

## 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	19/02/2018 12:15
Date Of Accident	15/02/2018 19:20
Exact Location Of Accident	OPEN AIR CARPARK TRADE HUB 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3971S
<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	WONG TUCK LEE
NRIC No	S1484957B
Date Of Birth	30/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/09/1981
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	MCDIONTE@HOTMAIL.COM

Address	BLK 336 ANG MO KIO AVENUE 1 #02-2077
Postcode	560336
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	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20180215/2161 / Type Of Accident : 3P REVERSE

#### 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	YN2246A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KALIDAS / SAVRIMUYHOO
NRIC/Passport Number	S6984137F
Contact Number	
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	WONG TUCK LEE
Approximate Age	57
Injuries Sustain	PAIN ON BACK AND NECK. ON 4 DAYS MC.
Injured person in which vehicle?	SHC3971S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### IMPORTANT NOTICE

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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. The 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 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:

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

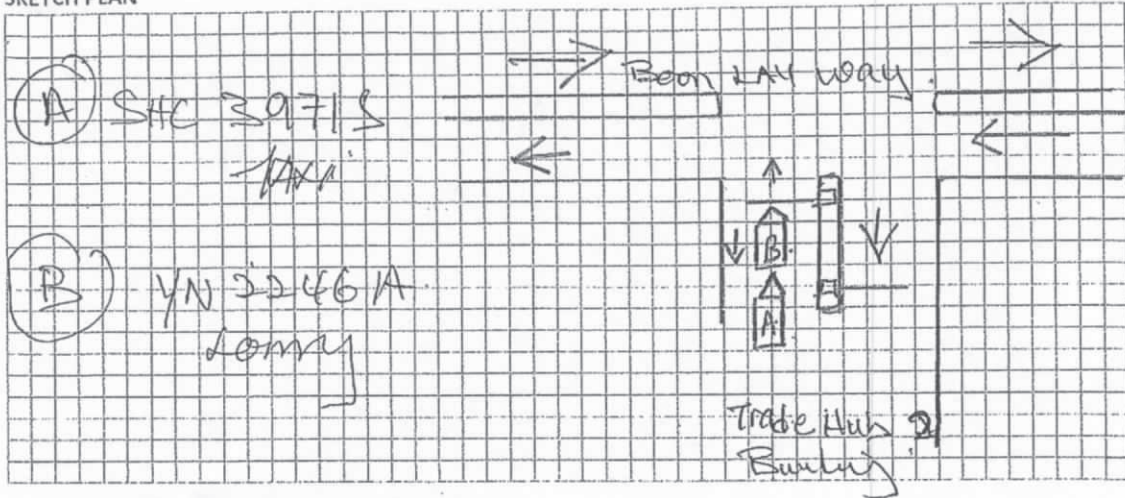
GIA RMC SketchPlanForm\_V3





# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police  
Report  
T/20180215/2161.

## 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:

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

GIAR/MAC SketchPlanForm\_V3

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**

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Report No. T/20180215/2161

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2018 23:30		Vide Report No.:		Station Diary No.: 65	
<b>Informant's Particulars</b>					
Name of Informant: WONG TUCK LEE			Address: APT BLK 336 ANG MO KIO AVENUE 1 #02-2077 SINGAPORE 560336		
ID Type / ID No.: NRIC NO / S1484957B			Contact No.: Home/Office: Mobile: 96334668		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 30/03/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 19:20	Type of Location: Car Park
Location: Along Road 1 BOON LAY WAY				
TradeHub21 Carpark Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Vehicle reversed into stationary vehicle				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3971S	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Seriously Damaged	0
YN2246A	Lorry	MITSUBISHI	FE83BE6SR DEA	Silver	Slightly Damaged	0



## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



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Report No. T/20180215/2161

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	WONG TUCK LEE	ID No.	S1484957B
Related Vehicle	SHC3971S (Car)	Contact No.	96334668
Hospital/Clinic	Intemedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	15/02/2018	Date Discharge	15/02/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	Kalidass S/O Savrimuyhoo	ID No.	S6984137F
Related Vehicle	YN2246A (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location, I was in my vehicle, SHC3971S, and was waiting for my turn to exit the carpark. There was a lorry in front of me, YN2246A, at the gantry. However, the gantry did not open and I saw the lorry's reverse light came on. The lorry started reversing and I immediately honked at him multiple times. The lorry did not stop and subsequently collided into the front of my vehicle. Myself and the lorry driver then shifted our vehicle to the side, to not cause any obstruction.

We both alighted from our vehicle to assess the damage and to exchange particulars. The lorry driver informed me that he has insufficient funds in his cashcard as such he started reversing. He also told me that he did not hear me sounding my honk. The front bumper and bonnet of my vehicle is damaged with scratches. No one was injured at that point of time. There is an in-car camera (belonging to company Comfort DelGro), which recorded the incident. No Ambulance or Police at scene. No Government Property damaged.

Subsequently, I went to visit the doctor as I felt pain and was then given 4 days of medical leave.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



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Report No. T/20180215/2161

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 2 NUR SABRINA TAN BINTE ABDUL  
RAHIM TAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/02/2018 23:30

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:



SINGAPORE  
POLICE FORCE

SI 061

Authentication Stamp

NP168

SIGNATURE



