

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	10/04/2018 10:10
Date Of Accident	09/04/2018 15:40
Exact Location Of Accident	TAMPINES AVE 2 TWDS AVE 9 X JUNCTION OF ST 32
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7588A
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	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	ADNAN B HURIS
NRIC No	S0651088D
Date Of Birth	16/08/1944
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1964
Driving Experience	53 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 37 BEDOK SOUTH AVENUE 2 #02-463
Postcode	460037
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	4
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
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	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/20180409/2170

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT9226H
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	THERS
NRIC/Passport Number	S7425382B
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 SKP4577L
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KARMIN BIN ABBAS
NRIC/Passport Number S1615689B
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLX1393R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KARMIN BIN ABBAS
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SKP4577L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN (PAX - YOUNG GIRL)
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SKP4577L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

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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:

10/4/18
N. S. Maniam (:SO)
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IMC SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN

COMPIER AVE 2
TWO AVE 1

① SH/A 7588A ✓
② S/T 9226H..
③ SKP 4577L.
④ SLX 1393R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach T/20180409/2170

DECLARATION

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

COMFORT TRANSPORTATION LTD
CO. REG. NO. 1993038

Policyholder's Signature
Date & Time:

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

12/4/18
N. S. Maniam (SO)

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



**SINGAPORE
POLICE FORCE**



T/20180409/2170

1 of 4

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

Report No. T/20180409/2170

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2018 18:17		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ADANA BIN HURIS			Address: APT BLK 37 BEDOK STH AVE 2 #02-463 HDB-BEDOK SINGAPORE 460037		
ID Type / ID No.: NRIC NO / S0651088D			Contact No.: Home/Office: Mobile: 96118396		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 16/08/1944	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2018 15:40	Type of Location: X-Junction
Location: Along Road 1 TAMPINES AVENUE 2 TAMPINES STREET 32 TAMPINES AVENUE 2 JUNCTION OF TAMPINES STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7588A	Car 1				Slightly Damaged	1
SJT9226H	Car 2				Seriously Damaged	0
SKP4577L	Car 3				Seriously Damaged	0
SLX1393R	Car 4				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180409/2170

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Police Station Of Origin:
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Tel No: 65470000

Report No. T/20180409/2170

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ADANA BIN HURIS	ID No.	S0651088D
Related Vehicle	SHA7588A (Car)	Contact No.	96118396
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	THERS	ID No.	S7425382B
Related Vehicle	SJT9226H (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
Driver			
Name	KARMIN BIN ABBAS	ID No.	S1615689B
Related Vehicle	SKP4577L (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/20180409/2170

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

Report No. T/20180409/2170

CONTINUATION OF REPORT

Driver:			
Name	HAWA	ID No.	NIL
Related Vehicle	SLX1393R (Car)	Contact No.	91197005
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.

09/04/2018 @1540HRS (TAMPINES AVENUE 2 JUNCTION OF TAMPINES STREET 32)

I WAS DRIVING ALONG TAMPINES AVENUE 2, TRAVELLING TO THE JUNCTION OF TAMPINES STREET 32. I STOP MY VEHICLE AT THE JUNCTION, A WHILE LATER THE REAR VEHICLE COLLIDED WITH MY REAR BOOT. I CHECK ON MY PASSANGER FIRST, SHE INFORM ME. SHE WAS IN THE HURRY SO SHE PAYED AND LEFT THE SCENE. WHEN I EXITED I SAW THERE WAS 2 VEHICLE BEHIND MY VEHICLE AND ONE ON THE LEFT SIDE OF THE LANE. THE VEHICLE ON THE LEFT WAS DAMAGE BY THE SHATTED GLASS WINDOW FROM THE INCIDENT. THE LAST VEHICLE COLLIDED WITH THE MIDDLE VEHICLE BEFORE COLLIDING INTO MY VEHICLE. THE LAST VEHICLE DRIVER WAS CONVEY TO THE HOSPITAL DUE TO THE INCIDENT. THE MIDDLE VEHICLE, THE YOUNG GIRL WAS CONVEY TO THE HOSPITAL BUT WAITED FOR THE FATHER TO ARRIVED BEFORE BEING CONVEYED. THE TRAFFIC POLICE AND TOOK DOWN EVERYONE PARTICULARS. I WAS INFORM TO REPORT TO THE TRAFFIC POLICE TO MEET UP WITH THE IO AND TO LODGE A REPORT.
THAT'S ALL



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T/20180409/2170

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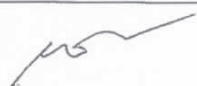
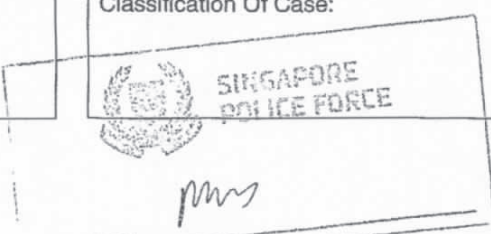
Report No. T/20180409/2170

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 Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2018 18:17
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168	 Signature: