

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	29/08/2016 15:46
Date Of Accident	27/08/2016 11:45
Exact Location Of Accident	UPP BT TIMAH RDX SERVICE RD > MARKET & FOOD CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6601K
-----------------------------	----------

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	MERCEDES-BENZ
Model	E220
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	THONG KUANG SHIN
NRIC No	S1373695B
Date Of Birth	03/11/1959
Occupation	Outdoor
Date Of Driving Pass	11/07/1980
Driving Experience	36 Years And 1 Month
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	HONGKUANGSHIN0311@YAHOO.COM

Address	339 WOODLANDS AVE 1 # 12-549
Postcode	S730339
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)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Address	ROAD: 1 Pasir Ris Drive 4 , POSTCODE: 519457 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
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	SKG9109U
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LOH MARY
NRIC/Passport Number	S1523538A
Contact Number	
Address	
Postcode	
Insurance Company Name	EQ Insurance Company Ltd
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	THONG KUANG SHIN
Approximate Age	56
Injuries Sustain	NECK, SHOULDER, LOWER BACK

Injured person in which vehicle?	SHD6601K
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	339 WOODLANDS AVE 1 # 12-549
Postcode	S730339

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 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. 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
383 SIN MING DRIVE
SINGAPORE 575717
TEL: 6555 1188 FAX: 6453 3183
CO. REG. NO. 159303821R

29/08/16

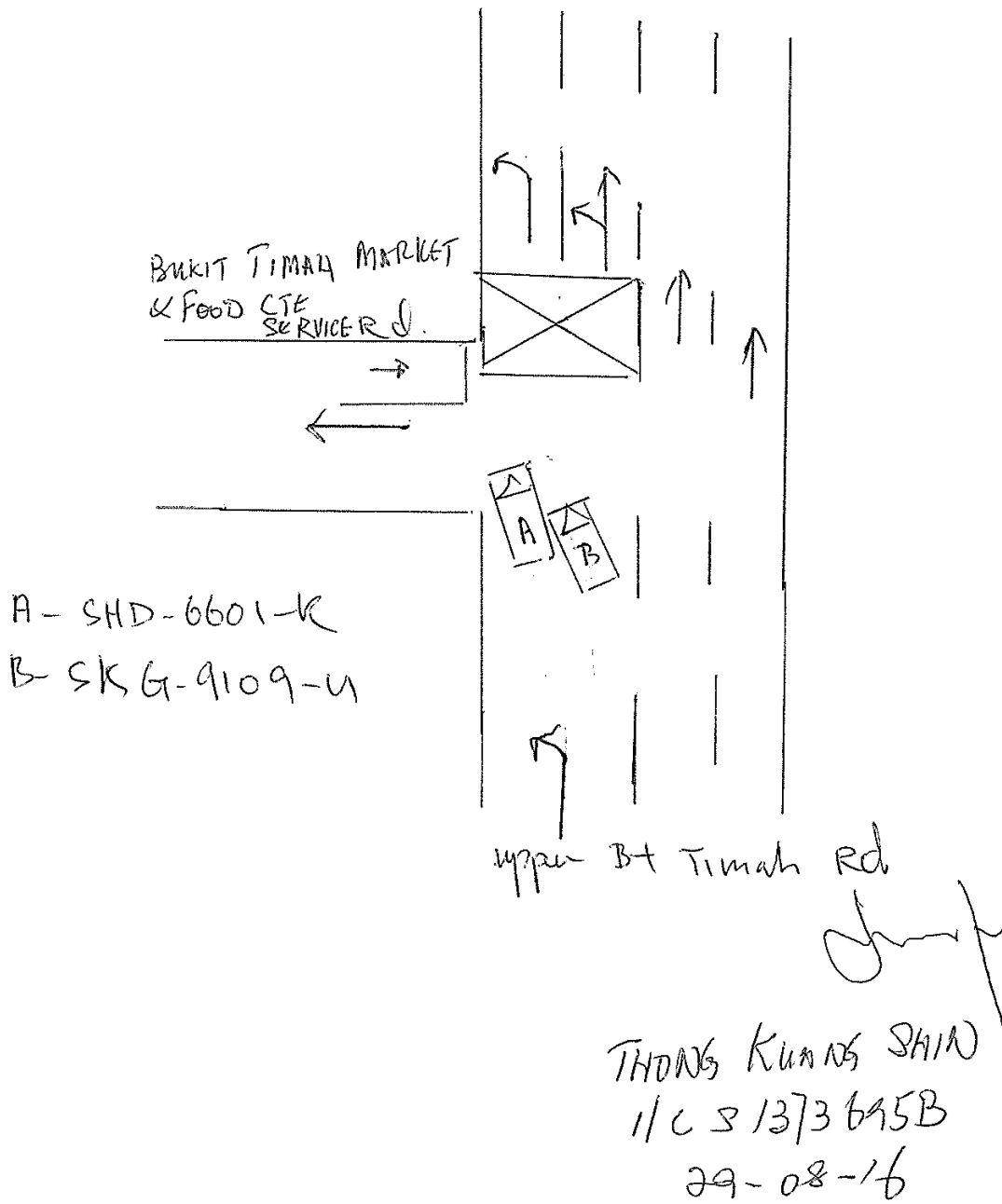
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

As Per Attached.



Describe Circumstances of the Accident

Refers to P/Report
T/20160829/2101

Declaration

We declare the foregoing particulars are true in every respect.

383 SIN MING DRIVE
SINGAPORE 575717
TEL: 6555 1188 FAX: 6453 3180
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



**SINGAPORE
POLICE FORCE**



T/20160829/2101

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20160829/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2016 13:47		Vide Report No.:		Station Diary No.: 68	
Informant's Particulars					
Name of Informant: THONG KUANG SHIN			Address: APT BLK 339 WOODLANDS AVENUE 1 #12-549 SINGAPORE 730339		
ID Type / ID No.: NRIC NO / S1373695B			Contact No.: Home/Office: Mobile: 96618932		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 03/11/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TAXI-DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2016 11:45	Type of Location: TURN
Location: Along Road 1 WOODLANDS ROAD ALONG UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS ROAD AT THE TURN TO SERVICE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHD6601K	Car	MERCEDES BENZ	E220	White	Slightly Damaged	1
SKG9109U	Car	MERCEDES BENZ	C180	Blue	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20160829/2101

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20160829/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHD6601K	INDIA INTERNATIONAL INSURANCE PTE LTD	MCOM0016	01/01/2015	31/12/2017

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THONG KUANG SHIN	ID No.	S1373695B
Related Vehicle	SHD6601K (Car)	Contact No.	96618932
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/08/2016	Date Discharge	29/08/2016
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name			
Name	LOH MARY	ID No.	S1523538A
Related Vehicle	SKG9109U (Car)	Contact No.	NIL
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

Brief Details.

On 27/08/2016 at 1145hrs, while I was travelling along Upper Bukit Timah Road towards Woodlands Road on lane 3 (the only lane to turn left to service road), I was behind SKG9109U. SKG9109U signaled left but tilted to the right. While SKG9109U was moving towards to the right side, I drove my car forward. When SKG9109U was still within the lane 3, my car was already in front of his vehicle. Out of the sudden, SKG9109U turned left while I was about to turn left as well into the service road and the front left corner of it collided with the right side of my car causing a long scratch from the front door to the rear door. SKG9109U had scratch on his front bumper. Nobody was injured at scene.

Traffic police and ambulance not at scene.

As I felt strain on my neck and lower back shoulder, I went to Ansar Clinic on 29/08/2016 and was given 3 days mc.

I have an in-car camera which might capture the vibration from the first contact point from SKG9109U to



**SINGAPORE
POLICE FORCE**



T/20160829/2101

3 of 4

Report No. T/20160829/2101

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

my car. I have the photos taken.



**SINGAPORE
POLICE FORCE**



T/20160829/2101

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20160829/2101

CONTINUATION OF REPORT

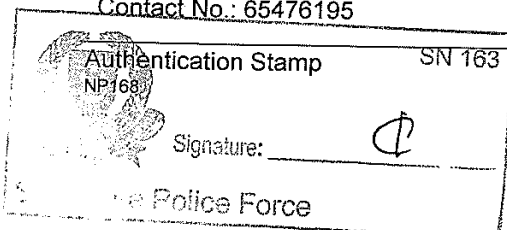
Sketch Plan

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: G/ Sgt CHIA SHU JUN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt CHIA HWEE YANG TOMMI Contact No.: 65476195

Signature Of Informant:
Date/Time: 29/08/2016 13:47
Classification Of Case:



Accident Photo



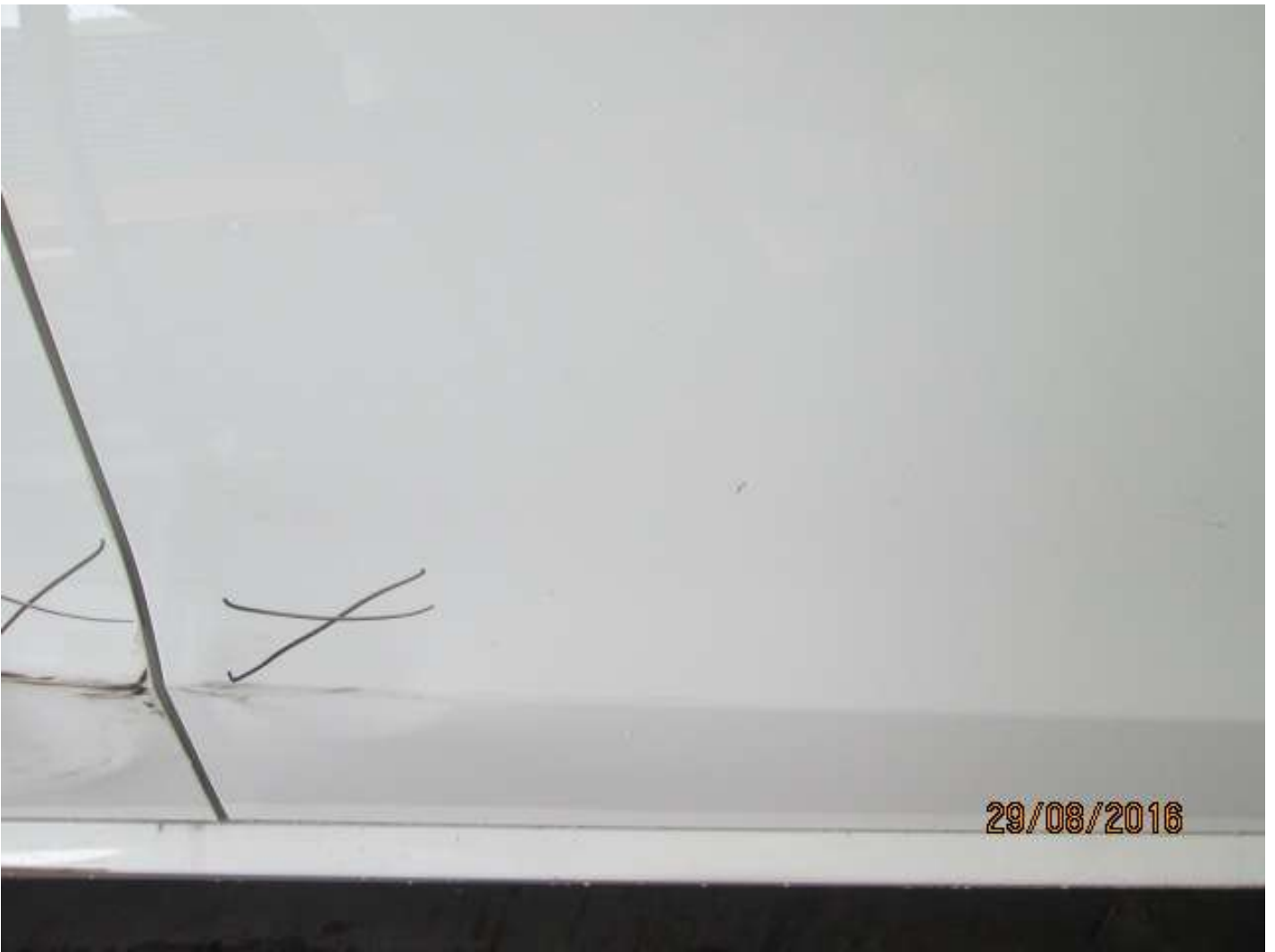
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

