SC1I20C5000A / COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 05/12/2020 13:01 (SGT) SUBMITTED BY: Por Moy Juan VERSION: 1 (05/12/2020 13:01 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. 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 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.

4. The issue and acceptance of this Polline from the Solice for investigation.

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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/12/2020 13:01 (SGT) 05/12/2020 10:30 (SGT) Jln Besar, Singapore ALONG JLN BESAR BEFORE ROWELL RD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH8525H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes COMFORT TRANSPORTATION PTE LTD 1XXXXX821R fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Model

Variant

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? Vehicle Category Toyota Prius

Private hire

No - Claiming third party Taxi

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

India International ThirdPartyFireTheft Yes MCOM0015

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TEO HOA HENG AUGUSTINE PAUL SXXXX950J 19/08/1979 Outdoor

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

04/10/2000

20 YEARS AND 2 MONTHS

Male

(Phone) +65-93884322

augustinepaul19@gmail.com

430 11-731 BUKIT PANJANG RING ROAD

670430

No

Other

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions

Road Surface

Collision - Head to Rear

Clear

Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

No

2 Yes

No

Yes

No

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No

No

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

Yes

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

Postcode

Insurance Company Name

FBD8151A

Motorcycle

TANG BOON SHEE

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Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) SLIGHT FRT

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

TANG BOON SHEE

-

SLIGHT CUT ON HIS FINGER AND PAIN ON HIS RIB

FBD8151A

No

SKETCH PLAN
A 2 SH8525H
B-FBD81SM AGN +1111 (mocreycle)
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT On the stiatooe @ 10 30 has I was driving along
In Becar Objection.
there's a passenger flag dain my fax; so I saw down and driving towards the passenger. While I was stationery waiting for the passenger to board my tax; towards as impact an the sear left portion of my taxi.
rear left portion of my taxi.
and Complet Trata
motorpiele OF FBD SILIA Front poition had
relarcycle of FBD SISIA Front portion how collided anto my taxi rear left portion.
The rider suffer slight out on the finger and his rib slightly pain from the impact.

DECLARATION

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

OMFORT TRANSPORTATION PTE L 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: NRIC/Fin No.: Official Wendy

0.5 DEC 2020

- Please report correctly the details of the accident to speed up the claims process. 1.
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- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of me 3 facts may allow insurance companies to repudiate policy liability.
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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 copic 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, u disclose and/or process my personal data/personal information setout in this [form] and any other personal informat provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer se 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, I 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 necessal 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 th "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:
 - (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

OMFORT TRANSPORTATION PTE LIT 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: Olivie Wendy

NRIC/Fin No .: