

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	04/12/2017 10:05
Date Of Accident	02/12/2017 16:25
Exact Location Of Accident	SELEGIE ROAD JUNCTION OF MIDDLE ROAD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4824Y
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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	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	YONG CHOON KIONG
NRIC No	S1745373D
Date Of Birth	14/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/09/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
E Mail Address	VICTORYONGCK@GMAIL.COM

Address	BLK 61A STRATHMORE AVENUE #23-06
Postcode	142061
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 REAR
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)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20171202/2140

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	SKG3572D
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Name of Driver	UNKNOWN
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

Sketch Plan Pg. 1

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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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


3/12/17
mm

3/12/17
Jackson Ho
CSO



SINGAPORE
POLICE FORCE



T/20171202/2140

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20171202/2140

CONTINUATION OF REPORT

Driver			
Name	YONG CHOON KIONG		ID No. S1745373D
Related Vehicle	NIL		Contact No. 96283161
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On this place, date and time, I was along the second lane from the right. There was one white Subaru vehicle (SKG3572D) in front of my vehicle. I checked my blind spots and suddenly, I felt a very light jerk. Subsequently, the white Subaru vehicle (SKG3572D) which was in front of me came out of his vehicle and I came out of mine. I asked him to move forward his vehicle to see the damages as such he complied. The first thing he told me was that he has difficulty to pay his car's installment. Then he asked me to pay for the damages as such I told him that I also have financial problem. Then he told me that he will drive his car to the workshop and I could pay installment to the workshop. I thought that I had hit his car but when I looked at my car and his car, my vehicle's front was slightly damage however the white Subaru's rear (SKG3572D) was severely cracked. I felt that situation was not right and my right foot was always on the brake.

I wish to state that my vehicle was slightly damaged due to the collision. My vehicle has in-car cam but I am unsure if it was recording.

I am lodging this report for traffic police to investigate.



SINGAPORE
POLICE FORCE



T/20171202/2140

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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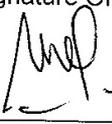
Report No. T/20171202/2140

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: E / Sgt 1 JOREEN YAP JIA HUI 	Signature Of Informant:  2/12/17
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2017 19:45
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp
NP168



SN 167

Accident Photo



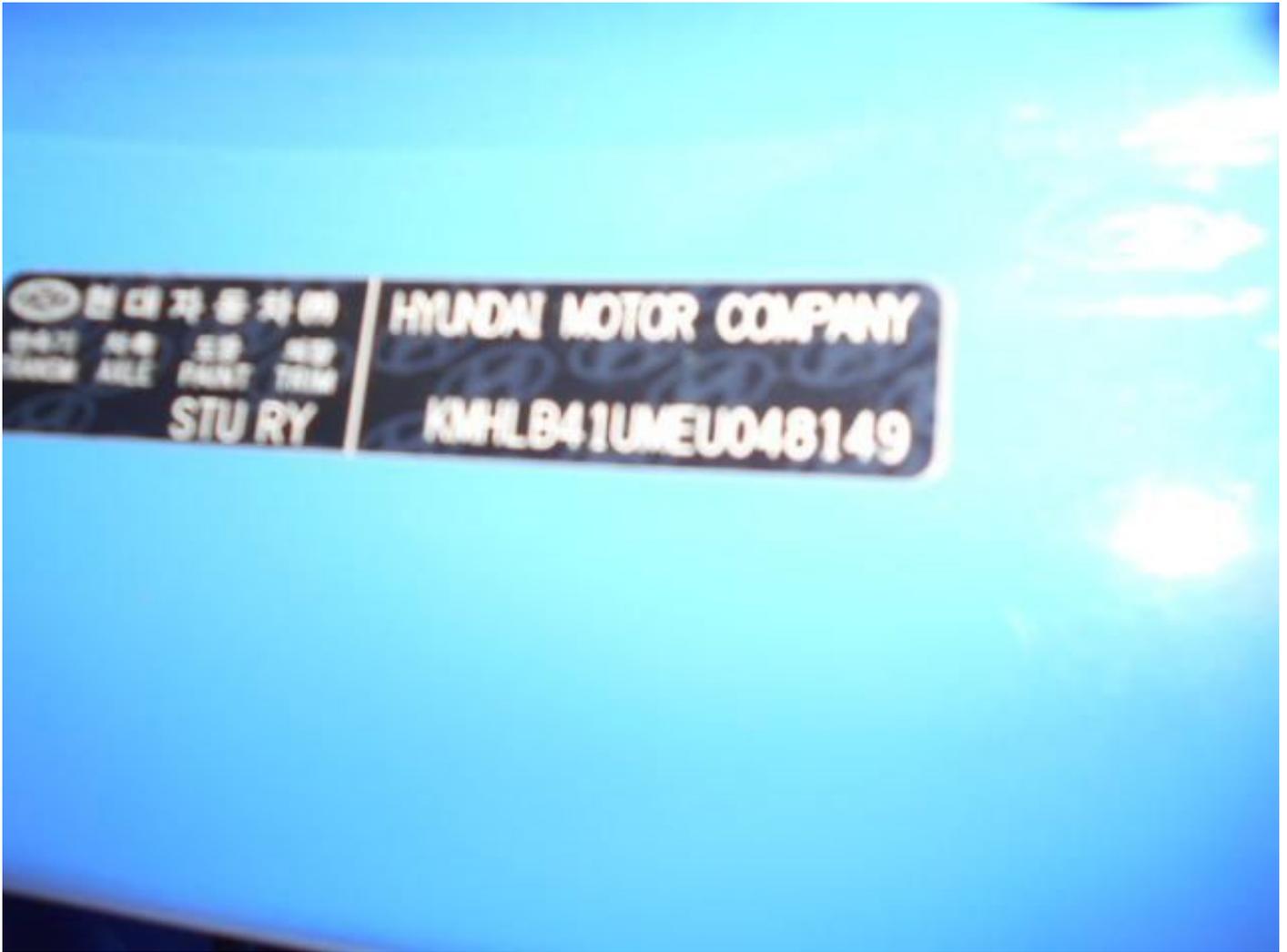
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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