

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHC3542Y

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4A)

DATE OF REG
15.04.2020

CHASSIS CODE
JTDKB3FU503091294

INV. NO/DATE
91578303 16.07.2021

JOB NO.
305466683

ODOMETER READING

DATE/TIME IN
30.04.2021 14:45

Description : 3P 30.04.2021

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2534	COVER FRONT BUMPER	1	499.90	25.00	374.92
0002	04-01-0302-2769	GRILLE RADIATOR LOWER NO.1	1	166.90	25.00	125.17
0003	04-01-0302-2752	COVER FRONT BUMPER HOLE RH	1	28.39	25.00	21.29
0004	04-01-0302-2686	MOULDING FRONT BUMPER SIDE RH	1	47.20	25.00	35.40
SUB-TOTAL						556.78

JOB NATURE

0001	PB	PANEL BEATING	350.00	350.00
0002	SP	SPRAYPAINT CHARGE	250.00	250.00
0003	17-01	CHECK ALL LIGHTING	30.00	30.00

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91578303	1,269.85	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHC3542Y

INV. NO/DATE
91578303 16.07.2021

MAKE
TOYOTA

JOB NO.
305466683

MODEL
PRIUS HYBRID(G4A)

ODOMETER READING

DATE OF REG
15.04.2020

DATE/TIME IN
30.04.2021 14:45

CHASSIS CODE
JTDKB3FU503091294

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL					630.00

Items total	1,186.78
Add GST @ 7.000 %	83.07
Invoice amount	1,269.85

Issued by : CHEWBEELENG 16.07.2021 12:40:25
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91578303	1,269.85	

Our Ref: CT0421/SHC3542Y/CK(st)
Date: 22.07.2021



CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

Attn : Motor Claims Department

Dear Sir/Madam

Without Prejudice

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimilie +65 6280 9755

www.cdge.com.sg

Company Registration No: 199508048W

**ACCIDENT ON 30.04.2021 INVOLVING SHC3542Y & GBC7825B ALONG SIMS AVENUE TOWARDS
GEYLAND SERAI**

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHC3542Y, which was involved in the captioned accident with your insured vehicle No GBC7825B.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

Taxi Owner's Claim :

1. Cost of Repairs		S\$	1,269.85
2. Loss of Rental	5 days x S\$ 126.47	S\$	632.35
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	2.00
6. Others		S\$	0.00

Hirer's Claim :

1. Loss of Income	5 days x S\$ 80.00	S\$	400.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **2,304.20**

A copy each of the following supporting documents marked [X] is enclosed:

[X] Original Repair Bill	[X] Letter of Authority from Owner/Hirer/Operator
[X] GIA/Police Report(s)	[X] Rental Rate Letter
[] LTA/GIA Search Slip(s)	[X] Downtime/Mileage Record
[] Survey Report / Bill	[] Witness Statement / Accident Scene Photo(s)
[] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance	
[] Tow Chit / PIR / Hirer's IRAS / Others :	

Kindly look into the matter and let us hear from you on the settlement of our clients' claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours sincerely

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

COMFORTDELGRO

Our Ref: CT21040569

Date: 27 May 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 30/04/2021 @ 13:01 hrs
ALONG SIMS AVE TWDS GEYLAND SERAI
INVOLVING GBC7825B

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC3542Y** (the "Taxi"). The Taxi was hired to **SYARIF JAN IC NO SXXXX383D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$126.47** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Singapore Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Philip Chia
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

84C35424

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		8	5	1	9	1		FROM	TO
30/04/21	FENDY						192	0600	1430
30-04-21	Accident						N	1445	-
04-05-21	Repair						OUT	1230	-

3E READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
3382	101	0200	-
3551	165	1000	-
3714	163	0800	1540
3793	78	1740	0100
4008	215	0600	1700
4061	53	1730	-
4299	238	0600	1655
4447	148	1720	2305
4761	314	0600	1705
4919	158	1715	2345
4999	80	0130	0430

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHC3542Y , GBC7825B ON 30-Apr-21 13:01
ALONG SIMS AVE TWDS GEYLAND SERAI

I / We **SYARIF JAN** (Hirer) NRIC No.: **SXXXX383D**

and/or **MOHD AFENDY BIN SU...** (Relief) NRIC No.: **SXXXX021G**

Taxi Number **SHC3542Y**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date **30-Apr-2021**

Name of Hirer **SYARIF JAN**
Hirer NRIC **SXXXX383D**

Signature :

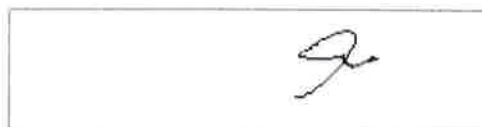


Address **637D PUNGGOL DRIVE #04-385**
824637

Contact No. **96667237**

Name of Relief **MOHD AFENDY BIN SUDIN**
Relief NRIC **SXXXX021G**

Signature :



Address **842D PUNGGOL DRIVE 09-379**
824642

Contact No.


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

GBC7825B

Date of Accident

30/04/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **AIG Asia Pacific Insurance Pte....**Period of Insurance **07/11/2020 - 06/11/2021**Requested By **Janet Lim Siang Gek (COMFOR...**Requested Date **30/04/2021 16:46****Payment details**Request Amount: **S\$1.87**GST Amount: **S\$0.13**Total Amount Due (GST Inclusive): **S\$2****General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

SHC 35424



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S603500206 / GST Reg. No.: M400017785

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ0421510007 Vehicle Registration No: SHC2342Y

Name (as shown in NRIC) : Comfort Transportation Pte Ltd NRIC/FIN/Passport No : 1XXXXX821R

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 30 APRIL 2021 Time of Accident : 13:01 HRS

Place of Accident : SIMS AVE

Insurance Company : AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Add police report

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name: Shayne
 NRIC/FIN No.:
 Date: 07/05/2021

Date Of Birth	16/11/1960
Occupation	Outdoor
Date Of Driving Pass	11/05/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87801360
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 642D PUNGGOL DRIVE #09-379
Address complement	-
Postcode	824642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does 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

Type of Accident	Collision - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Is notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ON THE EXTREME LEFT IN THE LANE. VEHICLE B FROM THE MINOR ROAD CUT INTO THE DOUBLE WHITE LINE TO CROSS THE MAIN ROAD AND COLLIDED ONTO MY TAXI. THE TRAFFIC WAS MODERATE AND SLOW. I COULD NOT NOTICE THE VEHICLE B. VIDEO FOOTAGE CAPTURED INCIDENT. I WILL SEEK MEDICAL ADVICE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7825B
Vehicle Manufacturer	-
Vehicle Model	-



SINGAPORE POLICE FORCE



T/20210502/2022

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20210502/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2021 12:36	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: MOHAMED AFENDY BIN SUDIN			Address: APT BLK 642D PUNGGOL DRIVE #09-379 SINGAPORE 824642		
ID Type / ID No.: NRIC NO / S1413021G			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/04/2021 13:00	Type of Location: Straight Road
Location: SIMS AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC7825B	Van					0
SHC3542Y	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver				
Name	ZHANG HUALEI		ID No.	G5803703X
Related Vehicle	GBC7825B (Van)		Contact No.	97879927
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	MOHAMED AFENDY BIN SUDIN		ID No.	S1413021G
Related Vehicle	SHC3542Y (Car)		Contact No.	87801360
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Brief Details.

On 30/04/2021 at about 1300hrs, I was driving along Sims Avenue heading straight towards Geylang Serai near to slip road of Geylang East Avenue 2. I was on the extreme left lane and everything was normal. All of a sudden, one grey van appeared in front of me turning to the slip road of Geylang East Avenue 2 and I did not have time to react as it was too sudden and I collided onto the rear left side of his van. No ambulance or police was called down. I suffered some back pains. I got out and spoke to the van driver and secured his particulars and some photos.

After that, I brought my taxi to the workshop. I have CCTV in the car and after securing the footage, it was discovered that the van initially came out of one of the side roads along Sims Avenue. However he was not supposed to as the road that I travelling on had continuous double white line, giving me the right of way. My taxi right side front bumper was dented.

I also went to see a doctor at Mount Alvernia Hospital on 02/05/2021 as I was still in pain and I received 5 days MC for my injuries.



**SINGAPORE
POLICE FORCE**



T/20210502/2022

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20210502/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sgt 2 Mohamed Ali SO Mubarak Hussain

Signature Of Interpreter:
Not applicable

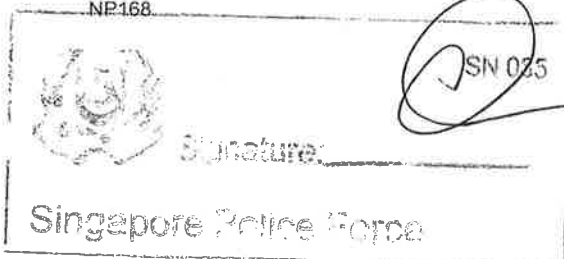
Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Signature Of Informant:

Date/Time:
02/05/2021 12:36

Classification Of Case:

Authentication Stamp
NP168





Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M21000062488


SHC 32624
doc. 30/4/21

This is to certify that MOHAMED AFENDY BIN SUDIN, S1413021G, is granted Outpatient Sick Leave for 5 day(s) from 02-May-2021 to 06-May-2021.

Remark :

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Ho Li Chin

MCR : 06147F

02/05/2021

Date

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 withholding 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	01/05/2021 21:46 (SGT)
Date of Accident	30/04/2021 13:01 (SGT)
Exact Location of Accident	Sims Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3542Y
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-87801360
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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 your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED AFENDY BIN SUDIN
NRIC No	SXXXX021G

Date Of Birth	16/11/1960
Occupation	Outdoor
Date Of Driving Pass	11/05/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87801360
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 642D PUNGGOL DRIVE #09-379
Address complement	-
Postcode	824642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does 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

Type of Accident	Collision - Major/Minor Rd
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ON THE EXTREME LEFT IN THE LANE. VEHICLE B FROM THE MINOR ROAD CUT INTO THE DOUBLE WHITE LINE TO CROSS THE MAIN ROAD AND COLLIDED ONTO MY TAXI. THE TRAFFIC WAS MODERATE AND SLOW. I COULD NOT NOTICE THE VEHICLE B. VIDEO FOOTAGE CAPTURED INCIDENT. I WILL SEEK MEDICAL ADVICE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC7825B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHANG HUALEI

Passport No/FIN	GXXXX703X
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED AFENDY BIN SUDIN
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	WILL SEEK MEDICAL ADVICE
Injured person in which vehicle?	SHC3542Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

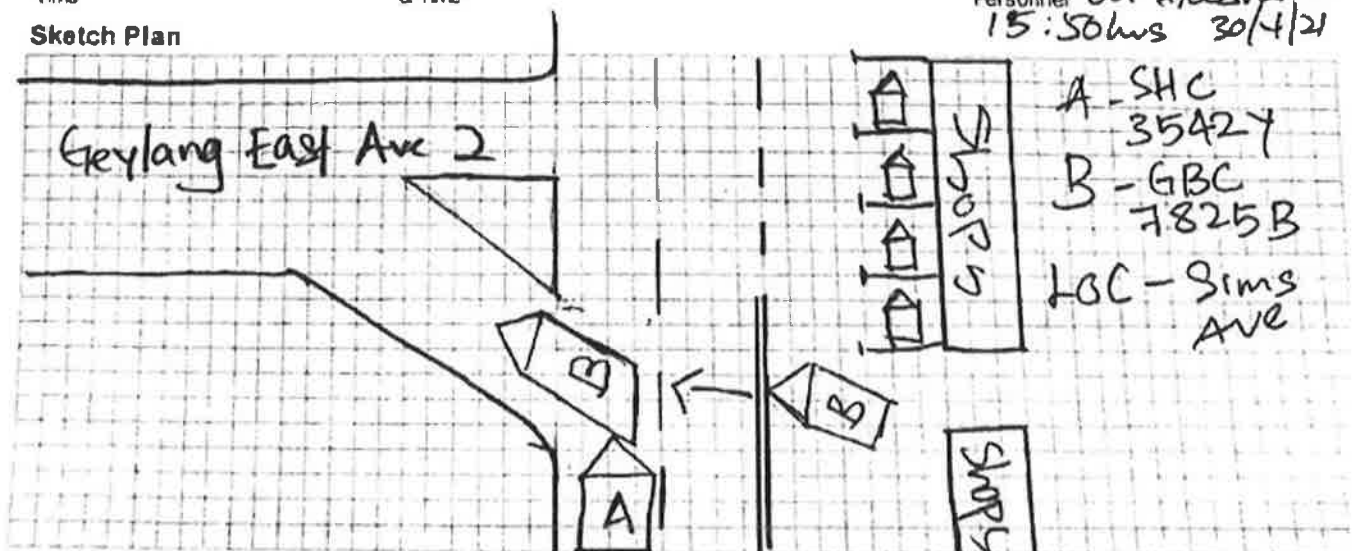
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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 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.
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 set out 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) of :
(i) 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 may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *Ed Hashim*
15:50 hrs 30/4/21

Sketch Plan



Describe Circumstances of the Accident

I was driving on the extreme left in the lane. Vehicle B from the minor road cut into the double white line to cross the main road and collided onto my taxi. The traffic was roadworks and slow, I ~~could~~ could not noticed the vehicle B. Video footage captured incident. I will seek medical advice.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel *Od Hashim*
15:50hrs 30/4/21