SC1120CM0001./ COMFORTDELGRO ENGINEERING PTE LTD [508969] ENTRY DATE & TIME: 22/12/2020 08:28 (SGT) SUBMITTED BY: Janet Lim Siang Gek VERSION: 1 (22/12/2020 08:28 (SGT))



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 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.

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

22/12/2020 08:28 (SGT) 21/12/2020 13:05 (SGT) Telok Kurau Rd, Singapore TELOK KURAU RD X ST PATRICK'S RD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SH6598K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXXXXX1R

FLEETSAFETY@CDGETAXI.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 First Capital

ThirdPartyFireTheft

Yes

D-18088936MFSH

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TAN SHIWEI SXXXX553D 05/09/1981 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

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

No

Yes

No

Yes

1

No

2

29/10/2001

Male

#40-111

331010

Other

No

No

19 YEARS AND 2 MONTHS

EUGENE TSW@HOTMAIL.COM

BLK 10A BENDEMEER ROAD

(Phone) +65-88910889

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?

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

REFER ATTACHED

* TYPE OF ACCIDENT :- HEAD TO SIDE

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

SFH9787R

Private car

Accident report SC1I20CM0001

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Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

NTUC SLIGHT FRONT RH

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

BACK AND NECK
Injured person in which vehicle?

TAN SHIWEI

BACK AND NECK
SH6598K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

No

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the 4 insurance companies.
- 5. 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 6. Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 7 the report being made available aforesaid.
- Consent under the Personal Data Protection Act (PDPA)

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 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:
 - 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 20

Policyholder's Signature Date & Time:

Driver's Signature

Date & Time:

(if driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/Fin No.: Larry Ng

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT TELLOK KURALI RP ESCRIBE CIRCUMSTANCES OF THE ACCIDENT TO 21.12.2020, at about 1305ms, I was drive may content toxis, SH 6598K, along Telak Kuran Rd with modern. Weather was clear and light fratiles RA, I put may the cross practice with St patrices RA, I put may right signal and proceeded to the right. As I was near the atme, a private ca, B, come out of me the main road and but my toxis right rear side. I have a video records of the accident win part. After the accident, I feed pain in my back and nect.	SKETCH PLAN
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CLARATION	ECLARATION

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

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

21.15.2020 1530h

2.4

Reporting Centre Personnel's Signature

Name: NRIC/Fin No.:

Larry No.