

## 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	27/11/2017 15:53
Date Of Accident	25/11/2017 21:15
Exact Location Of Accident	DRIVEWAY EXIT OF TAKASHIMAYA X ORCHARD TURN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SH9072R
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	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	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	ALDEN CHAN YEW MENG
NRIC No	S1791991A
Date Of Birth	23/03/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1993
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	135 BUKIT BATOK WEST AVENUE 6 #08-491
Postcode	S650135
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 103 BUKIT BATOK CENTRAL , <b>POSTCODE:</b> 650103 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5639999 - <b>FAX NO:</b> 66655794
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SIDE-SWIPE. PLS SEE ATTACHED AND REFER POLICE REPORT : ANNEX D.

#### 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	PC13H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JAMIL B SULAIMAN
NRIC/Passport Number	S1598865G
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	RIGHT FRONT
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number  
Email Address

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

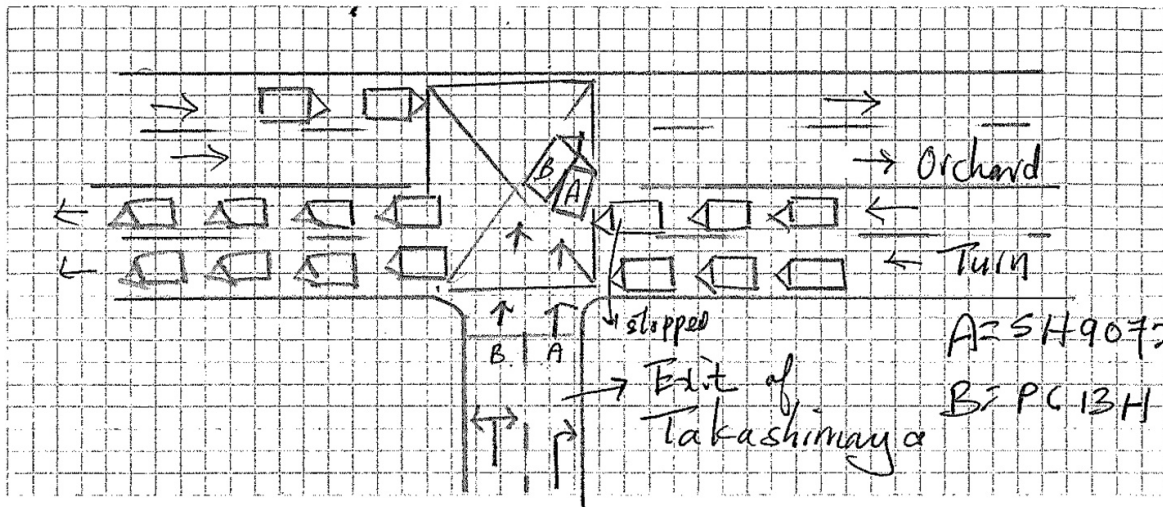
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

Lin Ee Soon  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached

DECLARATION

I/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:

Lim Ee Soon  
CSO  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Printed Name of Policyholder

SH 9072 R

- ACCIDENT STATEMENT

It was heavy traffic when I was moving out from the exit driveway of Takashimaya on Saturday night (25/11/2017) into Orchard Turn.

As seen in the video footage, I was moving slowly on the rightmost lane while vehicle B( PC 13H), a passenger van, travelling on the leftmost lane of the exit route.

I seized the opportunity to turn right at the time oncoming traffic remained standstill.

Car B exited alongside my taxi at the same time.

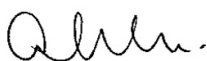
But car B encroached into my path in the junction to avoid an approaching car in the opposite direction of the road and it hit against my taxi, as a result.

The impact inflicted damage to the left front of my taxi while the right front to car B sustained damage.

I took photo at the scene and also took down particulars of driver B.

No report of injury.

I affirmed the above-statement is true and correct.



Driver name : Alden Chan Yew Meng  
NRIC NO : S 1791991A  
Date: 27/11/2017

Recorded by Alex Lim



Annex-D

**NOTICE OF REPORTING**

This is to confirm that Alden Chan Yew Meng, S1791991A, has reported to the Police a non-injury traffic accident which occurred on 25/11/2017 at about 2100hrs to 2115hrs along Orchard Turn. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government property damaged.
- v) Hit and Run Accident.

**Involving the following vehicles:**

- V1) SH9072R (driven by Alden Chan Yew Meng)
- V2) PC13H (driven by Jamil Bin Sulaiman, S1598865G)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

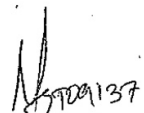
Rank/Name of Issuing Officer: SSgt Mohamed Nasrudin

Date: 26/11/2017

Time: 2146hrs

S/D Ref: 54

Police Post/Unit: Bukit Batok NPP

  
BUKIT BATOK NPP.  
RT 103 BUKIT BATOK CENTRAL  
SINGAPORE 650103  
TEL : 1800-5639999

Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo



SCENE PHOTO





SCENE PHOTO



SCENE PHOTO

