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

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	ACCIDENT STATEMENT
Date Of Report	31/10/2020 11:47
Date Of Accident	30/10/2020 21:40
Exact Location Of Accident	MARINA BLVD X BAYFRONT AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA1250M
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	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
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	

Name of Driver GOH YEOW SAN

NRIC No S1361720A

Date Of Birth 18/02/1959

Occupation OUTDOOR

Date Of Driving Pass 11/09/1979

Driving Experience 41 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90092836

Fax Number
Contact Number

EMail Address DENNISGOH9@GMAIL.COM

Address BLK 869A TAMPINES AVENUE 8 #02-506

Postcode

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 SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

5

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME: : -

GENDER: : MALE

Passenger 3

NAME: : -

: FEMALE

: FEMALE

Passenger 4

NAME: : -

GENDER:

GENDER:

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 Vehicle Make/Model/Colour

SKS7526Z

Details Of Properties

HONDA

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

NTUC INCOME INSURANCE CO-OPERATIVE LTD

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- 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 outlisde 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

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time: 31,10,202

Name:

NRIC/Fin No.:

Larry No

Reporting Centre Personnel's Signature

1

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MARINA BZVD			A-SHA	1250 M
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DESCRIBE CIRCUMSTANCES OF TH	E ACC	IDENT	W	

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STOLAR ATION				
DECLARATION				
We declare the foregoing particulars are true in	every re	espect.		
COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R	Sol			, ~

1030m

(if driver is not the policyholder)
Date & Time: 31,10,2020

Driver's Signature

Policyholder's Signature

Date & Time:

1,00

NRIC/Fin No.: Larry No.

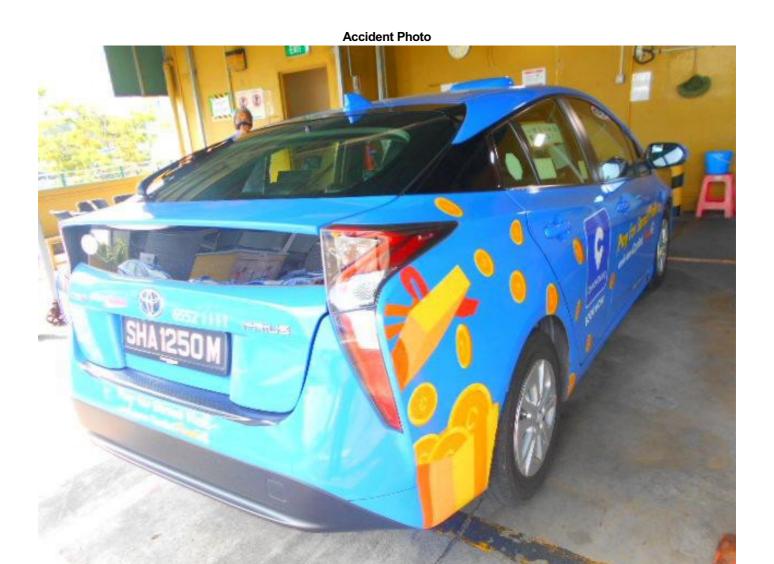
Name:

Reporting Centre Personnel's Signature

Sketch Plan Pg. 3

Describe Circumstances of	the Accident.	
On 30.10.2020, at about 21	40hrs, I stopped my Comfort taxi, SHA1250M, I	oehind a car on
lane 4 at the junction of Ma	arina Blvd and Bayfront Ave due to red lights. La	ane 4 is a turn
left and go straight lane.		
When the lights turned gree	en, the front car moved. I moved too and turne	ed left into
Bayfront Ave. As I was turn	ning left, a private car, B, which was on lane 5,	a turn left only
lane, went straight and hit i	my taxi left front door area.	
I have a video recording of t	the accident impact. After the accident, B imm	ediately moved
away and stopped at Bayfro	ont Ave. Photos taken after the accident.	
4 pax in my taxi and no inju	ry.	
	that he has a video recorder in his car which w	ould have
recorded the accident.		
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Declaration		
I/We declare the foregoing partic	ulars are true in every respect.	
FORT TRANSPORTATION PTE I CO. REG. NO. 199303821R	LTD	
•	Gol	Larry Ng
Policyholder's Signature/Date & Time	Driver's Signature(If driver is not the policyholder)/Date & Time	Witnessed by Reporti
	1030h	
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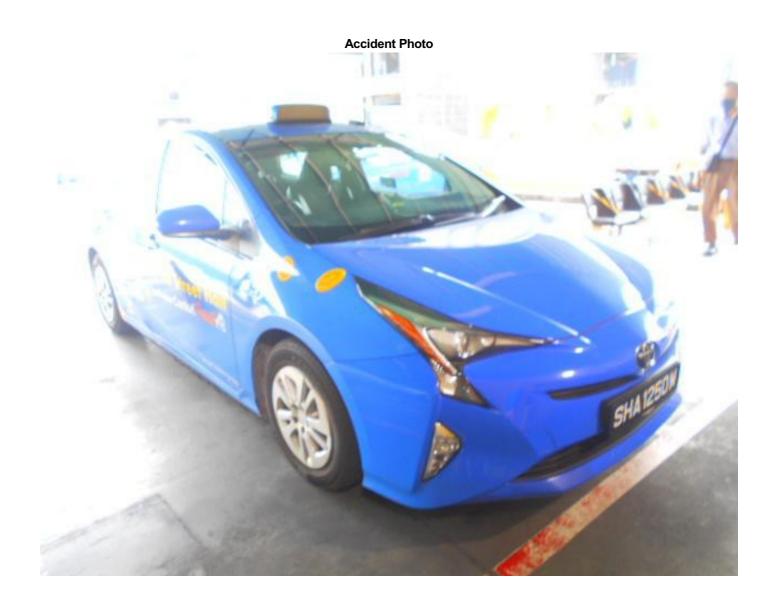




Accident Photo







Accident Photo



Accident Photo



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