#### SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

stease 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,

It individuals provided must be as truthful and accurate as possible. Any wiful misrepresentation or witholding of material facts may allow insurance companies to reproduce policy sability.

4. The asside and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

s Any talse reporting may be referred to the Police for investigation.

6 This record will be convented by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for

volving and that copies of this report will, for a fee, be made available upon application by interested parties

7. 8) the ketternent 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

= accident statement: =

Date Of Report

10/10/2020 08:40

Date Of Acodent

09/10/2020 13:55

**Exact Location Of Accident** 

ALONG YISHUN AVE 2

Country State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH8377T

Insured/Policyholder

Name Of Registered Owner

4

COMFORT TRANSPORTATION PTE LTD

Co Reg No

1XXXXX821R

Email Address

FLEETSAFETY@CDGTAXI.COM.SG

Mobile Phone No

Atternative 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

MS FIRST CAPITAL INSURANCE LTD

HARRIST STEAMS TO THE EXPENSE OF

Type Of Coverage

THIRD PARTY FIRE AND/OR THEFT

Fleet Policy

YES

Policy Number

D-18088936MFSH

Cover Note Number

Driver

Name of Driver

GOH BENG KEONG

NRIC No

SXXXX894F

Date Of Birth

25/10/1954

Occupation

20/10/1001

Date Of Driving Pass

OUTDOOR

Driving Experience

27/03/1975 45 YEARS AND 6 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90615205

Fax Number

Contact Number

**EMail Address** 

NOEMAIL

Page 1 of 14

151 #05-25 SIMEI STREET 1

er an employee of the Insured's Company NO

telationship of the Driver with the Insured

OTHER - TAXI DRIVER

te Registration Number of Driver's Own

icle

surance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident? Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : MALE

the state of the s

Passenger 3

NAME:

: -

GENDER: : FEMALE

a little to provide the later the second and the second

**Details of Police Action** 

Was the accident reported to the police?

water dark state their their their and was their their their their transfer that the court is a second NO

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

see attach.

Attachment(s)

water a the thing is not decreased to the second of the YES

The territory of the second of the second se

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

Remarks/ Reasons: Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS9427M

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

TAY YAN LI

NRIC/Passport Number

Page 2 of 14

mber .

92368717

Ace Company Name

re Of Damage

FRT

of Passenger (Including Driver)

## "DETAILS OF INJURED PERSON 1

Name

Approximate Age

GOH BENG KEONG 66

Injuries Sustain

. . . . . . .

Injured person in which vehicle?

CHEST

Were seat belts worn?

SH8377T

Was this injured conveyed to hospital by

YES

ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

ETCH PLAN

Ford Work & SKS9427M
ESKS9427M
ESKS9427M

Fisher Rvo 2

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(In 09/10/2020 @ 1355 hrs., I just travelling along lighters free

2 ferrands Yishum street 72 to complete my passenger destination.

1 Was 9t Centre lane along Yishum Ave 2 when i reaching

are bus stop. The Bus lane was Black due to construction going on. I saw

are bus stop. The Bus lane was Black due to construction going on. I saw

there is one bus cuting out from Bus slop and slowly titler info may

there is one bus cuting out from Bus slop and slowly titler info may

lane. So i slow down my speed input the give way to the bus, few

cond lider; fen an impact and i have been hit by bedried agricult.

B. skc 9471 m. in one was impured at that ficulties.

B. skc 9471 m. in other party. I continues to send my

After account particular with the other party. I continues to send my

After account to destination. And i straigh come to loyary to report:

prisence to destination. And i straigh come to loyary to report.

I viti consult dories later on berows i teel my chest pain.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LIL

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: Hong Leony Texte

#### Sketch Plan Pg 2

# FORTANT NOTICE

presse report <u>portectly</u> the details of the accident to speed up the claims process.

- 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 witholding of material sacts 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.
- Any false reporting may be referred to the Police for Investigation
- 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. Sy 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.
- 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 shall be collectively referred to as the "Insurers"), the insurers lawyers/law firms, the wehicle(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.

JMFORT TRANSPORTATION PTE LI.

CC 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: Hong Leone NRIC/Fin No.:

1