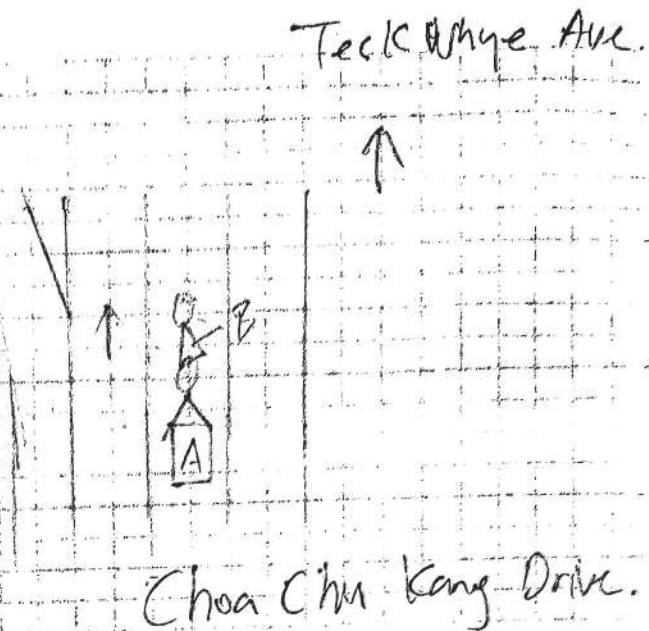
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/Fin No.:

SKETCH PLAN

A SIA 1152M
B SBF 9817M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30/9/2020 @ about 1345 hr i was travelling at Choa Chu Kang Road towards Teck Whye Ave with no passenger onboard. While i was driving along center lane, B motorbike suddenly from first lane on the left cut into my lane without checking behind vehicle. it happen too fast before i could react my vehicle already hit the motorbike B rear portion. the rider sustained minor injured but she refused to comply by ambulance. Traffic police have attended and advise that not necessary to report police just want us to go to our car workshop to report.

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: