

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	24/06/2017 08:08
Date Of Accident	22/06/2017 22:40
Exact Location Of Accident	RAFFLES BLVD X ENTRANCE TO MILLENIA WALK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC3152P
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	I40
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	REPORTING ONLY
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	NG KOK KEONG
NRIC No	S6815925C
Date Of Birth	19/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1992
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	RODERICKNG@GMAIL.COM

Address	125 #14-902 RIVERVALE STREET
Postcode	519942
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
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 [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

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	FBF818C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	LEFT HAND,LEFT KNEE
Injured person in which vehicle?	
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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

[Signature]

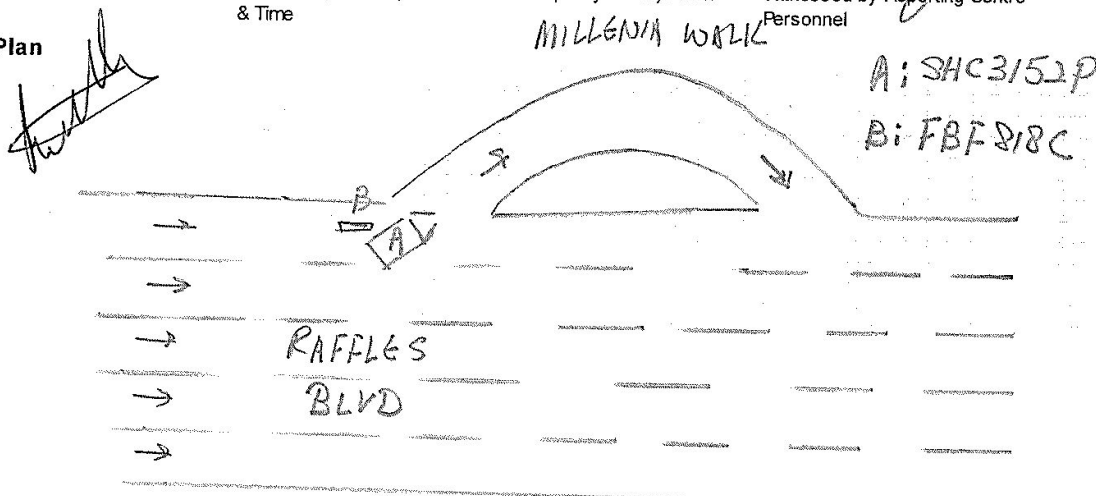
23/06/17 *[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to P/Report T/20170623/2006/2007

Declaration

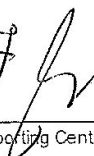
We declare the foregoing particulars are true in every respect.

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



Policyholder's Signature / Date &
Time

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

23/06/17 

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20170623/2006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20170623/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2017 00:59		Vide Report No.: A/20170622/0150		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG KOK KEONG			Address: 125 RIVERVALE STREET #14-602 HDB-KANGKAR SINGAPORE 540125		
ID Type / ID No.: NRIC NO / S6815925C			Contact No.: Home/Office: Mobile: 97353055		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 19/04/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2017 22:40	Type of Location:
Location: RAFFLES BOULEVARD BLK 9 RAFFLES BLVD MILLENIA WALK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF818C	Motorcycle				Slightly Damaged	0
SHC3152P	TAXI				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20170623/2006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20170623/2006

CONTINUATION OF REPORT

Brief Details.

AS ABOVE MENTION DATE TIME AND LOCATION,

AT THE POINT OF TIME AT THE LOCATION MENTIONED, I WAS SIGNALLING LEFT TO TURN I WAS AT THE SECOND LANE AFTER THE BUS LANE BECAUSE I CANNOT GO IN THE BUS LANE BEFORE 2300hrs. BEFORE I TURN TO THE LEFT I LOOK OUT FOR ONCOMING TRAFFIC, THEN I SEE THE ROAD IS CLEAR THEN I TURN LEFT THEN SUDDENLY I HEARD A SOUND FROM THE BACK OF MY TAXI LEFT PASSENGER DOOR.



**SINGAPORE
POLICE FORCE**



T/20170623/2006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20170623/2006

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: TP / MUHAMMAD ALFIE AASRIQ BIN MOHAMMED IRWAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2017 00:59
Officer In Charge Of Case: TP / GIT /	Classification Of Case: SINGAPORE POLICE FORCE
Contact No.:	Signature:
Authentication Stamp NP168	



T/20170623/2007

1 of 3

Report No. T/20170623/2007

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20170623/2006

Report Number T/20170623/2007

Vide Report Number

Date/Time of Report Made 23/06/2017 01:06

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant NG KOK KEONG

ID Type / ID No. NRIC NO / S6815925C

Home/Office

Mobile 97353055

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 22/06/2017 22:40

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF818C	Motorcycle				Slightly Damaged	0
SHC3152P	TAXI				Slightly Damaged	0



T/20170623/2007

2 of 3

Report No. T/20170623/2007

Continuation of CSF For NP168

Brief Facts.

AS ABOVE MENTION DATE TIME AND LOCATION,

I WAS SIGNALLING LEFT TO TURN, I WAS AT THE SECOND LANE AFTER THE BUS LANE, BECAUSE I CANNOT GO IN THE BUS LANE BEFORE 2300hrs. BEFORE I TURN TO THE LEFT I LOOK OUT FOR ONCOMING TRAFFIC, THEN I SEE THE ROAD IS CLEAR THEN I TURN LEFT THEN SUDDENLY I HEARD A SOUND FROM THE BACK OF MY TAXI.

I DID THE CSF IS JUST TO CHANGED THE ADDRESS FROM 125 RIVERVALE ST (#14-602) TO (#14-902) THAT'S ALL.



T/20170623/2007

3 of 3

Report No. T/20170623/2007

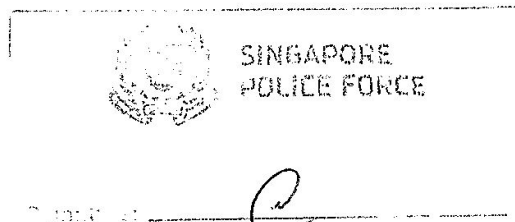
Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT /
Classification of Case	1) INJURY / ATTENDED BY POLICE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

