

## 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 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             | 17/01/2018 14:02                                   |
| Date Of Accident           | 17/01/2018 09:25                                   |
| Exact Location Of Accident | KPE >CITY NEAR TAMPINES RD EXIT INFRONT ERP GANTRY |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA7494L                       |
| <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  | 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                                       | 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             | MCOM0015                              |
| Cover Note Number         |                                       |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | KUSMAYADI BIN KAMARUSANAWI |
| NRIC No              | S8421387Z                  |
| Date Of Birth        | 16/07/1984                 |
| Occupation           | OUTDOOR                    |
| Date Of Driving Pass | 30/05/2014                 |
| Driving Experience   | 3 YEARS AND 7 MONTHS       |
| Gender               | MALE                       |
| Mobile Number        |                            |
| Fax Number           |                            |
| Contact Number       |                            |
| Email Address        | NOEMAIL                    |

|   |  |
|---|--|
| Address   | BLK 476A UPPER SERANGOON VIEW<br>#18-514 |
| Postcode  | 531476                                   |
| 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   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | DRY             |

#### Other Information

|   |                             |
|---|-----------------------------|
| Was any foreign vehicle involved in this accident?  | NO                          |
| Number of vehicles involved in the accident   | 3                           |
| Was any body injured in the Accident?   | YES                         |
| Was any injured conveyed to hospital by ambulance?  | 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                           |
| Passenger 1   | NAME: : -<br>GENDER: : MALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TAMPINES NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 6 TAMPINES AVE 4 , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-5871999 - <b>FAX NO:</b> 65871699                               |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20180117/2038

#### 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 | SKS9520B      |
| Vehicle Make/Model/Colour   | BMW           |
| Details Of Properties       |               |
| Vehicle Category            | PRIVATE CAR   |
| Name of Driver              | CHUA HAI PENG |
| NRIC/Passport Number        | S7220590A     |
| Contact Number              |               |

Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT AND REAR  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJJ2646C  
Vehicle Make/Model/Colour HONDA  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver WANG JIE  
NRIC/Passport Number S8671958D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRONT  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name KUSMAYADI BIN KAMARUSANAWI  
Approximate Age  
Injuries Sustain BACK, NECK AND BODY  
Injured person in which vehicle? SHA7494L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

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7. By the lodgment 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.
- (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:

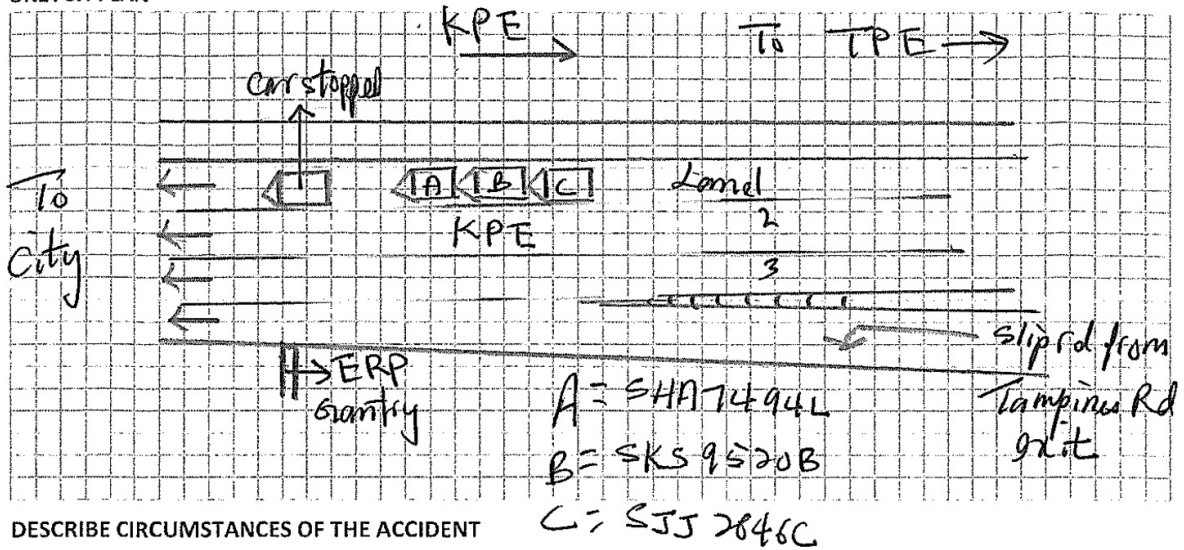
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Lim Bo Soon  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/IMC SketchPlanForm\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report attached

DECLARATION

I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303921R

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.:



**SINGAPORE  
POLICE FORCE**



T/20180117/2038

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20180117/2038

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>17/01/2018 11:59 | Vide Report No.: | Station Diary No.:<br>56 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>KUSMAYADI BIN KAMARUSANAWI |            |                              | Address:<br>APT BLK 476A UPPER SERANGOON VIEW #18-514<br>SINGAPORE 531476 |  |                            |
| ID Type / ID No.:<br>NRIC NO. / S8421387Z        |            |                              | Contact No.:<br>Home/Office: Mobile: 98175012                             |  |                            |
| Nationality:<br>SINGAPORE CITIZEN                |            |                              | Email:  |  |                            |
| Sex:<br>Male                                     | Age:<br>33 | Date of Birth:<br>16/07/1984 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Boyanese                                |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>TAXI DRIVER                       |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:                  |  |                            |

**General Information of the Accident**

|  |                      |                                    |  |                                     |
|--|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>17/01/2018 09:25 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>KALLANG PAYA LEBAR EXPRESSWAY<br>TOWARDS MCE NEAR TAMPINES RD |                      |                                    |  |                                     |
| Weather:<br>Clear  |                      | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:<br>One Way   |                      | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Moderate         |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                               |                      |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition         | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| SHA7494L    | Car  |      |       |       | Seriously Damaged | 1               |
| SJJ2646C    | Car  |      |       |       | Seriously Damaged | 1               |
| SKS9520B    | Car  |      |       |       | Seriously Damaged | 0               |



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



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Report No. T/20180117/2038

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                            |  |                                 |
|-----------------------------------|----------------------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                            |  |                                 |
| No. of Pedestrians Injured: NIL   |                            |  |                                 |
| Driver                            |                            | Use of Pedestrian Crossing: NA         |                                 |
| Name                              | KUSMAYADI BIN KAMARUSANAWI | ID No.                                 | S8421387Z                       |
| Related Vehicle                   | SHA7494L (Car)             | Contact No.                            | 98175012                        |
| Hospital/Clinic                   | STREET 11 CLINIC           | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 17/01/2018                 | Date Discharge                         | 17/01/2018                      |
| No. of Days granted Medical Leave | 03                         | Degree of Injury                       | Slight                          |

**Brief Details.**

On 17/01/2018 at about 0925hr, I was driving my vehicle SHA7494L along KPE towards MCE on the first lane. As I was driving along KPE near the Tampines Rd exit, the vehicle in front of me came to a stop and I applied the brake. As I was applying the brake, I felt a collision from the rear of my vehicle. I got out of the vehicle and realized there was 2 vehicles involved. I then exchange particulars with the other 2 drivers and took photo of the damages. The vehicle that had collided into me is a white BMW SKS9520B and the vehicle behind the BMW is a white Honda Stream SJJ2646C.

At that point of time, I made a check with my passenger and he does not require any medical assistance.

I wish to state that I have a in car camera that is facing the front. I went to the clinic on the same day and received 3 days MC. That's is all.



**SINGAPORE  
POLICE FORCE**



T/20180117/2038

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Report No. T/20180117/2038

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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 /  
Sgt 3 SIM FAWWAZ BIN SIM HASHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Authentication Stamp  
NP168



SIGNATURE

Signature Of Informant:

Date/Time:  
17/01/2018 11:59

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





## SCENE





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