TRY DATE & TIME: 19/12/2020 12:44 (SGT) RMITTED BY: Huang Xiao Yan RSION: 1 (19/12/2020 12:44 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 1. Please report <u>correctly</u> 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
- 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

6. This report will be forwarded by the insurers of the GIA Records Management Ce and that copies of this report will, for a fee, be made available upon application by ir and that copies of this report to the insurers, you hereby consent to the archivir	ntre established by the data the interested parties. Interested parties. Interested parties. In a second parties are and to copies of the report being made available aforesaid. In a first partie are the centre and to copies of the report being made available aforesaid.
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Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	19/12/2020 12:44 (SGT) 19/12/2020 08:45 (SGT) Dunearn Rd & Watten Estate Rd, Singapore - Singapore
iDETAILS.O	F.OWN VEHICLE
Vehicle Registration Number	SHA7706B
INSURED/POLICYHOLDER	the state of the s
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address Mobile Phone No	fleetsafety@cdgtaxi.com.sg (Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768
VEHICLE PARTICULARS	
Manufacturer	Hyundai
Model	loniq
Variant	<u>.</u>
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to	THE THE
our vehicle?	No - Claiming third party
/ehicle Category	Taxi
INSURANCE COMPANY	
ame of Insurance Company	First Capital
ype of Coverage	Third Darbu Cire The G

Na Typ ThirdPartyFireTheft Fleet Policy Policy Number D-18088936MFSH Cover Note Number

DRIVER

Name of Driver SHA7706B SXXXX138J

e Of Driving Pass	23/07/2009
ving experience	11 YEARS AND 5 MONTHS
ender	Male
lobile Number	(Phone) +65-94574187
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 547C SEGAR ROAD
Address complement	#06-13
Postcode	673547
Is the driver the policyholder?	No
If No. Relationship of the Driver with the Insured	Other
Door Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	the second section of the second seco
Property of the state of the st	Collision - Head to Rear
Type of Accident Weather Conditions	Clear
Weather Conditions Road Surface	Dry
Road Surface	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	ī.,
Gender	Male
PASSENGER 2	
Name	-
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	
If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	and the second
PLS REFER TO ATTACHED	
ATTACHMENT(S)	en de la companya de La companya de la co
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHE	ER VEHICLE PROPERTY (II
Vehicle Registration Number	FBR7651G
Vehicle Manufacturer	, ē

Vehicle Manufacturer

Ele Colour	-
licle Category	Motorcycle
ame of Driver	-
Contact Number	=
Address	
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	NOT SURE
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	=



IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process. 1.
- This Form must be completed by the Policyholder and/or the Authorised Driver. 2.
- 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. 3.
- 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 archiving and that copies of this report will for a fee be made available upon application by 6. 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)

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 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.

COMFORT TRANSPORTATION PTE LTD

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

NRIC/Fin No.:

Larry Ng

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DESCRIBE CI	RCUMSTANCES O	F THE ACC	IDENI			

of statement attached t	

DECLARATION

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

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

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time: (9.(2.2020)

Reporting Centre Personnel's Signature

Name:

Larry Ng NRIC/Fin No.:

MISM

ibe	Circumstances of the Accident.
9.12	.2020, at about 0845hrs, I was driving my Comfort taxi, SHA7706B, on the centre lane
ng Di	nearn Rd with 1 couple. Weather was clear and moderate traffic.
hile d	riving near the T junction with Watten Estate Rd, a private car, SMT7325H, suddenly
oved	out from the minor road and encroached into my lane.
quick	ly braked and stopped my taxi to avoid hitting SMT7325H. No contact with SMT7325H.
Right	after I had stopped, I felt an impact from the rear. A motorcycle, B, had hit my taxi rear.
	e a video recording of the accident impact. Photos taken after the accident.
No ir	njury at the time of accident.

Declaration

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

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Larry Ng

Policyholder's Signature/Date &

Time

Driver's Signature(If driver is not the policyholder)/Date

Witnessed by Reporting Centre Personnel

1115h