

## 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 10:02
Date Of Accident	28/04/2018 15:25
Exact Location Of Accident	PIE TWDS TUAS B4 KPE EXIT.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2331G
<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	TOYOTA
Model	PRIUS HYBRID 4G
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 KUI SING
NRIC No	S1444112C
Date Of Birth	07/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1986
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	WILLPAT@SINGNET.COM.SG

Address	BLK 563 HOUGANG STREET 51 #15-422
Postcode	530563
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	
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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED

#### 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	SGJ8882H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG NAM WAH
NRIC/Passport Number	S1273866H
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 SLU3648J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver REBECCA LOH XIAO HUI

NRIC/Passport Number S8931565D

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 SFD56Y

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 REAR

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGJ1477R

Vehicle Make/Model/Colour MERCEDES

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 TAN KUI SING

Approximate Age

Injuries Sustain NECK AND BACK

Injured person in which vehicle? SHA2331G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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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:

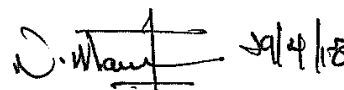
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



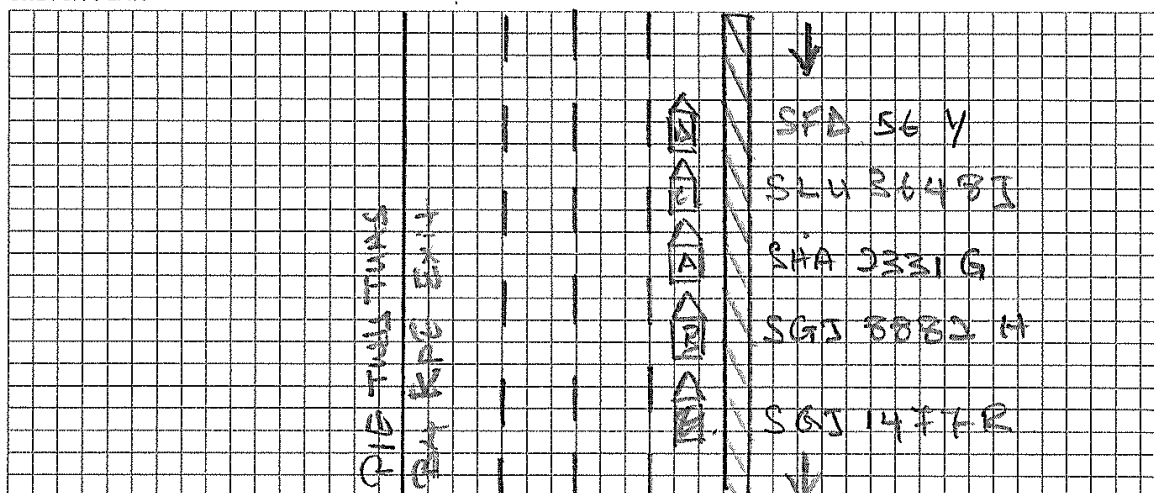
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28 April 2018 @ 1505 hrs. I VEH A  
 WAS DRIVING ALONG THE TWO LANE BA  
 KPE EXIT. I VEH A WAS ON 1 lane ONE VEH(C)  
 IN FRONT OF ME STOP I VEH(A) ALSO SLOW DOWN  
 AND STOP Suddenly VEH at the Rear (B) hit  
 VEH A Rear VEH A hit VEH INFRONT (C) and  
 VEH(C) hit VEH (A) Rear and VEH(E) hit VEH. B

DECLARATION

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:

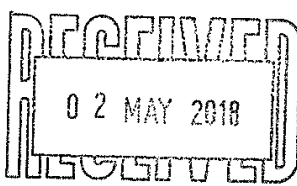
Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Individual Statement Pg. 1



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999



T/20180501/2105

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Report No. T/20180501/2105

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/05/2018 21:25			Vide Report No.:		Station Diary No.: 119
<b>Informant's Particulars</b>					
Name of Informant: TAN KUI SING			Address: APT BLK 563 HOUGANG STREET 51 #15-422 SINGAPORE 530563		
ID Type / ID No.: NRIC NO / S1444112C			Contact No.: Home/Office: Mobile: 96333177		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 07/01/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2018 15:25	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Pan Island Expressway towards Tuas before KPE Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFD56Y	Car				Slightly Damaged	0
SGJ1477R	Car				Seriously Damaged	0
SGJ8882H	Car				Seriously Damaged	0
SHA2331G	Car				Slightly Damaged	1
SLU3648J	Car				Slightly Damaged	0

**Individual Statement Pg. 2**



**SINGAPORE  
POLICE FORCE**



T/20180501/2105

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180501/2105

**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	NG NAM WAH	ID No.	S1273866H
Related Vehicle	SGJ8882H (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
<b>Driver</b>			
Name	TAN KUI SING	ID No.	S1444112C
Related Vehicle	SHA2331G (Car)	Contact No.	96333177
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	REBECCA LOH XIAO HUI	ID No.	S8931565D
Related Vehicle	SLU3648J (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 1525hrs, I was on duty travelling on Pie Island Expressway towards Tuas with a male passenger near KPE exit and everything was intact and in order.

The traffic was heavy and all vehicles were proceeding at slow speed. While travelling on lane 1, I observed that the vehicle in front of mine SLU3648J applied emergency brakes. I then immediately applied emergency brakes however I felt an impact from the rear portion of my vehicle. Subsequently, my vehicle moved forward and collided into the rear portion of SLU3648J. There were multiple impacts throughout the incident. I was not injured at the moment and when I alighted, I realized that there were 5





**SINGAPORE  
POLICE FORCE**



T/20180501/2105

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180501/2105

CONTINUATION OF REPORT

vehicles involved, SFD56Y SLU3648J SHA2331G SGJ8882H SGJ1477R. I managed to take photos of the damages and exchanged particulars with some of the drivers. AETOS officers were at scene to render assistance and subsequently, I left the scene.

On 30/04/2018, I did not feel well and proceeded to Mount Alvernia Hospital to receive treatment. I was given 5 days MC from 30/04/2018 to 04/05/2018 for my neck and back injuries. I wish to state that there is an in-car CCTV installed inside my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20180501/2105

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Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20180501/2105

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: F / Sgt 2 ASHLEY TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/05/2018 21:25
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No: 65476430 SN 085	Classification Of Case:
Authentication Stamp NP168 Signature: Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





**Accident Photo**



SCENE



## SCENE



**SCENE**





## SCENE



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Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

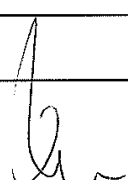
Original Report No : MCD618056075 Vehicle Registration No: SHA 2331G  
Name (as shown in NRIC) : Tan Kui Sing NRIC/FIN/Passport No : S 1444112C  
☒ (\*Vehicle Driver/ Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 563 Hougang Street 51 # 15-422 Singapore ( 530563 )  
Contact (Tel) : 6387 9568 Mobile No. : 9633 3177  
Email Address : \_\_\_\_\_  
Date of Accident : 28.04.2018 Time of Accident : 15:25 Hrs  
Place of Accident : PIE Twds Tuas B4 KPE Exit  
Insurance Company: India International Insurance Pte Ltd


(B) **ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Submit Police Report : T/20180501/2105 and 5 days MC (neck and back injuries).

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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date: 02.05.2018

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rubbini  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_