#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be  $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 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 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	06/06/2016 11:47
Date Of Accident	04/06/2016 08:55
Exact Location Of Accident	LORONG 6 TOA PAYOH X ENTRANCE OF SAFRA
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8592U
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	140
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	TAY PENG HOCK JOSEPH

NRIC No S1663791B Date Of Birth 26/09/1964 Occupation Outdoor Date Of Driving Pass 19/02/1985

**Driving Experience** 31 Years And 3 Months

Male Gender

Mobile Number Fax Number Contact Number

**EMail Address** joetayph@hotmail.com Address 246 JURONG EAST STREET 24 #04-40

Postcode S600246

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) 5

**Details of Police Action** 

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name Traffic Police Division Hq

Police Station Address ROAD: 10 Ubi Avenue 3, POSTCODE: 408865, COUNTRY: Singapore

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

No

#### **Circumstances of Accident**

PLS SEE ATTACHED AND REFER POLICE REPORT: TT/20160604/2048.

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SJK7300L

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number Email Address

#### **DETAILS OF INJURED PERSON 1**

Name 3P DRIVER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? SJK7300L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

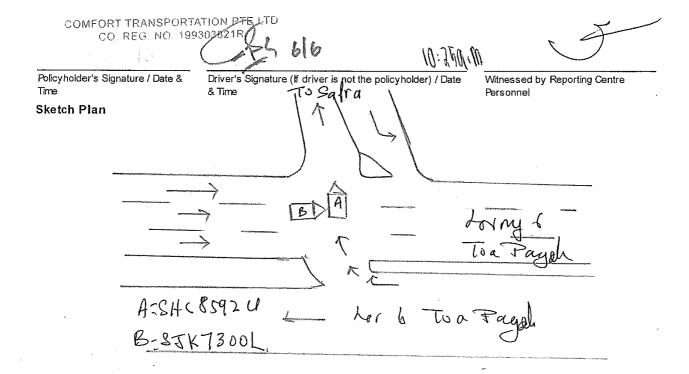
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 (GIÁ) 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 w orkshop 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' law yers/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
- $\hbox{(v) complying $w$ ith applicable law in administering, processing, handling and/or dealing $w$ ith $m$y claims.}\\$

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances	of the Accident	. *
I was travellin	g on right of 3 lanes turning into	
to true month	Sugar Stanes turning into	Sis road
Dalous a this a	To SATRA entraves so 1 stopped of a	heck for
(Sax de 1)	Then droug Boff and only realised on the travelling of high speed newby Keat Link hit and collided onto My	that this car
1 000	travelling at high speed nearby	the exit slip
TOGOL OFFIN	Kent LIAK hit and collided onto My	left front
passenger side		
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Declaration		
We declare the foregoing particulars	S are true in every cooks at	
COMFORT TRANSPORTATION	IN PTE LTD	
CO. REG. NO. 199303	821R	
	$\langle A \rangle \langle a $	
plicyholder's Signatura (15)		
olicyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date Witnessed	by Reporting Centre





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20160604/2048

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2016 11:03		Vide Report No.: E/20160604/0093	Station Diary No.:		
Informa	nt's Particu	ilars			
Name of Informant: TAY PENG HOCK JOSEPH			Address: APT BLK 246 JURONG EAST ST 24 #04-40 HDB JURONG EAST SINGAPORE 600246		
ID Type / ID No.: NRIC NO / S1663791B		Contact No.: Home/Office:	Mobile: 93633898		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 51	Date of Birth: 26/09/1964	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information Class: 3	: Date of Expiry:	

General inform	nation of the Accident		
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Type of Location Straight Road 04/06/2016 08:55
Location: Along Road 1 LORONG 6 To	OA PAYOH		7
Weather: Road Drizzling Dry		d Surface:	Road Speed Limit:
Traffic Flow: Traffic		ic Control: ic Light - Wo	Traffic Volume:  orking Moderate
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
CONTRACTOR OF THE PROPERTY OF		Make	Model	Color	Condition	No of
SHC8592U	TAXI	HYUNDAI	140 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	4
SJK7300L	Car	HONDA	HONDA JAZZ 1.3L A	Black	Slightly Damaged	0





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

Report No. T/20160604/20

**CONTINUATION OF REPORT** 

#### Brief Details.

AS MENTIONED ABOVE DATE, TIME AND LOCATIONS.

I was travelling on right of three lanes turning into slip road to turn right into safra entrance so I stop to check for oncoming vehicles. I then drove and only realised that this car (SJK7300L) was travelling at high speed nearby the exit slip road of kim keat link hit and collided onto my left front passenger side.



Police Station Of Origin:
Traffic Police Division HO

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



Report No. T/20160604/2048

3 of 3

CONTINUATION OF REPORT

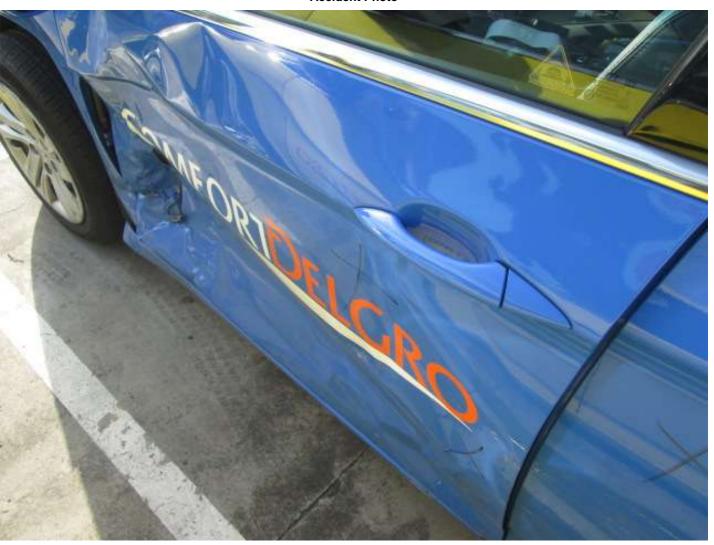
#### Sketch Plan

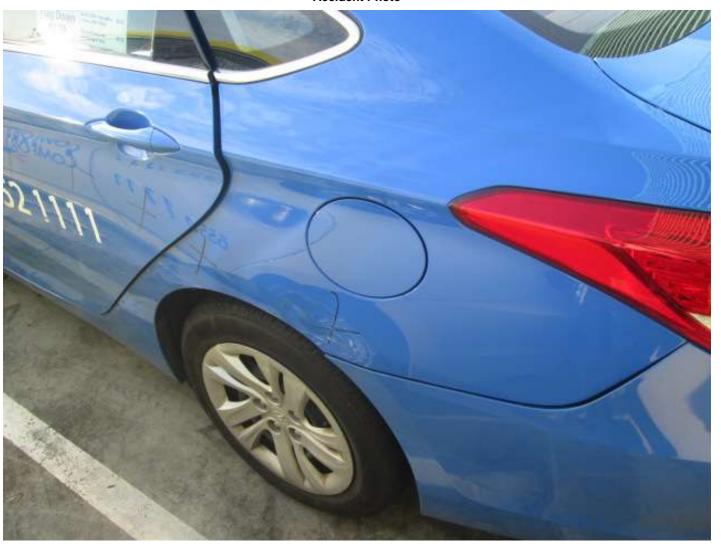
Informant is not able to provide sketch plan

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 / LOW CHENG GUI	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	04/06/2016 11:03
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	SINGAPORE POLICE FORCE
Authentication Stamp NP168	POLICE PORCE
	Gin



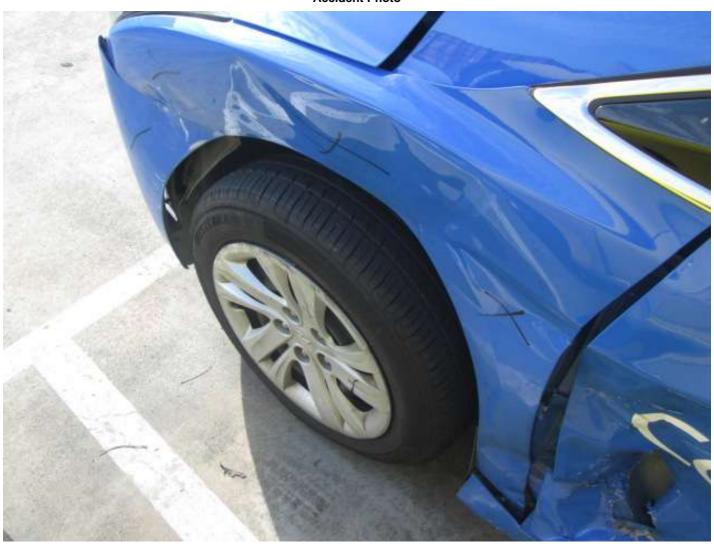


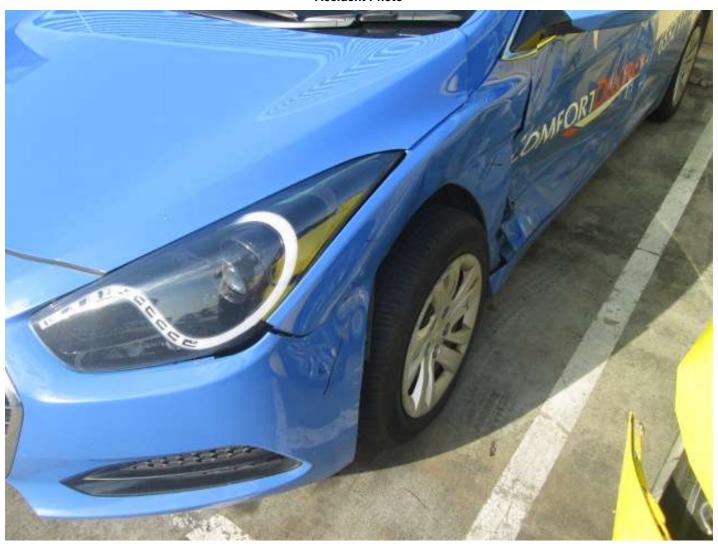










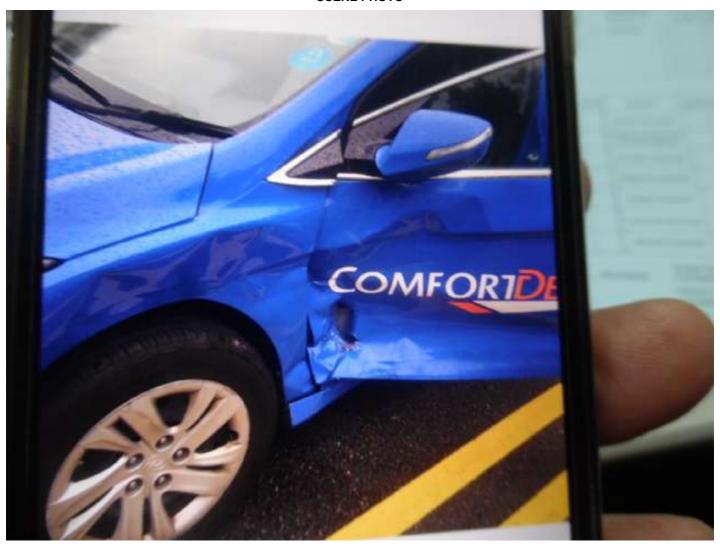








# **SCENE PHOTO**



# **SCENE PHOTO**



# **SCENE PHOTO**

