

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	01/04/2016 08:26
Date Of Accident	30/03/2016 03:35
Exact Location Of Accident	CLAYMORE HILL X CLAYMORE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8632M
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	I40
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	PHUA CHEE HUI
NRIC No	S7045468H
Date Of Birth	13/12/1970
Occupation	Outdoor
Date Of Driving Pass	01/10/1991
Driving Experience	24 Years And 5 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
Email Address	ERICPHUA@ROCKETMAIL.COM

Address	126D 07-318 EDGEDALE PLAINS
Postcode	824126
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 Rear (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	Yes
Foreign Vehicle Registration Number	JHV6791 (Private Car)
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
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 [Other]	ORCHARD NPC
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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

Vehicle Registration Number	JHV6791
Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR RHT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PEDESTRIAN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name	PEDESTRIAN-STANDING THERE
Approximate Age	
Injuries Sustain	RHT LEG
Injured person in which vehicle?	PEDESTRIAN
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

SKETCH PLAN

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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

S Rama Moorthy

Witnessed by Reporting Centre Personnel

Sketch Plan

2 [B] JHV6791
[A] SHC8632M

Describe Circumstances of the Accident

Injury - Pedestrian Passenger - NIL


Refer Police Report - E/20160330/0021

Declaration

We declare the foregoing particulars are true in every respect.

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

 31/3/2016


S Rama Moorthy

Police Station Of Origin :

ORCHARD NEIGHBOURHOOD POLICE CENTRE
51 KILLINEY ROAD
SINGAPORE 239572
TEL: 1800-733-9999
FAX: 6733 1934



Serial No. F 09518

Report No.

IP No.

IO In-charge : Saldiman

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 30/03/2016 @ 12:24h.	Vide Report No.: E/20160330/0021	Station Diary No.: 02.
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Informant's Particulars			
Name of Informant: PHUA CHEE HUI		Address: APT B1K 1267 EDGEHILL PLAZA #04-318 Postal Code : 824126.	
ID Type/No : S7045468H	Date of Birth: 13/12/1970	Contact No.:- Home: Mobile : 83937793 Office :	Driving Licence Information :- Class : 3 Date of Expiry :
Race: CHINESE	Age: 46	Sex: M	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) TAXI DRIVER			

General Information on the Accident			
Type of Accident :	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Date of Accident: 30/03/2016	Type of Location:
	For non-injury, involved: <input checked="" type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle	Time of Accident: 0335hrs.	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)

CLAYMORE HILL X CLAYMORE ROAD.

Type of Collision:				Weather :	
(i) Between moving vehicles		(ii) Moving Vehicle Against :		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):	
<input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input checked="" type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)		<input checked="" type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)			
Traffic Flow: <input type="checkbox"/> One-way <input checked="" type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input checked="" type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet, <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: 50 km/h	Drink Drive: Yes/No Anyone conveyed by ambulance : Yes/No

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
SHC3632M	TAXI (Blue)	SLIGHT DAMAGE	PHUA CHEE HUI S7045468H	3	83937793	—	—	—	Unknown
JHV 6791	BLACK	SLIGHT DAMAGE	—	—	—	—	—	—	—

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic

Sketch Plan Pg.4

Police Station Of Origin :

ORCHARD NEIGHBOURHOOD POLICE CENTRE
51 KILLINEY ROAD
SINGAPORE 239572
TEL: 1860-735-9999
FAX: 6733 1934



Report No.

IP No.

IO In-charge : Saluman

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used : <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury : <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available : Yes / No	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

Brief Details. This report shall be signed by the informant.

On 30/03/2016 at about 0330hrs, I am travelling along Claymore Hill and out of sudden, one male subject moved away from a car 'JHV 6791' into the road. Immediately, when I saw him, I tried to move away from him however he still move into in-front of vehicle. I tried to turn away again which cause me to hit into 'JHV 6791' and the said subject. Traffic Police was at scene who refused to lodge a police report at any police station. The said subject was conveyed by the ambulance. I wish to state that I did warned the subject by honking him.

- Instructions**
1. Number each vehicle and show direction of travel by arrow.
→ 1 ← 2 ←
 2. Number each pedestrian and show direction by arrow. → ①
 3. Use solid line to show path of vehicle before accident
→ 1 dotted line
after accident. - - - - - 1
 4. Show distance and direction to landmarks, identify by name.
 5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: CA Adrian Tan Kant Wai
Name/Signature Of Interpreter: —

Signature Of Informant: [Signature]
Date: 30/03/2016



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: # 2/20160330/0021

I, CPL T130058 PHUA
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 Elite Pro 1668 (Blue) JNo - 1550731-42.
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from S7045468H, Phua Chee Hui, 83937793
(Name, NRIC or Passport No. / Rank and No.)

of 126D Edgedale Plains #07-318 824126
(Address / Police Station / NPC / NPP)

on 30/03/2016 at 0500hrs
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

[Signature] S7045468H
(Signature)

[Signature]
(Signature)

S7045468H, Phua Chee Hui
(Name, NRIC or Passport No. / Rank and No.)

CPL T130058 Phua
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: _____



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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