# 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 witholding 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 | 17/03/2018 12:12 |
| Date Of Accident | 16/03/2018 23:00 |
| Exact Location Of Accident | CTE(SLE) AFT BRADDELL EXIT |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SH9622D |
| **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 | 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 | TAN CHIN LEONG |
| NRIC No | S1391594F |
| Date Of Birth | 03/08/1959 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/12/1979 |
| Driving Experience | 38 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | |
| Fax Number | |
| Contact Number | |
| EMail Address | PINGYING90@GMAIL.COM |

| | |
|---|---|
| Address | BLK 343 ANG MO KIO AVENUE 3<br>#10-2182 |
| Postcode | 560343 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**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? | YES |
| Foreign Vehicle Registration Number | JQV2219 (MOTORCYCLE) |
| Number of vehicles involved in the accident | |
| 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) | 2 |

**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/20180317/2004

**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 | FBL9509D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

| | |
|---|---|
| Insurance Company Name | |
| Nature Of Damage | OVERALL BODY WORK |
| No. Of Passenger (Including Driver) | |

## DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|---|
| Vehicle Registration Number | JQV2219 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | OVERALL BODY WORK |
| No. Of Passenger (Including Driver) | |

## DETAILS OF INJURED PERSON 1

| | |
|---|---|
| Name | UNKNOWN(RIDER) |
| Approximate Age | |
| Injuries Sustain | UNSURE |
| Injured person in which vehicle? | FBL9509D |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

## DETAILS OF INJURED PERSON 2

| | |
|---|---|
| Name | UNKNOWN(PILLION) |
| Approximate Age | |
| Injuries Sustain | UNSURE |
| Injured person in which vehicle? | FBL9509D |
| Were seat belts worn? | NO |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

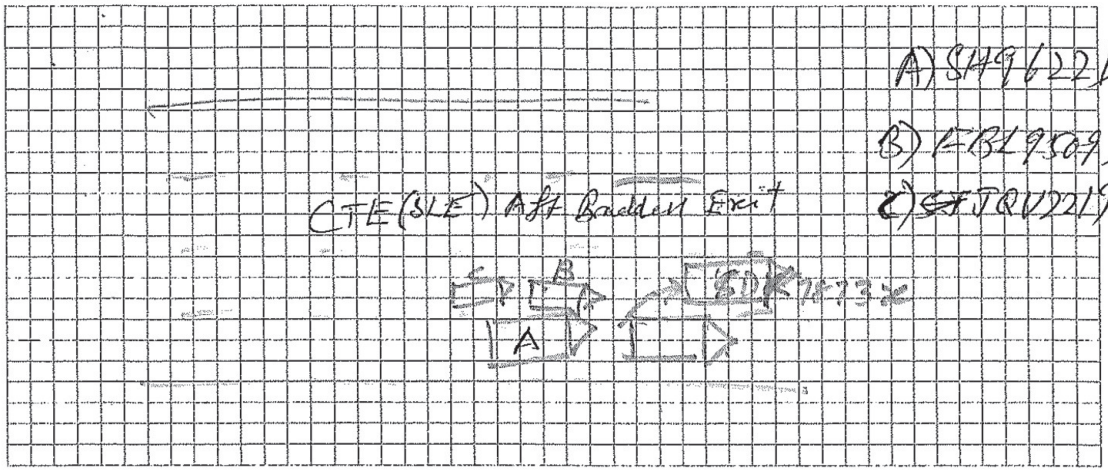
   (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

S R Moorthy 12/8/18
CSO

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer Police Report
T/20180317/2004

**DECLARATION**

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

17/3/18

GIARMC SketchPlanForm_V3

SINGAPORE POLICE FORCE

T/20180317/2004



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

Report No. T/20180317/2004

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 17/03/2018 01:16 | F/20180316/0244 | |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>TAN CHIN LEONG | | | Address:<br>APT BLK 343 ANG MO KIO AVE 3 #10-2182 HDB-ANG MO KIO SINGAPORE 560343 | |
| ID Type / ID No.:<br>NRIC NO / S1391594F | | | Contact No.:<br>Home/Office: Mobile: 82860400 | |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: | |
| Sex:<br>Male | Age:<br>58 | Date of Birth:<br>03/08/1959 | Type of Informant:<br>Driver | |
| Race:<br>Chinese | | | Language: | Institution / School Name: |
| Occupation:<br>Taxi driver | | | Driving Licence Information:<br>Class: 3,4 | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Non-Injury<br>Attended by Police | Drink Drive:<br>No | Date/Time of Accident:<br>16/03/2018 23:00 | Type of Location: |
|---|---|---|---|---|
| Location:<br>Along Road 1<br>CENTRAL EXPRESSWAY<br><br>CTE, AFTER BRADDELL >> ANG MO KIO | | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| Type of Collision: | | | | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| SH9622D | Car | HYUNDAI | I40 1.7L CRDI AT ABS AIRBAG 4DR | | 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/20180317/2004

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

2

Report No. T/20180317/200

**CONTINUATION OF REPORT**

| Driver | | | |
|---|---|---|---|
| Name | TAN CHIN LEONG | ID No. | S1391594F |
| Related Vehicle | SH9622D (Car) | Contact No. | 82860400 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

**Brief Details.**

On 16/03/2018 at about 2300 hrs, i was traveling along CTE towards Ang Mio Kio after Braddell exit, I was traveling the first lane of the road. It was heavy traffic. When the vehicle in front of me signal to move out and cut to the second lane at that moment I heard a sound and realized a motorcycle had hit my vehicle from the second lane.

SINGAPORE POLICE FORCE

T/20180317/2004

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



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 /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/03/2018 01:16

Classification Of Case:

SINGAPORE POLICE FORCE

Signature: