

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	11/01/2018 16:39
Date Of Accident	11/01/2018 11:10
Exact Location Of Accident	MARINA BLVD X BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4822T
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	SONATA-2.0 (A)
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	LAW TIO CHUAN
NRIC No	S1651444F
Date Of Birth	19/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	19/05/1990
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 301C PUNGGOL CENTRAL #09-752
Postcode	823301
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20180111/2116

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	FBE2639U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHAMMAD SHARIN B HANIFF
NRIC/Passport Number	S8114430C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD SHARIN B HANIFF (RIDER)

Approximate Age

Injuries Sustain

CUTS AND BRUISES ON LEGS AND HANDS

Injured person in which vehicle?

FBE2639U

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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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.

COMPLIANT INFORMATION LTD
CO. REG. NO. 199303821R

Lim Bo Soon
CSO

Policyholder's Signature
Date & Time:

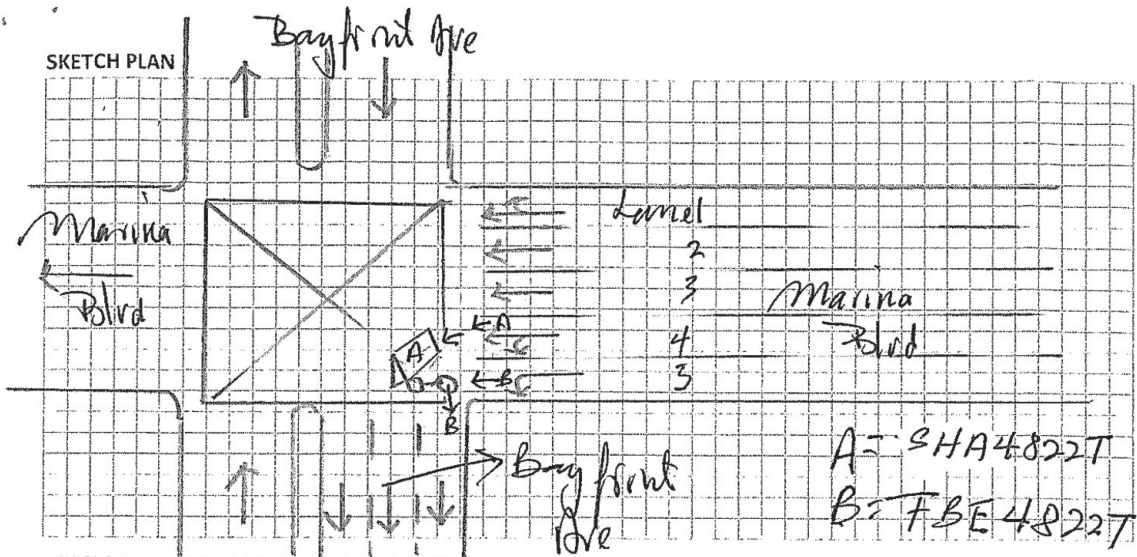
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/RI4C SketchPlanForm_V3



Sketch Plan Pg. 2



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. 199303821R

Lim Ee Soon
000

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.:

SIARIAC SketchPlanForm_V2



**SINGAPORE
POLICE FORCE**



T/20180111/2116

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

1 of 3

Report No. T/20180111/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2018 14:59			Vide Report No.: A/20180111/0042		Station Diary No.:
Informant's Particulars					
Name of Informant: LAW TIO CHUAN			Address: APT BLK 301C PUNGGOL CENTRAL #09-752 HDB- PUNNGOL WEST SINGAPORE 823301		
ID Type / ID No.: NRIC NO / S1651444F			Contact No.: Home/Office: Mobile: 96746243		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 19/07/1964	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:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/01/2018 11:10	Type of Location:
Location: Junction of Road 1 and Road 2 MARINA BOULEVARD BAYFRONT AVENUE				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2639U	Motorcycle				Slightly Damaged	0
SHA4822T	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180111/2116

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

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Report No. T/20180111/2116

CONTINUATION OF REPORT

Driver			
Name	LAW TIO CHUAN		ID No. S1651444F
Related Vehicle	NIL		Contact No. 96746243
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
Rider			
Name	MOHAMMAD SHARIN BIN HANIFF		ID No. S8114430C
Related Vehicle	NIL		Contact No. 83238035
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

11/01/2018 @1110HRS (MARINA BLVD JUNCTION BAYFRONT AVENUE)
I WAS TRAVELLING ALONG MARINA BLVD MAKING A LEFT TURN INTO BAYFRONT AVENUE. I WAS TRAVELLING ON THE 2 LANE OUT OF 5 LANES. MY LANE I CAN GO STRIAIGHT OR MAKE A LEFT TURN. I SLOW AT THE JUNCTION, AS I WAS MAKING THE TURN. THE MOTORBIKE FROM MY LEFT COLLIDED WITH MY VEHICLE AND MY RIM COVER WAS TOKEN OFF. WHEN I CHECK THE ROAD SIGN, HIS LANE WAS ONLY CAN TURN LEFT. I WAS NOT SURE IF HE WAS GOING STRIAIGHT OR MAKING A LEFT TURN SINCE HE COLLIDED WITH MY VEHICLE. HE WAS CONVEY TO THE HOSPITAL.
THAT'S ALL



**SINGAPORE
POLICE FORCE**



T/20180111/2116

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

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Report No. T/20180111/2116

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 /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 LIM ENG KUAN, CLARENCE
Contact No.: 65476195

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/01/2018 14:59

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____