

## 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	27/06/2017 13:38
Date Of Accident	25/06/2017 17:05
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT B4 PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2453C
<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	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	ANTHONY LEE CHYE CHONG
NRIC No	S7323513H
Date Of Birth	14/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	04/11/1992
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	ASTARCAR@HOTMAIL.COM

Address	253 12-17 COMPASSVALE STREET
Postcode	540253
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH.

#### 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	SHC133P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
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	SLM119G
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHIA KOK MENG
NRIC/Passport Number	S7328370A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SKC6099E
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	ANTHONY LEE CHYE CHONG
Approximate Age	44
Injuries Sustain	NECK,BACK,SHOULDER,HEAD,LEGS
Injured person in which vehicle?	SHC2453C
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

[illegible]

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

LTD

Driver's Signature (If driver is not the policyholder)  
Date & Time 27/06/2017 @ 11:00 Hrs

Witnessed by Reporting  
Centre Personnel

## 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' 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



Alice

Policyholder's Signature / Date &  
Time

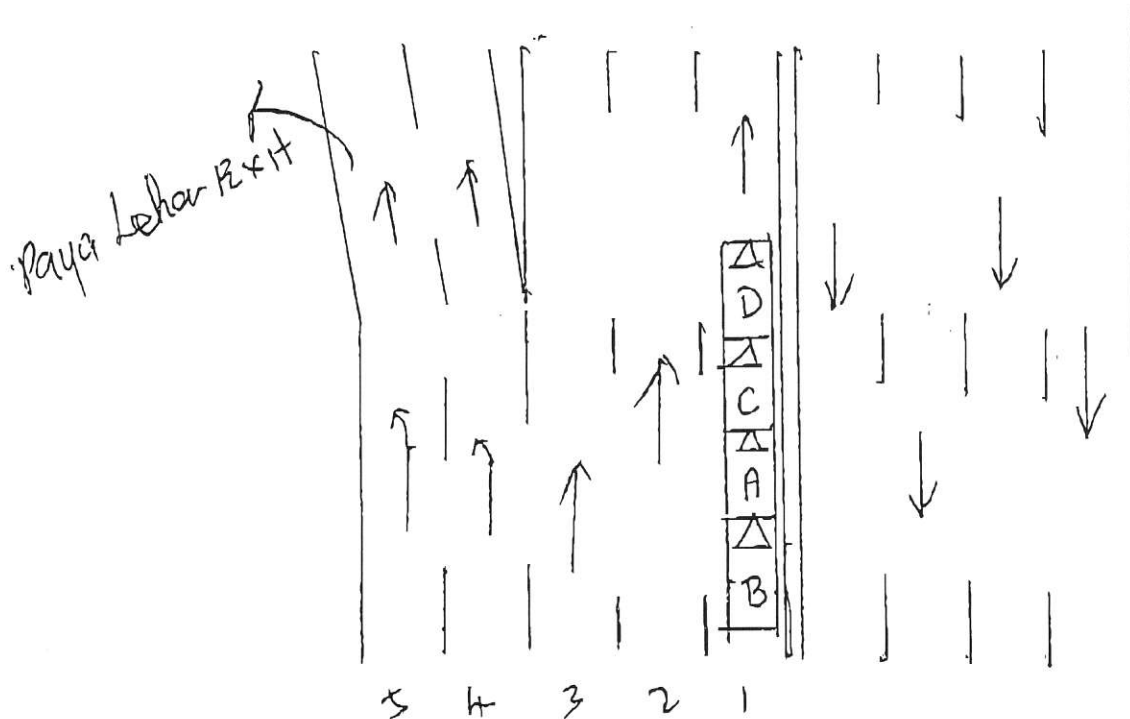
Driver's Signature (If driver is not the policyholder) / Date  
& Time 27/06/2017 @ 11:00hrs

Witnessed by Reporting Centre  
Personnel

Sketch Plan

Refer To The Attachment

## PIE TOWARD CHANGI AIRPORT.




1. D - SKC-6099-E

2. C - SLM-119-G

3. A - SHC-2453-C

4. B - SHC-133-P.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R  
Anthony Lee Chye Chong  
S 7323513 H

27/6/17



# SINGAPORE POLICE FORCE



T/20170626/2038

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No. T/20170626/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/06/2017 13:56		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: ANTHONY LEE CHYE CHONG			Address: APT BLK 253 COMPASSVALE STREET #12-17 SINGAPORE 540253		
ID Type / ID No.: NRIC NO / S7323513H			Contact No.: Home/Office: Mobile: 98583613		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 14/06/1973	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2017 17:05	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Changi Airport direction before Paya Lebar Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC133P	Car				Slightly Damaged	0
SHC2453C	Car				Slightly Damaged	3
SKC6099E	Car				Slightly Damaged	0
SLM119G	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20170626/2038

Police Station Of Origin:  
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Tel No: 1800-7819999

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Report No. T/20170626/2038

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANTHONY LEE CHYE CHONG	ID No.	S7323513H
Related Vehicle	SHC2453C (Car)	Contact No.	98583613
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/06/2017	Date Discharge	26/06/2017
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Chia Kok Meng	ID No.	S7328370A
Related Vehicle	SLM119G (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 25/06/2017 at about 1705hrs, I was in my taxi - SHC2453C, with at least 3 other passengers who were heading to Bedok.

While we were on the first lane on PIE towards Changi Airport before Paya Lebar exit, we noticed that a vehicle ahead stopped, as such, I slowed down the vehicle and came down to a complete stop eventually.

Suddenly, I felt a bang from the rear of my vehicle by SHC133P, the nudge was too strong that it shifted my vehicle forward to the front car (SLM119G). All drivers involved alighted and we confirmed that no one needed any immediate medical attention. A total of 4 vehicles were involved in the accident, SKC6099E followed by SLM119G, then my vehicle and SHC133P.

Traffic police had also attended to the scene. We exchanged our particulars. I felt some aching from my neck to the head and also to my eyes, lower back to both legs, and also my shoulder area. I see the doctor and was given 7 days MC.





**SINGAPORE  
POLICE FORCE**



T/20170626/2038

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Tel No: 1800-7819999

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Report No. T/20170626/2038

**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 /  
Staff Sgt TAN YI YI, JEAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Signature Of Informant:

Date/Time:  
26/06/2017 13:56

Classification Of Case:

Authentication Stamp  
NP168

SN 107



Singapore Police Force