

## 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	25/04/2018 14:29
Date Of Accident	25/04/2018 08:55
Exact Location Of Accident	BOUNDARY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6366A
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#### 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	REPORTING ONLY
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	DHANABALAN S/O A GOPALKRISHNAN
NRIC No	S6945259J
Date Of Birth	08/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	426 02-334 JURONG WEST AVENUE 1
Postcode	640426
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	FIRE, EXPLOSION OR LIGHTNING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

#### Details of Police Action

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

#### Circumstances of Accident

SEE POLICE REPORT.

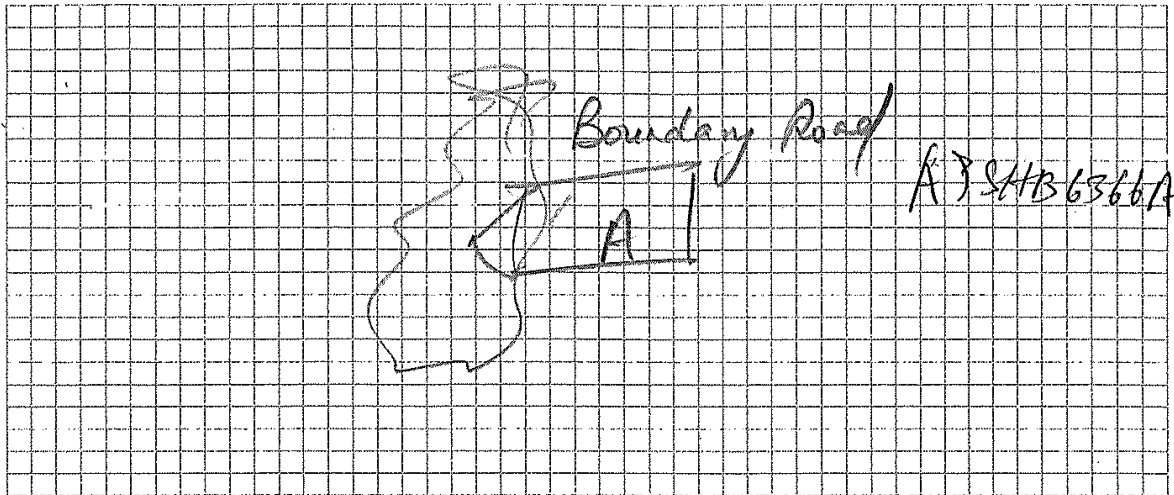
#### Attachment(s)

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	
Vehicle Make/Model/Colour	
Details Of Properties	FIRE
Vehicle Category	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report -  
6/20180425/2043

DECLARATION

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

COMFORT TRANSPORTATION PT  
CO. REG. NO. 199203821R  
Policyholder's Signature *G. Shaah*  
Date & Time: 25/4/18  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
R Moorthy  
CSO 25/4/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



G/20180425/2043

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**POLICE REPORT (NP299)**

Report No. G/20180425/2043

Police Station Of Origin  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Date/Time Report Made 25/04/2018 12:11	Vide Report No. F/20180425/0086	Station Diary No. 39	
Name Of Informant DHANABALAN S/O A GOPALKRISHNAN	Address 1 LORONG 23 GEYLANG SINGAPORE 388352		
ID Type / ID No. NRIC NO / S6945259J	Contact No. Home/Office	Mobile 86228841	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation Taxi driver	Sex Male	Age 48	Date of Birth 08/11/1969
Institution/School Name	Race Indian		
Date/Time Of Incident 25/04/2018 08:55	Language English		
	Location Of Incident BOUNDARY ROAD SINGAPORE Near to Traffic junction along Boundary Road off Yio Chu Kang Rd		

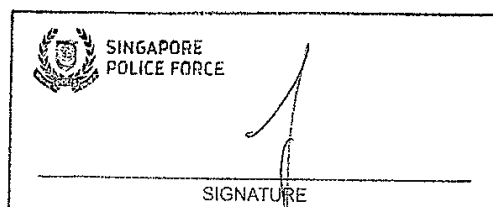
**Brief details.**

On 25/04/2018 at about 8.55am, I was driving my vehicle, SHB6366A, along Boundary Rd approaching the traffic junction off Yio Chu Kang Rd when I saw thick smoke emerging out from my front bonnet. As such, I decided to turn right at the junction onto Yio Chu Kang Rd to look for an appropriate spot to stop my vehicle.

I then stopped my vehicle at the bus stop in front of Blk 214, Serangoon Ave 4. Immediately, I went to my vehicle's boot to retrieve the fire extinguisher and proceeded to the front of my vehicle to try to put out the

Signature Of Officer Recording The Report: G / Staff Sgt ANG ZHILONG, JEFFERY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2018 12:11
Officer In-Charge Of Case: F Division IO Koh Yeow Sin Contact No.: 62180000	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



G/20180425/2043

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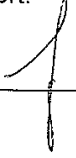
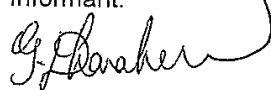
POLICE REPORT (NP299)

CONTINUATION OF REPORT

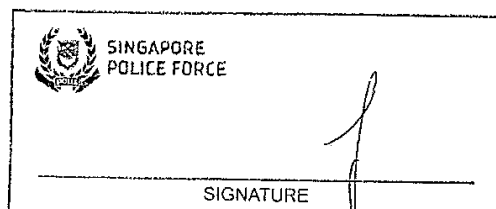
Report No. G/20180425/2043

fire. The SCDF came within 10-15 minutes thereafter and took over from there.

I wish to indicate that I started my vehicle in the morning at about 7.45am and I proceeded to send my wife to work at Raffles Quay before proceeding to the vicinity of Hougang for an assignment. This is only the second day that I am driving this vehicle. I just started my job as a taxi driver yesterday. I am lodging this report for record purposes only.

Signature Of Officer Recording The Report: G / Staff Sgt ANG ZHILONG, JEFFERY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2018 12:11
Officer In-Charge Of Case: F Division IO Koh Yeow Sin Contact No.: 62180000	Classification Of Case:

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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

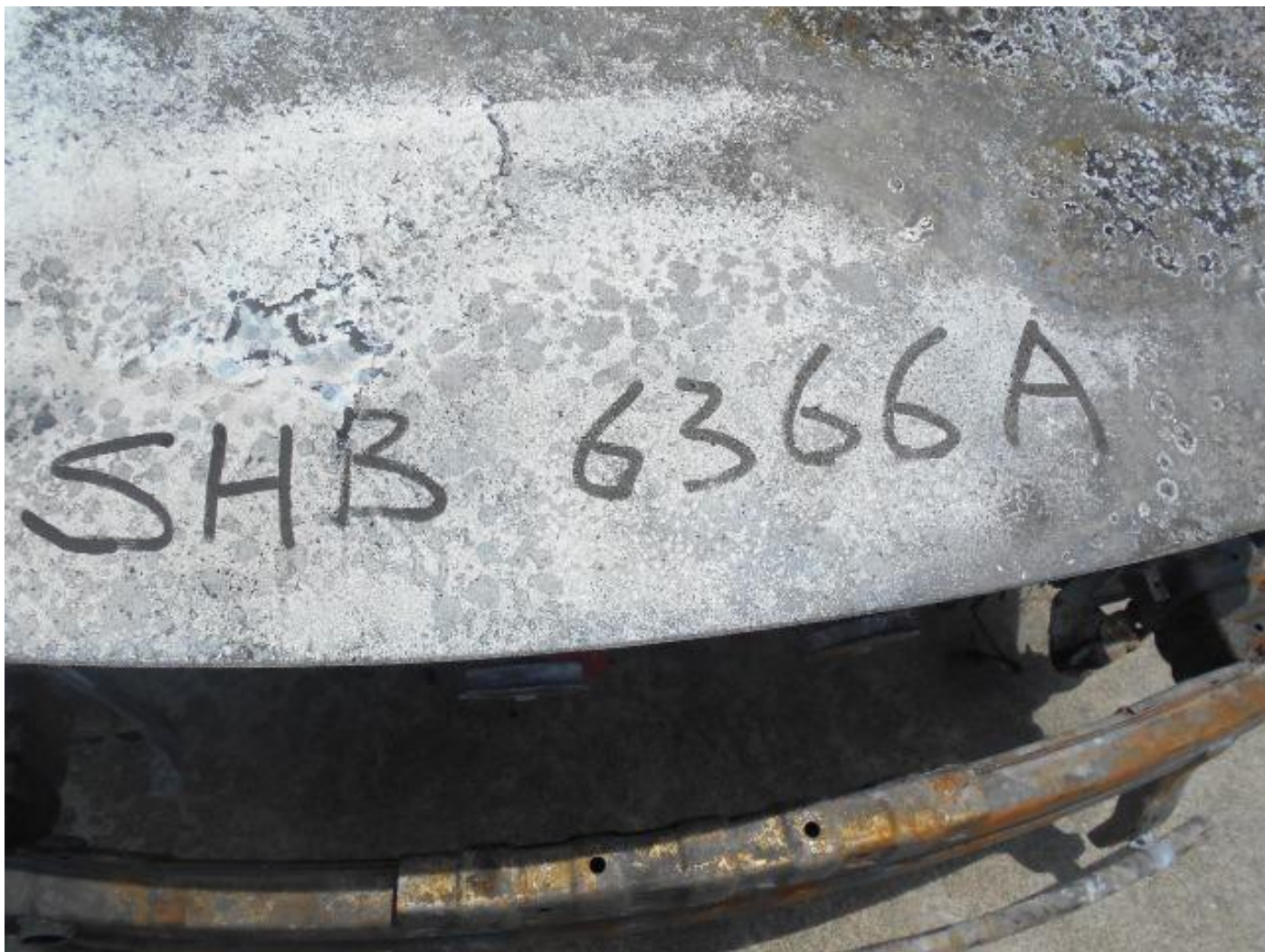
Policyholder's Signature  
Date & Time:

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

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



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



ance needs, buy online at

Accident Photo



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: S56550020G / 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 : WCD 61805 4118 Vehicle Registration No: SNB 6366 A  
Name (as shown in NRIC) : Dhanubalan NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 28/4/18 Time of Accident : 0855 b  
Place of Accident : Boundary rd  
Insurance Company : First Capital Insurance 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:

Video captured by car camera  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

xy  
Policyholder / Driver's Signature  
Date: 28/4/18

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