

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 ability
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 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 Report	17/03/2015 13:57
Date Of Accident	16/03/2015 15:45
Exact Location Of Accident	LOR 6 TOA PAYOH > LOR 1 X TOA PAYOH EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4315A
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	
Alternative Phone No	Office-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
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?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Taxi

Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	Yes
Policy Number	MCOM0016
Cover Note Number	

Driver

Name of Driver	BOO BOON HENG
NRIC No	S0037423G
Date Of Birth	02/05/1954
Occupation	Outdoor
Date Of Driving Pass	07/06/1977
Driving Experience	37 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	228 LORONG 8 TOA PAYOH #12-152
Postcode	S310228
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Collision- Head to Side
Weather Conditions	DRIZZLING
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name [Other]	KIM KEAT NPP
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED POLICE REPORT	
Are accident photos available for attachment?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA7559P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ABU BAKAR BIN SIDEK
NRIC/Passport Number	S1772262Z
Contact Number	96334379
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	PAX
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SHD4315A
Were seat belts worn?	

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

SKETCH PLAN

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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.

COMFORT TRANSPORTATION PTE. LTD.
388 SIN MING DRIVE
SINGAPORE 575717
TEL: 6555 1186 FAX: 6459 3150
CO. REG. NO. 199001215

BBUeng 17-3-15

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Policyholder's Signature / Date & Time

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

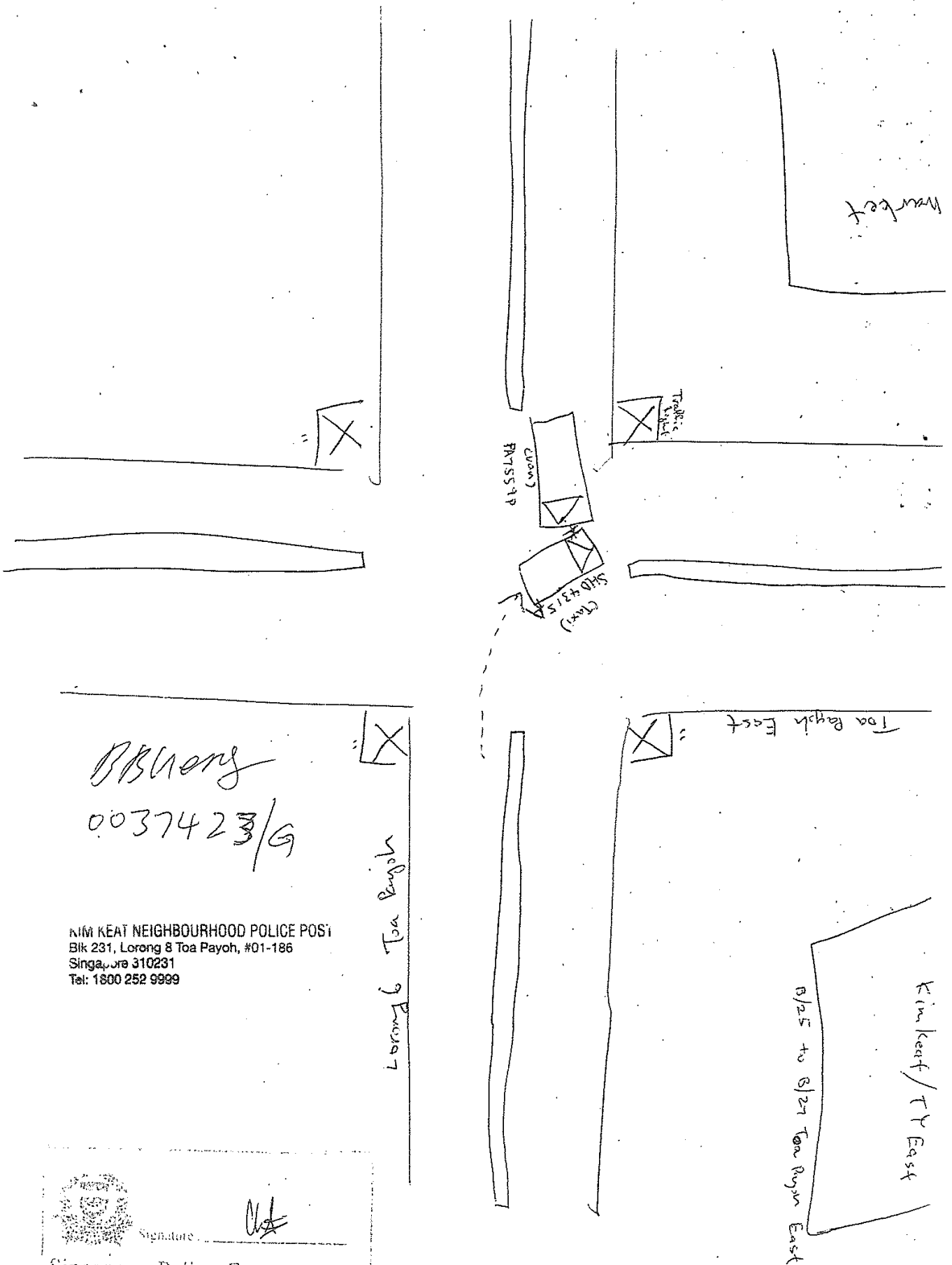
Witnessed by Reporting Centre Personnel

1216

Sketch Plan

Refer Police Report

T/20150316/2135



Describe Circumstances of the Accident

Refer Police Report T/20150316/2135

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE. LTD.
383 SIN MING DRIVE
SINGAPORE 570717
TEL 6555 1188 FAX 6555 3123
CO. REG. NO. 154903547

BDUenz 17-3-15

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Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan Pg.4

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186 SINGAPORE
310231
Tel No: 1800-2529999



T/20150316/2135

1 of 3

Report No. T/20150316/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2015 18:26		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: BOO BOON HENG			Address: APT BLK 228 LORONG 8 TOA PAYOH #12-152 SINGAPORE 310228		
ID Type / ID No.: NRIC NO / S0037423G			Contact No.: Home/Office: Mobile: 98257076		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 02/05/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/03/2015 15:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LORONG 6 TOA PAYOH TOA PAYOH EAST Junction of Lorong 6 Toa Payoh and Toa Payoh East. (Refer to sketch)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7559P	Van	TOYOTA	HIACE	Silver	Slightly Damaged	0
SHD4315A	Car	HYUNDAI	SONATA	Blue	Seriously Damaged	2

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

Sketch Plan Pg.5

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186 SINGAPORE
310231
Tel No: 1800-2529999



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Report No. T/20150316/2135

CONTINUATION OF REPORT

Driver			
Name	ABU BAKAR BIN SIDEK		ID No. S1772262Z
Related Vehicle	PA7559P (Van)		Contact No. 96334379
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 (MC)	NIL	Degree of Injury	NIL
Driver			
Name	BOO BOON HENG		ID No. S0037423G
Related Vehicle	SHD4315A (Car)		Contact No. 98257076
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On 16/03/2015 at about 1545hrs, I was driving my taxi (SHD4315A) with two passengers. I was at Lorong 6 Toa Payoh travelling towards Toa Payoh East. I observed the traffic light was in my favour; as such I proceed after checking the traffic is clear. Suddenly before reaching Toa Payoh East a van (PA7559P) hit the rear left passenger door which rotated my car half a round. The impact was huge so I suspect he was driving very fast.

I made a check on my passenger and one of them complaint of chest pain, as such was conveyed to the hospital. My vehicle was towed away. Traffic Police attended the scene and advised to lodge a Police report. Vide E/20150316/0093 IO Zulfadly.

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186 SINGAPORE
310231
Tel No: 1800-2529999



T/20150316/2135

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Report No. T/20150316/2135

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:

E /

Chalit Liew

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:

16/03/2015 18:26

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

