SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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,
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy flability.
- 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.
- This report will be forwarded by the insurers of the GtA 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

	ACCIDENT STATEMENT
Date Of Report	06/08/2020 09:23
Date Of Accident	04/08/2020 17:15
Exact Location Of Accident	JURONG WEST ST 64
Country/State of Loss	SINGAPORE
In the second of the leading of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC3372X
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	140
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	ANG LEONG PORE
NRIC No	S1725896F
Address	BLK 268B BOON LAY DRIVE #10-572
General Information of the Accident	
Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Other Information	
Was any foreign vehicle involved in this accident?	NO NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1
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

SMJ6539S

Vehicle Make/Model/Colour

Name of Driver

UNKNOWN

Insurance Company Name

Page 2 of 13

Sketch Plan Pg. 1

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material 3 facts may allow insurance companies to repudiate 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.
- Any false reporting may be referred to the Police for Investigation. 5.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for erchiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the ladgement 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 (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 my be sited outlade 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: 05-08-2-20

Reporting Centre Personnel's Signature Name: Latty Ng

NRIC/Fin No.:

ECLARATION We declare the foregoing part COMFORT TRANSPO CO, REG. NO.	RYATION PYTE EYEV respect. 199303821R Aug	<i>L</i> .<
	of statement pro	
	of statemy who	T.12
SCRIBE CIRCUMSTANCES		
A-SW		Japana -

Sketch Plan Pg. 3

Describe Circumstances of	the Accident.	
On 04.08.2020, at about 17	15hrs, I was driving my Comfort taxi, SHC3372	X, on the left lane
Mong Jurong West St 64 w	ith no pax. Weather was clear and light traffic	
Some distance before the 1	junction with Jurong West Central 3, I put on	my right signal
and slowly filtered to the r	ight as there was a mini bus on the right lane.	
While approaching the T Ju	nction, the 2 lane road branched out to 3 lane	, with the
ight most lane being a tur	n right only lane.	
After the mini bus had ente	ered the turn right lane, a fast moving car,B, ca	me and grazed my
axi left rear side. No dam	age to my taxi. But B driver claimed his left fro	ont rim was
cratched.		
No injury.		
	13	
Declaration		
/We declare the foregoing part	iculars are true in every respect.	
COMFORT TRANSPORTATION CO. REG. NO. 1993038		Larry Ng
Policyholder's Signature/Date &	Driver's Signature()f driver is not the policyholder)/Date & Time (05 - 08 - 202)	Witnessed by Reporting Centre Personnel
	(712)	

Accident Photo



















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No:

GR-20-122339

Date of Request:

09/10/2020

Your Ref No:

B501-ACC-43988.20/CC

TEO KENG SIANG LLC 111 North Bridge Road #29-07/08 Peninsula Plaza Singapore 179098

Dear Sir/Madam.

Date of Accident:

04/08/2020

ehicle No:

SMJ6539S

Place of Accident:

JURONG WEST ST 64 BEF JURONG CENTRAL 3 JUNCT

Involving Vehicle No: SHC3372X

With reference to your application for the accident report, we have attached the following accident reports as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (S\$)	QTY	AMOUNT (S\$)
SHC3372X	JURONG WEST ST 64 BEF JURONG CENTRAL 3 JUNCT	14.00 1		13.08
GST Amount			0.92	
Total Amount D	ue (GST Inclusive)			14.00

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[X] GIRO [] Cash [] Cheque