

## 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	23/02/2018 15:56
Date Of Accident	22/02/2018 08:05
Exact Location Of Accident	LENTOR AVE TWDS CITY B4 SLE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4269A
<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	SONATA
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	SIM POH SIANG
NRIC No	S7007624A
Date Of Birth	25/02/1970
Occupation	OUTDOOR
Date Of Driving Pass	07/09/1990
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	LIONEL.SIM.P.S@GMAIL.COM

Address	BLK 550 ANG MO KIO AVENUE 10 #10-2210
Postcode	560550
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

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

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180223/2052

#### 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	SLV913H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAMDAN BIN BUJANG
NRIC/Passport Number	S7348330A
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

LEFT REAR

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

SIM POH SIANG

Approximate Age

48

Injuries Sustain

NECK & SHOULDER PAIN. ON 3 DAYS MC.

Injured person in which vehicle?

SHD4269A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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/IMC SketchPlanForm\_V3





SKETCH PLAN

Sketch Copy  
attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report  
attached  
T/ 20180223/2052

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.:

SMARTAC SketchPlanForm\_V3





**SINGAPORE  
POLICE FORCE**



T/20180223/2052

1 of 4

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20180223/2052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2018 12:31		Vide Report No.: T/20180223/2029		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: SIM POH SIANG			Address: APT BLK 550 ANG MO KIO AVENUE 10 #10-2210 SINGAPORE 560550		
ID Type / ID No.: NRIC NO / S7007624A			Contact No.: Home/Office: Mobile: 92269929		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 25/02/1970	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2018 08:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LENTOR AVENUE SELETAR EXPRESSWAY ALONG LENTOR AVE TOWARDS CITY BEFORE SLE EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4269A	TAXI	HYUNDAI	SONATA NF 2.0	Blue	Slightly Damaged	1
SLV913H	Car	TOYOTA	SIENTA HYBRID 1.5X	Red	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
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Tel No: 1800-7819999

Report No. T/20180223/2052

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHD4269A	FIRST CAPITAL INSURANCE LIMITED	D-18088936MFSH	01/01/2018	31/12/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian-Crossing: NA	
Passenger:			
Name	WONG	ID No.	NIL
Related Vehicle	SHD4269A (TAXI)	Contact No.	92639242
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
Driver:			
Name	SIM POH SIANG	ID No.	S7007624A
Related Vehicle	SHD4269A (TAXI)	Contact No.	92269929
Hospital/Clinic	ANŞAR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/02/2018	Date Discharge	23/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver:			
Name	RAMDAN BIN BUJANG	ID No.	S7348330A
Related Vehicle	SLV913H (Car)	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





**SINGAPORE  
POLICE FORCE**



T/20180223/2052

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Report No. T/20180223/2052

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SINGAPORE 521109  
Tel No: 1800-7819999

**CONTINUATION OF REPORT**

**Brief Details.**

On 23/02/2018 at about 0805hrs, I was driving my vehicle (SHD4269A) along Lentor Ave towards City before SLE exit. I was driving on the middle lane. Thereafter, from my side view mirrors, I saw a vehicle (SLV913H) driving in and out of my lane. I horned at the driver once to let him know. Suddenly, the vehicle tried to change into my lane and collided on the side of my vehicle. After the collision, I immediately stopped my vehicle and switched on the hazard light. Thereafter, the other party have already drove further down the road by about 50 metres and made a complete stop. I drove my vehicle closer to the other party. Both drivers then alighted our vehicles. We took a few pictures of the incident however, he only managed to exchange details of his driving licence without his contact number. We then left the scene as soon as possible as there was still heavy traffic at the point of time.

There was no one else involved in the accident. My vehicle had one passenger. There was no police or ambulance at the point of time as there was no immediate medical attention required. There was no government property damaged. I was given 3 days MC from the clinic as I felt some numb and pain around my neck and body area from the impact of the accident. My vehicle as an in car camera that was able to record the whole process of the incident.



**SINGAPORE  
POLICE FORCE**



T/20180223/2052

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Report No. T/20180223/2052

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 KHAIRUL HAZWAN BIN AZMI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / APTA SINGAPORE  
SSI 2 CHENG JUNE CECILIA  
Contact No.: 65476404

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

23/02/2018 12:31

Classification Of Case: