

## 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	15/03/2016 14:43
Date Of Accident	15/03/2016 09:10
Exact Location Of Accident	NEW MARKET RD X HAVELOCK RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6922H
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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	Third Party
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	KWOK WAI LOK
NRIC No	S0147264Z
Date Of Birth	06/06/1947
Occupation	Outdoor
Date Of Driving Pass	14/06/1972
Driving Experience	43 Years And 9 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	MIKEKWOK47@YAHOO.COM

Address	BLK 75C REDHILL ROAD #06-74
Postcode	153075
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	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

#### 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)	1

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Ubi Ave 3
Police Station Address	<b>ROAD:</b> 10 UBI AVE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20160315/2027

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FD8432S
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Name of Driver	NIEMANN JULIAN ALEXANDER MARC
NRIC/Passport Number	S8738386E
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	NIEMANN JULIAN ALEXANDER MARC
Approximate Age	
Injuries Sustain	BACK , GIDDNESS

Injured person in which vehicle?	FD8432S
Were seat belts worn?	No
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

## SKETCH PLAN

## GENERAL INSTRUCTIONS

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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.

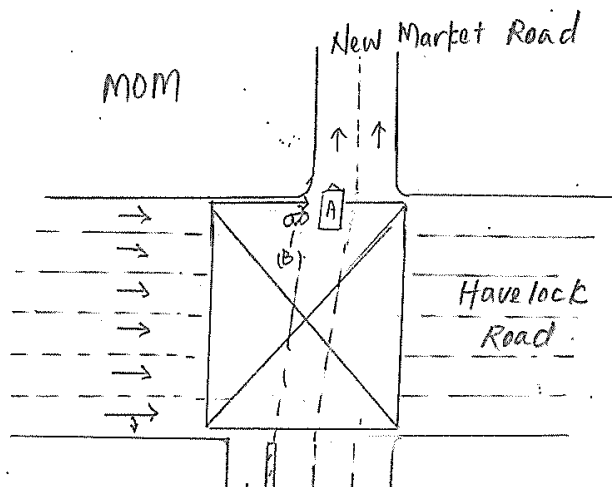
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



A: 5H6922H

B: FD8432S

Describe Circumstances of the Accident

As police report no:  
T/20160315/2027

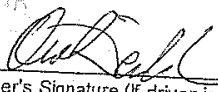
- The rider claimed that he had back ache and giddiness, was conveyed by ambulance. Police officer attended the scene too


Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 190303821R

Policyholder's Signature / Date & Time

 15/3/2016  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20160315/2027

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20160315/2027

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2016 11:32		Vide Report No.: A/20160315/0051		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOWK WAI LOK			Address: 75C REDHILL RD #06-74 HDB BUKIT MERAH SINGAPORE 153075		
ID Type / ID No.: NRIC NO / S0147264Z			Contact No.: Home/Office: Mobile: 93699391		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 06/06/1947	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2016 09:10	Type of Location: X-Junction
Location: Along Road 1 HAVELOCK ROAD  INFRONT MOM BUILDING				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FD8432S	Motorcycle				Seriously Damaged	0
SH6922H	TAXI				Seriously Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No
No. of Pedestrians Injured: Nil



**SINGAPORE  
POLICE FORCE**



T/20160315/2027

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Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20160315/2027

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	KOWK WAI LOK		ID No. S0147264Z
Related Vehicle	NIL		Contact No. 93699391
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Rider</b>			
Name	NIEMANN JULIAN ALEXANDER MARC		ID No. S8738386E
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		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	Slight

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I(SH6922H) WAS DRIVING ON ABOVE MENTIONED LOCATION AT THE MOST LEFT LANE, I WAS SUPPOSED TO STRAIGHT TOWARDS MERCHANT ROAD. AT AROUND LANE 5 AND 6 HAVELOCK ROAD, THERE ARE 2 VEHICLE BLOCKING MY WAY. SO I STOP AT AROUND LANE 4. WAITING FOR THEM TO CLEAR. AT THE EU TONG SEN TRAFFIC LIGHT TURNED GREEN. I WAIT FOR THE VEHICLE TO MOVE OFF, THE CAR AT LANE 5 SIGNAL ME TO MOVE OFF, AND I MOVE FORWARD SLOWLY AND HORN. AS I WAS GOING TO REACH THE ROAD. SUDDENLY THE MOTORCYCLE(FD8432S) CAME INTO MY PLACE AND COLLIDED ON MY LEFT SIDE FRONT DOOR OF MY VEHICLE(SH6922H).



**SINGAPORE  
POLICE FORCE**



T/20160315/2027

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20160315/2027

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:  
TP /  
JAVIS NG JIA WEI

Signature Of Interpreter:  
Not applicable

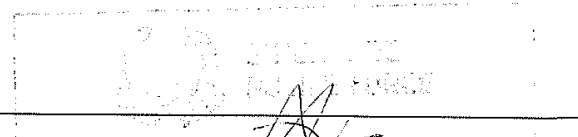
Officer In Charge Of Case:  
TP / GIT /  
MUHAMMAD HANAFI BIN AZLAN  
Contact No.: 65476437

Authentication Stamp

Signature Of Informant:

Date/Time:  
15/03/2016 11:32

Classification Of Case:





Accident Photo



Accident Photo



Accident Photo



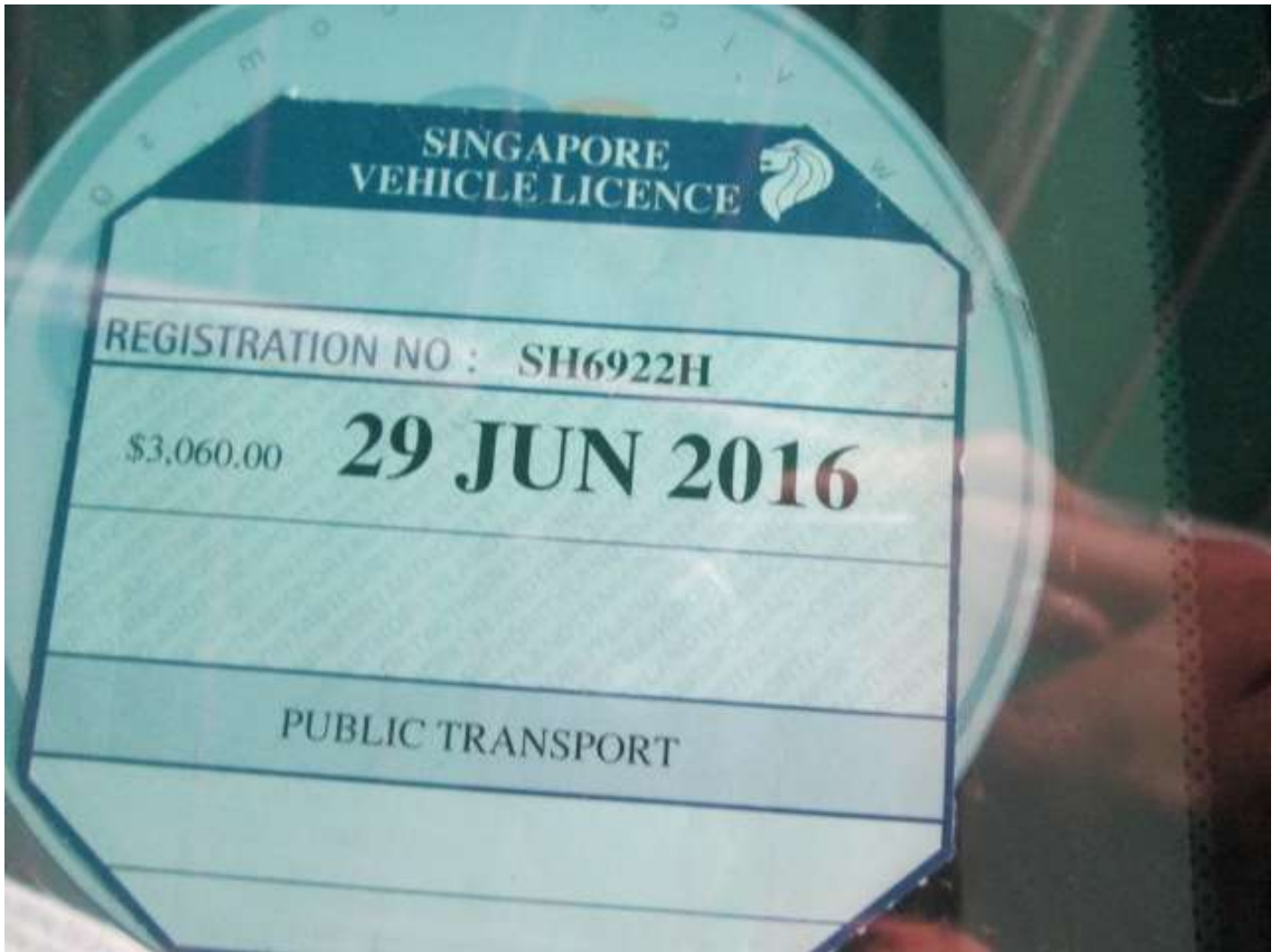
Accident Photo





Accident Photo





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