# 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 02/12/2020 16:48 (SGT) Date of Accident 02/12/2020 12:05 (SGT) Exact Location of Accident Cairnhill Rd. Singapore Additional Location Information ALONG CAIRNHILL RD Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD4637X

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD Company Reg No 199303821R Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-65508768 Alternative Phone No (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer Hyundai Model Ioniq Variant ..... Exact purpose for which vehicle was being used at time of Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi

#### INSURANCE COMPANY

Name of Insurance Company First Capital Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number D-18088936MFSH Cover Note Number

### DRIVER

Name of Driver KANASAN KANAGASABAI NRIC No S0272866D Date Of Birth 10/12/1954 Occupation Outdoor

Date Of Driving Pass	11/05/2000
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90035441
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	229 10-37 SERANGOON AVENUE 4
Address complement	-
Postcode	550229
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?  Vehicle Registration Number of Other Vehicle Owned by Driver	No
venicle Registration Number of Other Venicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s)	<del>-</del>
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	
Name Gender	- Camada
defidei	Female
DETAILS OF POLICE ACTION	
DETAILS OF FOLIGE ACTION	
Man the consideration of the the constitution	
Was the accident reported to the police? Was notice of intended Prosecution given?	No
If yes, against whom?	No
ii yes, against whom:	•
CIRCUMSTANCES OF ACCIDENT	
OFF ATTAOLI	
SEE ATTACH	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	GBE8064M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LONG CHERT SELVIN
Contact Number	TAN CHENG SOON

D 0 115

Address	_
Address complement	=
Postcode	_
Insurance Company Name	=
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT LEFT
No. Of Passenger (Including Driver)	_

## **INJURED PERSONS DETAILS**

#### INJURED 1

SKETCH PLAN	
N = SHD4637X	
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to Canara to the state of the s	
8= GBE 8064M	
Croyota HIACE)	
	e kana kana an
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	LLRD
on the 2/12/2000 @ 1205 mg, I was driving a	larg
Cairnhill Rd direction with I passenger an	bolard
my taxi.	
As I was changing long and almost fully	in my
lane when I saw a vehicle aheard was	Changing
lane as usell. So I stop to let the web	ricle charge
lane when there's an impact on my right	side.
I con't open my doer so the other party reve	erseel a bit
	8064 m
was changing lane as well and collided ex	sto my faxi
right frost ober, right frost and right wine	g mind.
My right shoulder Seffer pam and will	consult
My right chaulder Seiffer pam and will daeter later.	

# **DECLARATION**

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

Policyholder's Signature NO. 199303821R Driver's Signature Date & Time:

(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/Fin No.: U.2 DEC 2020

- 1. Please report correctly the details of the accident to speed up the claims process.
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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 copie the report being made available aforesaid.
- 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, undisclose 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 suppressed 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, Information 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 may 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 L. 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: Olivia Wendy

NRIC/Fin No.: U 2 DEC 2020



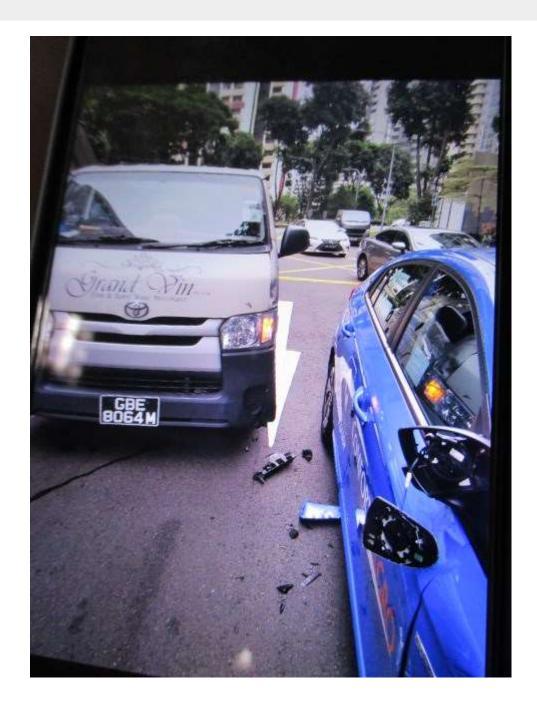


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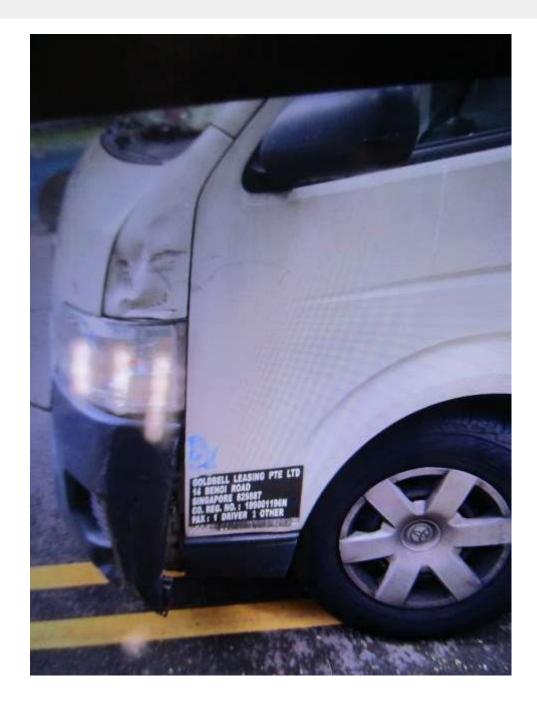


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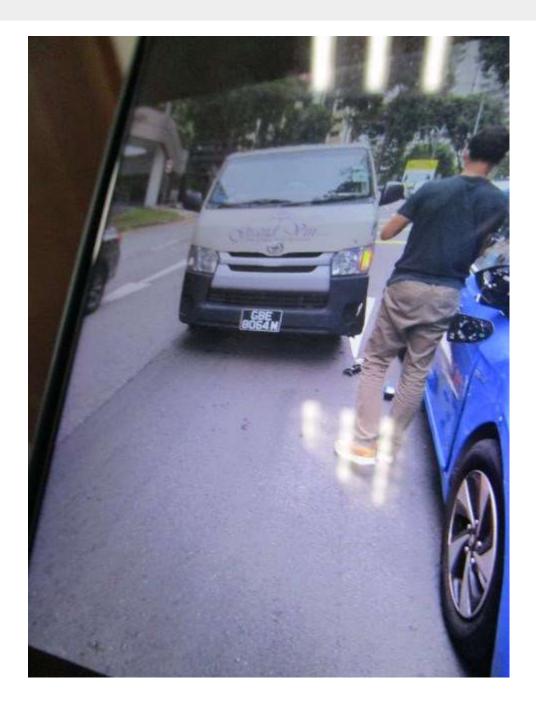
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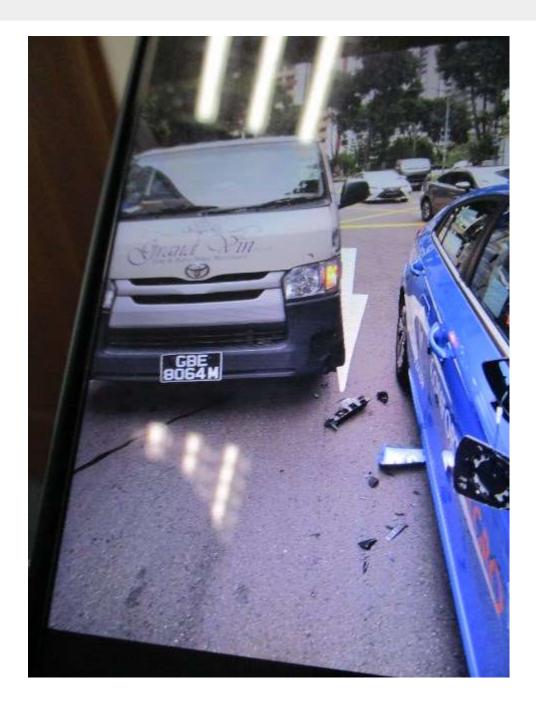
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D 44 (45



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