

## 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	23/10/2016 07:55
Date Of Accident	22/10/2016 00:45
Exact Location Of Accident	AIRPORT BLVD T3 TAXI Q
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1894U
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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

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	LIM CHEE KIANG (LIN ZIQIANG)
NRIC No	S7636785Z
Date Of Birth	25/11/1976
Occupation	Outdoor
Date Of Driving Pass	12/07/2004
Driving Experience	12 Years And 3 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NELSON@SAMINBOX.COM

Address	139 #04-112 YISHUN RING ROAD
Postcode	760139
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?	No
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH.

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

Vehicle Registration Number	WC3303T
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Name of Driver	MANDAN NAVANEE THAK RISHNAN
NRIC/Passport Number	G8127670L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHB4048G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

#### Details of Witness

Name

Phone Number

Email Address

#### DETAILS OF INJURED PERSON 1

Name LIM CHEE KIANG (LIN ZIQIANG)

Approximate Age 40

Injuries Sustain BACK,NECK

Injured person in which vehicle? SHC1894U

Were seat belts worn? Yes

Was injured conveyed to hospital by ambulance? No

Address

Postcode

**SKETCH PLAN**

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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' 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
  - (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' 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.

COMFORT TRANSPORTATION PTE L I L  
CO. REG. NO. 199303821R

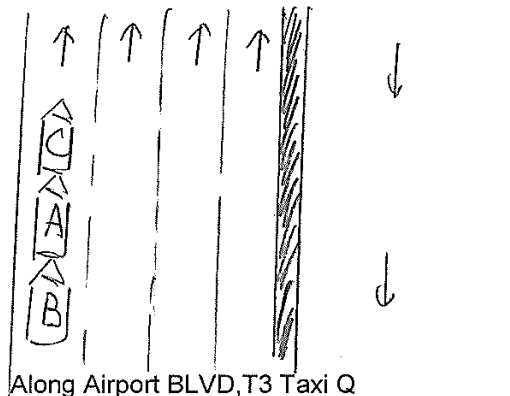
Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 22/10/2016 @ 12:45 Hrs

LISA DIONG

Witnessed by Reporting Centre  
Personnel

**Sketch Plan**



A-SHC 1894U

B-WC 3303T

C-SHB 4048G (CT)

**Describe Circumstances of the Accident**

On the 22 Oct 2016,at about 00:45 hrs,my taxi (A) (SHC 1894U) was travelling along Airport BLVD ,T3 in taxi Q.With no passenger on board.
It was clear weather and traffic volume was heavy.I was on the extreme left lane ,I saw infront of me vehicles slowing down and stopped ,So I follow too.
Out of sudden,there was a loud impact coming from the rear portion that caused my taxi (A),to lose control and surge forward,and colliding onto veh (C ) (SHB 4048G) rear portion.My taxi (A) front and rear portion was damaged.
I assessed the damages to my taxi (A) and come to know that there were 3 vehicles involved in the chain accident.
No one was conveyed by the ambulance.
The parties involved in the accident are:
Veh (A)-SHC 1894U.
Veh (B)-WC 3303T.Mr.Mandan Nnavanee Thak Rishnan.Fin no:G 8127670L.
Veh (C )-SHB 4048G,a comfort taxi.
After the accident,I felt pain on my back and neck,will consult doctor shortly.

**Declaration**

I/We daclara the foregoing particulars are true in every respect.

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

\_\_\_\_\_  
policyholder's Signature/Date&Time

\_\_\_\_\_  
Driver's Signature(If driver is not the policyholder)

Date & Time 22/10/2016 @ 12:45HRS

**LISA DIONG**

\_\_\_\_\_  
Witnessed by Reporting

Centre Personnel

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



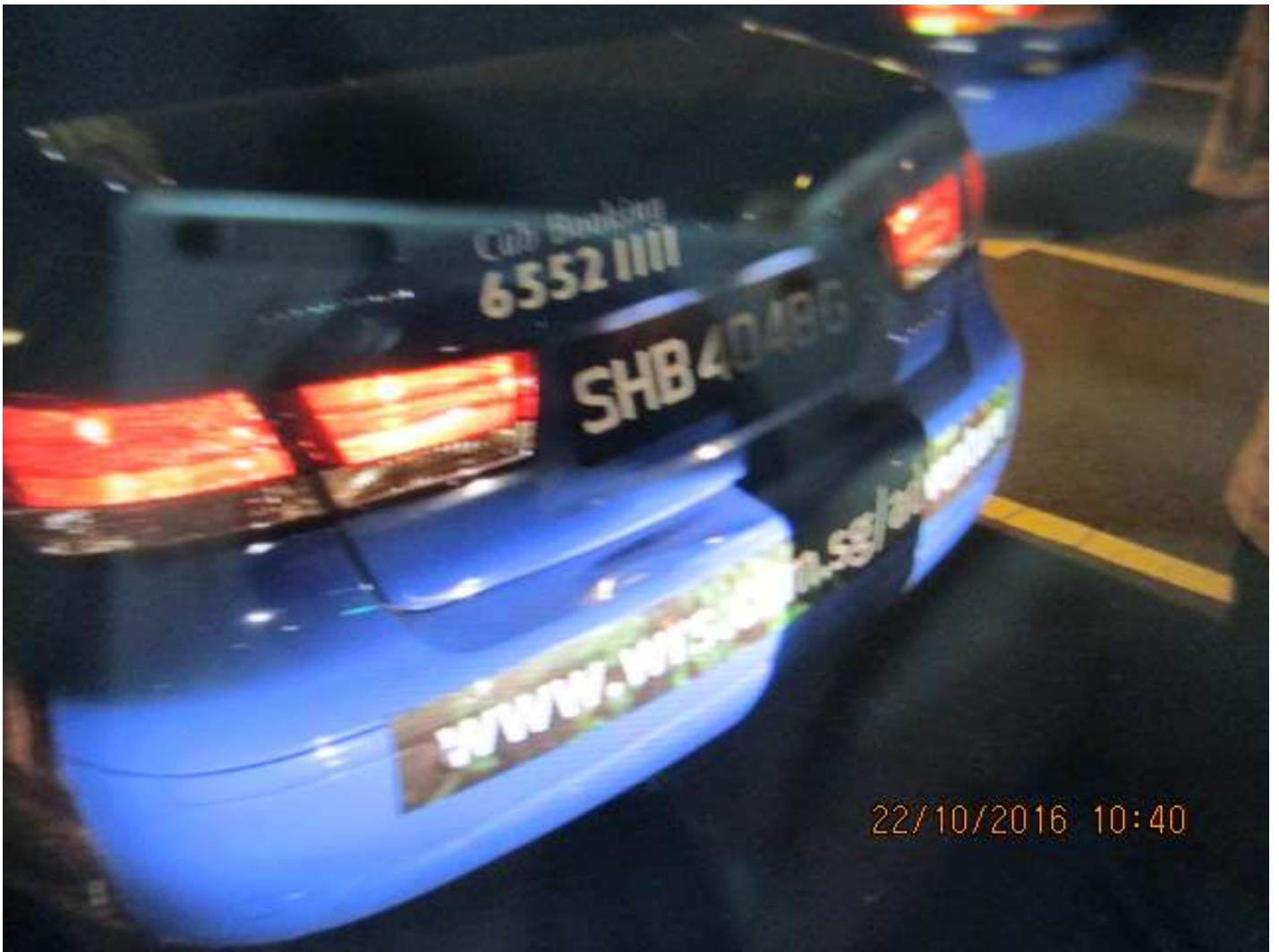


Accident Photo





Accident Photo



22/10/2016 10:40

Accident Photo



Accident Photo

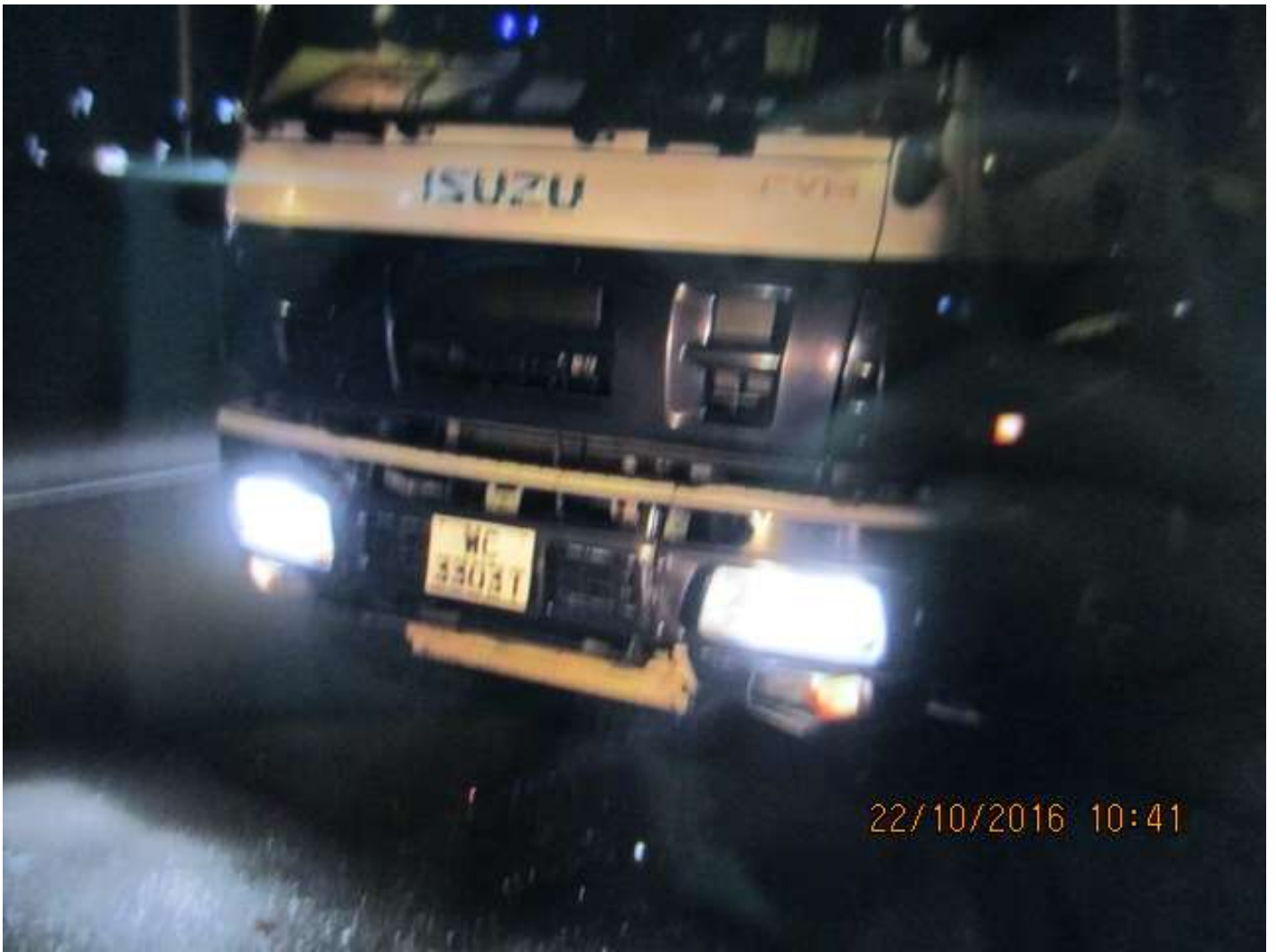




Accident Photo



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