

## 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	19/06/2017 16:11
Date Of Accident	17/06/2017 21:50
Exact Location Of Accident	MOUNTBATTEN ROAD X NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3236S
<b>Insured/Policyholder</b>	
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	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

### Driver

Name of Driver	TAN TECK MOH
NRIC No	S1209759Z
Date Of Birth	05/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	22/05/1979
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	669 HOUGANG AVE 8 # 03-731
Postcode	S530669
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	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
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?	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

PLS SEE ATTACHED (TAXI IS IN TP POUND)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1759C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	94315878
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	WHOLE LEFT SIDE
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
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Email Address

**DETAILS OF INJURED PERSON 1**

Name	TAN TECK MOH
Approximate Age	60
Injuries Sustain	CHEST, BACK & NECK
Injured person in which vehicle?	SHA3236S
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	669 HOUGANG AVE 8 # 03-731
Postcode	S530669

## 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

383 SIN MING DRIVE

SINGAPORE 575717

TEL: 6555 1188 FAX: 6453 3183

CO. REG. NO. 199303821R

Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 19.06.2017 @ 15:15 Hrs

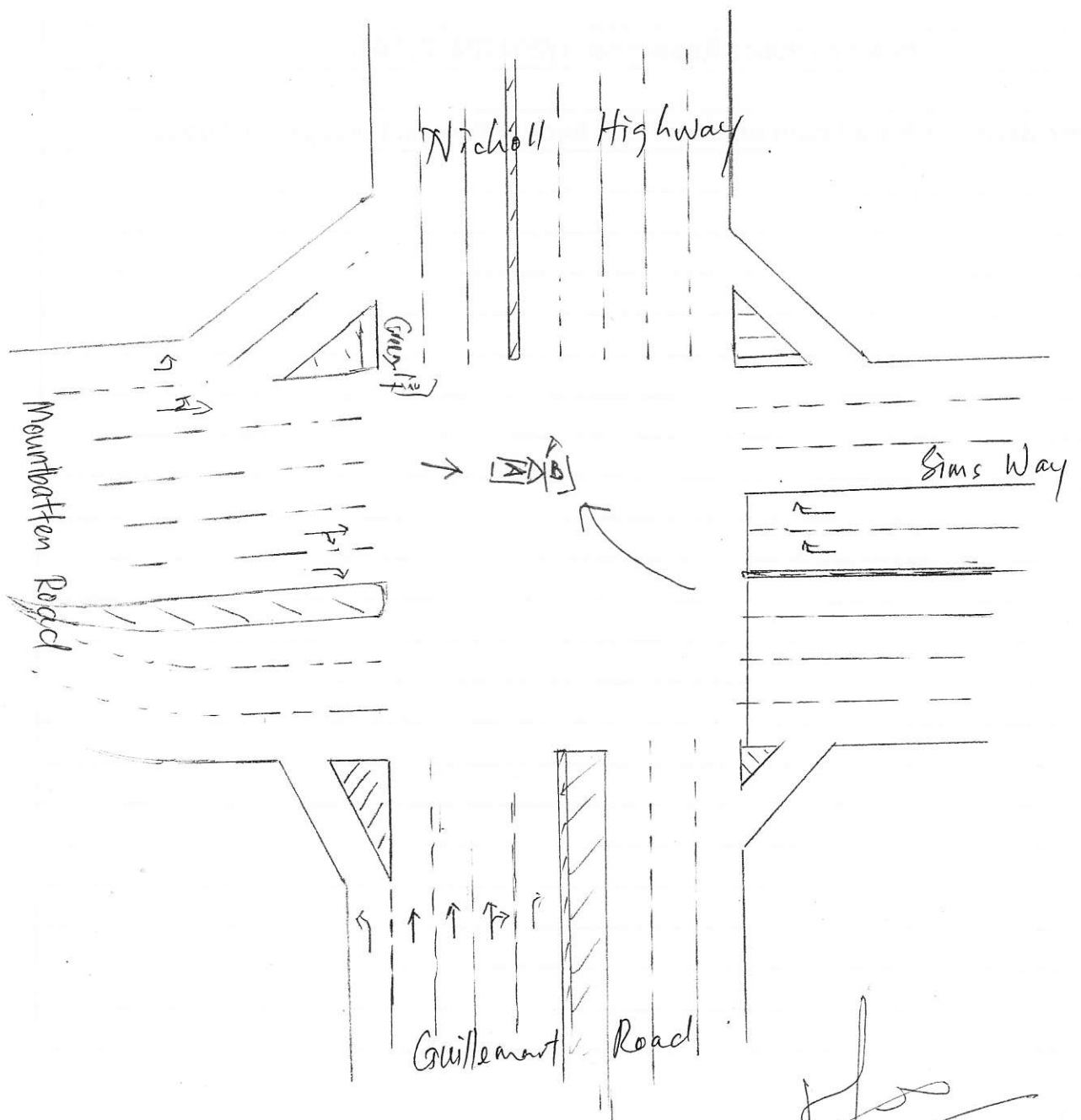
*Rubbini*  
Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

A - SHA 3236S

B - SHC 1759C (CTPL)

Refer to the attachment



TAN YOCK MOH  
1209759Z  
19/06/2017

[illegible]

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

COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE 576 003  
TEL: 6555 1188 FAX: 6555 1183  
CO. REG. NO. 199501118

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

Date & Time 19.06.2017 @ 15:15 Hrs

Witnessed by Reporting

Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20170618/2016

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

1 of 3

Report No. T/20170618/2016

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/06/2017 07:38		Vide Report No.:		Station Diary No.: 37	
<b>Informant's Particulars</b>					
Name of Informant: TAN TECK MOH			Address: APT BLK 669 HOUGANG AVENUE 8 #03-731 SINGAPORE 530669		
ID Type / ID No.: NRIC NO / S1209759Z			Contact No.: Home/Office: Mobile: 96225097		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 05/07/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2017 21:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MOUNTBATTEN ROAD NICOLL HIGHWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3236S	Car				Slightly Damaged	0
SHC1759C	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20170618/2016

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/20170618/2016

**CONTINUATION OF REPORT**

Driver			
Name	TAN TECK MOH	ID No.	S1209759Z
Related Vehicle	SHA3236S (Car)	Contact No.	96225097
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 17/06/2017 at about 2150hrs, I was driving my vehicle bearing plate number SHA3236S along Mountbatten Road towards PIE. As my vehicle approached the X Junction of Mountbatten and Nicoll Highway I affirmed that the traffic light was green in my favour thus, I proceeded ahead when suddenly a vehicle bearing plate number SHC1759C came from the Sims avenue and my vehicle collided with the other vehicle.

The impact resulted in the airbag to be deployed and I was in a state of shock. About 10minutes later, I alighted to call for the ambulance and subsequently to make a check to discover that my vehicle's front had collided with the other vehicle's right driver and passenger door, resulting in a dent on my front bumper and his driver and passenger door.

Soon later, the ambulance arrived and I was conveyed to TTSH for medical check up and I was experiencing pain in the chest. I was given a total of 7 days MC from 17/06/2017 to 23/06/2017. There is in-car camera in my vehicle.





**SINGAPORE  
POLICE FORCE**



T/20170618/2016

3 of 3

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

Report No. T/20170618/2016

**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 /

Cpl CHONG TECK WEI, JEFFREY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/06/2017 07:38

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168



SN 085

Signature:

Singapore Police Force