

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	30/04/2018 08:53
Date Of Accident	28/04/2018 12:00
Exact Location Of Accident	ALONG BEDOK NORTH AVE 3 LEADING TOWARDS BEDOK MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8525H
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	TOYOTA
Model	PRIUS
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	CHAN CHUN SIONG FREEMAN
NRIC No	S8320105C
Date Of Birth	24/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2005
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	CHANCHUNSIONG1983@GMAIL.COM

Address,	BLK 108B CANBERRA WALK #06-49
Postcode	752108
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?	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 [OTHER]	MARINE PARADE N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T20180429/2015

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	SLC5199U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOI CHI TRUNG RICHARD
NRIC/Passport Number	S1411560I
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

RIGHT REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHAN CHUN SIONG FREEMAN

Approximate Age

34

Injuries Sustain

FELT PAIN ON NECK. ON 4 DAYS MC

Injured person in which vehicle?

SH8525H

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:

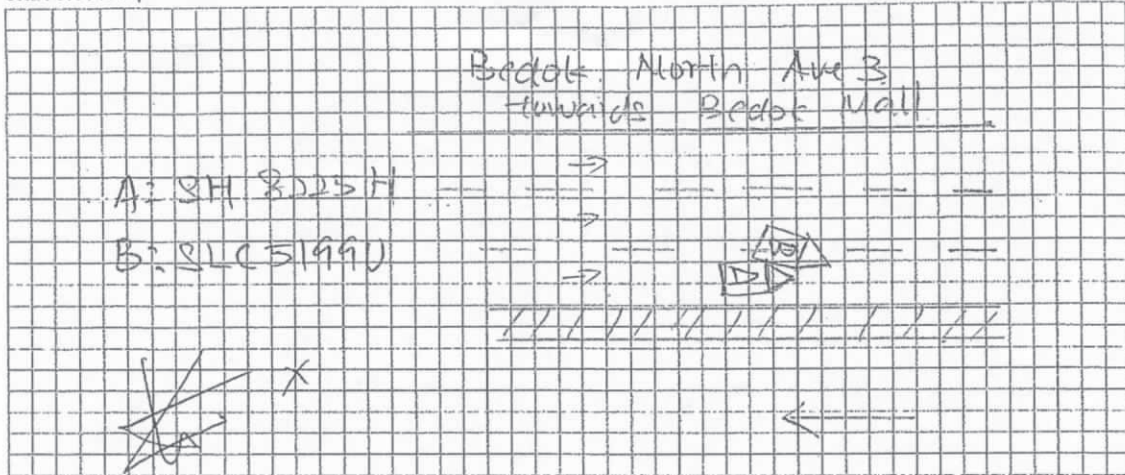
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

22/4/12



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
 7/20180429/2015.

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.:

GIARMC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20180429/2015

1 of 4

Police Station Of Origin:
Marine Parade N.P.C
200 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20180429/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/04/2018 10:07	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars			
Name of Informant: CHAN CHUN SIONG, FREEMAN		Address: APT BLK 108B CANBERRA WALK #06-49 SINGAPORE 752108	
ID Type / ID No.: NRIC NO / S8320105C		Contact No.: Home/Office: Mobile: 87271772	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 24/06/1983	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2018 12:00	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 3 Direction towards Bedok Mall				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8525H	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	1
SLC5199U	Car	SUZUKI	SWIFT 1.4 AT	Red	Slightly Damaged	0

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



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Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20180429/2015

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Report No. T/20180429/2015

CONTINUATION OF REPORT

Passenger			
Name	SARINA ABDUL KARIM		ID No. NIL
Related Vehicle	SH8525H (Car)		Contact No. 91662104
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	CHAN CHUN SIONG, FREEMAN		ID No. S8320105C
Related Vehicle	SH8525H (Car)		Contact No. 87271772
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	29/04/2018	Date Discharge	29/04/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LOI CHI TRUNG RICHARD		ID No. S1411560I
Related Vehicle	SLC5199U (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

Brief Details.

On 28/04/2018 at about 1200hrs, I was driving my taxi (SH8525H) along Bedok North Ave 3 towards Bedok Mall. I was driving along lane 1. I was driving with 1 female passenger as she wanted to go to Chai Chee Street.

While I was driving, suddenly, there is another car (SLC5199U) driving at lane 2 and cut into my lane. As the car is going to my lane, the rear car hit onto my front left of my vehicle. I horned the vehicle even before it hit onto my taxi.

After the accident happened, I stopped my vehicle. A few moments later, the car also stopped. Both of us alighted our vehicles. We took photos of our vehicle's damages and exchange particulars. Due to the accident, there was scratches and dent on my left front side of the vehicle. My passenger was not injured



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T/20180429/2015

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200 Marine Parade Road SINGAPORE
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Tel No: 1800-4428999

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Report No. T/20180429/2015

CONTINUATION OF REPORT



due to the accident.

I have a footage of the accident in my in car camera.

for
JC
44
To



for





**SINGAPORE
POLICE FORCE**



T/20180429/2015

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Report No. T/20180429/2015


Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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: <i>Faisal</i> G / Staff Sgt MUHAMMAD FAISAL BIN HAMZAH	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2018 10:07
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 <div style="border: 1px solid black; padding: 5px; display: inline-block;">  SINGAPORE POLICE FORCE <i>Faisal</i> SIGNATURE </div>	

