

## 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	13/09/2016 14:05
Date Of Accident	11/09/2016 10:50
Exact Location Of Accident	PAYA LEBAR ROAD TWDS GUILLEMARD ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1424T
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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	MCOM0015
Cover Note Number	

#### Driver

Name of Driver	CHENG FONG YEE
NRIC No	S1593385B
Date Of Birth	20/05/1963
Occupation	Outdoor
Date Of Driving Pass	28/07/1984
Driving Experience	32 Years And 1 Month
Gender	Female
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 3 TELOK BLANGAH CRESCENT #11-506
Postcode	090003
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- Chain Collision
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	Hougang Neighbourhood Police Centre
Police Station Address	<b>ROAD:</b> 60 Hougang Ave 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20160911/2056	
Are accident photos available for attachment?	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR8317J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN CHEE CHUAN
NRIC/Passport Number	S7217859I
Contact Number	90180252
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT & REAR
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB9921C
Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	

Name of Driver	ONG KAH LOCK
NRIC/Passport Number	S0206459F
Contact Number	98361669
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJZ1265R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NGOR BOON HENG
NRIC/Passport Number	S1234951C
Contact Number	82230888
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	CHENG FONG YEE
Approximate Age	
Injuries Sustain	NECK,SHOULDER,BACK, BOTH ARM
Injured person in which vehicle?	SHC1424T
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No
Address	BLK 3 TELOK BLANGAH CRESCENT #11-506
Postcode	090003

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

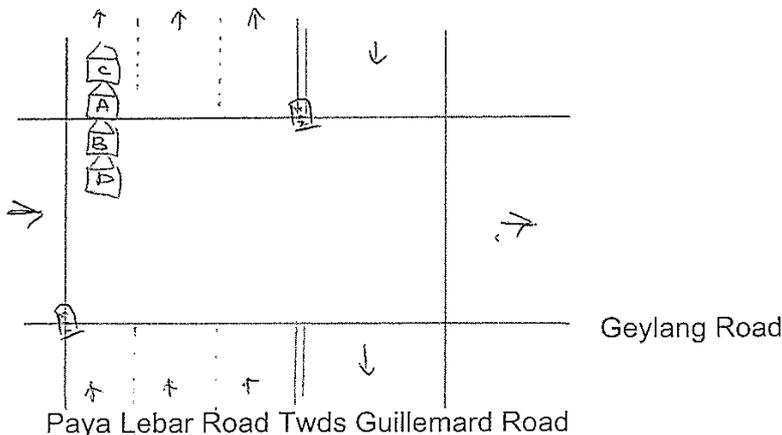
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 13 Sep 2016 @ 1145Hrs

Witnessed by Reporting Centre Personnel

**Sketch Plan**



On 11/09/2016 @ 10:50Hrs

A- SHC 1424T

B- SKR 8317J

C- SHB 9921C (Transcab)

D-SJZ 1265R





**SINGAPORE  
POLICE FORCE**



T/20160911/2056

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20160911/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2016 12:49		Vide Report No.:		Station Diary No.: 48	
<b>Informant's Particulars</b>					
Name of Informant: CHENG FONG YEE			Address: APT BLK 3 TELOK BLANGAH CRESCENT #11-506 SINGAPORE 090003		
ID Type / ID No.: NRIC NO / S1593385B			Contact No.: Home/Office: Mobile: 81668078		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 53	Date of Birth: 20/05/1963	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:			

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2016 10:50	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 PAYA LEBAR ROAD GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHB9921C	Car				Slightly Damaged	1
SHC1424T	Car				Slightly Damaged	1
SJZ1265R	Car				Seriously Damaged	0
SKR8317J	Car				Slightly Damaged	0



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Report No. T/20160911/2056

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Ong Kah Lock	ID No.	S0206459F
Related Vehicle	SHB9921C (Car)	Contact No.	98361669
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
Driver			
Name	CHENG FONG YEE	ID No.	S1593385B
Related Vehicle	SHC1424T (Car)	Contact No.	81668078
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/09/2016	Date Discharge	11/09/2016
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Tan Chee Chuan	ID No.	S7217859I
Related Vehicle	SKR8317J (Car)	Contact No.	90180252
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.**

I would like to state that I am the driver of a blue coloured Hyundai Sonata Comfort taxi bearing registration number SHC1424T.

On 11/09/2016 at about 1050hrs, I was driving along Paya Lebar Road and was heading towards Guillemard Road. My male Filipino passenger had requested to go to City Plaza. There was a Transcab taxi bearing registration number SHB9921C. As we were passing the cross junction leading to the start of Guillemard Road, the taxi in front of me suddenly applied its e-brake. I applied my e brake and was able to stop it time. I then felt another collision from the rear of my taxi. I then stopped and exited my taxi to



**SINGAPORE  
POLICE FORCE**



T/20160911/2056

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Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20160911/2056

**CONTINUATION OF REPORT**

check on what had just happened. Upon exiting, I observed that a total of 4 vehicles including mine were involved in the accident.

My passenger alighted and told me that he would walk the rest of the way to City Plaza as it was already nearby. He did not tell me if I was injured and I did not notice any physical injuries on him. I was able to exchange particulars with the driver of the taxi in front of me and the driver of the vehicle that had collided into the rear of my taxi. I was not able to exchange particulars with the driver of the fourth car. I would like to state that there was a female passenger in the taxi in front of me and I saw her walking away from the taxi after the accident. I however am not sure if any of the other drivers were injured.

There were no paramedics or ambulance at the scene. There however was one officer from Traffic Police who assisted with controlling the traffic at the scene. The first three cars in the accident, including could still be driven off after the accident. I noticed that the fourth vehicle had serious damages to it's front. The front bonnet was also completely dented and bent inwards. I however did not notice if there was a tow truck activated as I had already driven off by then.

I proceeded to see a doctor after the accident and went to Pow Clinic & Surgery located at Blk 620 Hougang Ave 8 #01-264 after the accident. I felt pain in my neck, shoulders, back and both arms as a result of the accident. I was then given four days of Medical Leave. The Medical Leave is valid from 11/09/2016 to 14/09/2016.

That is all.



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T/20160911/2056

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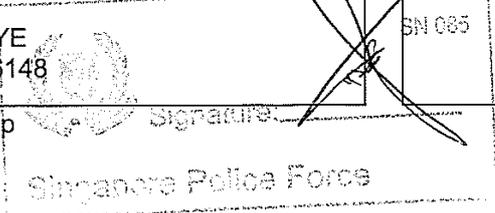
Report No. T/20160911/2056

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: F / Staff Sgt MUHAMMAD HAFIZ BIN SUHAIMI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2016 12:49
Officer In Charge Of Case: TP / AEIT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case: SN 085
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

