

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 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	24/10/2017 13:50
Date Of Accident	22/10/2017 03:00
Exact Location Of Accident	YISHUN AVENUE 1 AT THE BUS STOP IN FRONT BLK 816
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8317Z
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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	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072701MFSH
Cover Note Number	

Driver

Name of Driver	YAP HOCK CHUAN
NRIC No	S1565540B
Date Of Birth	14/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	534 #11-207 SERANGOON NORTH AVENUE 4
Postcode	550534
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	1

Details of Police Action

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

Circumstances of Accident

SEE POLICE REPORT.(TP POUND)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM10K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	OVERALL BODYWORK
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
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Vehicle Make/Model/Colour	
Details Of Properties	BUS STAND
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

Details of Witness

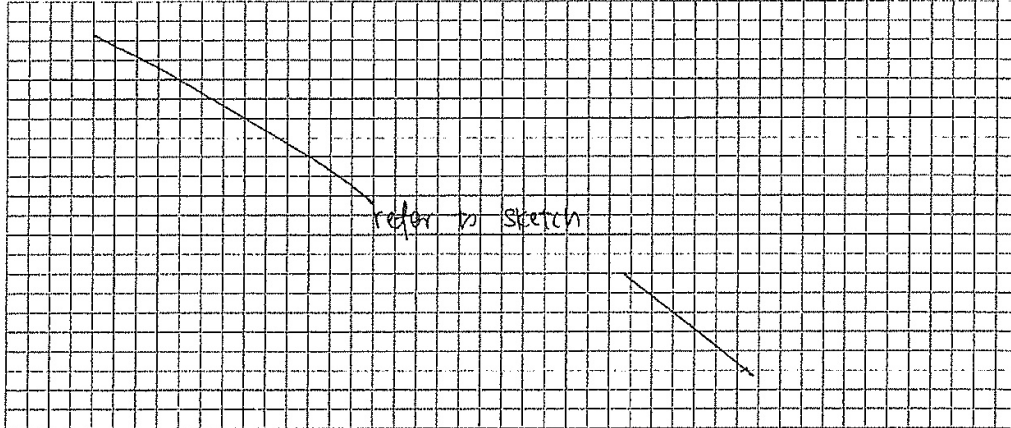
Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	YAP HOCK CHUAN
Approximate Age	56
Injuries Sustain	NECK,BACK,BODY,KNEE
Injured person in which vehicle?	SHC8317Z
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for describing the circumstances of the accident. A diagonal line is drawn from the top-left towards the bottom-right. The handwritten text "refer to Police Report (T/20171023 / 2074)" is written in the center of the area.

DECLARATION

I/we declare that the particulars are true in every respect.

383 SIN MING DRIVE

SINGAPORE 575717

TEL: 0555 1183 FAX: 0452 7742

Policyholder's Signature

Date & Time:

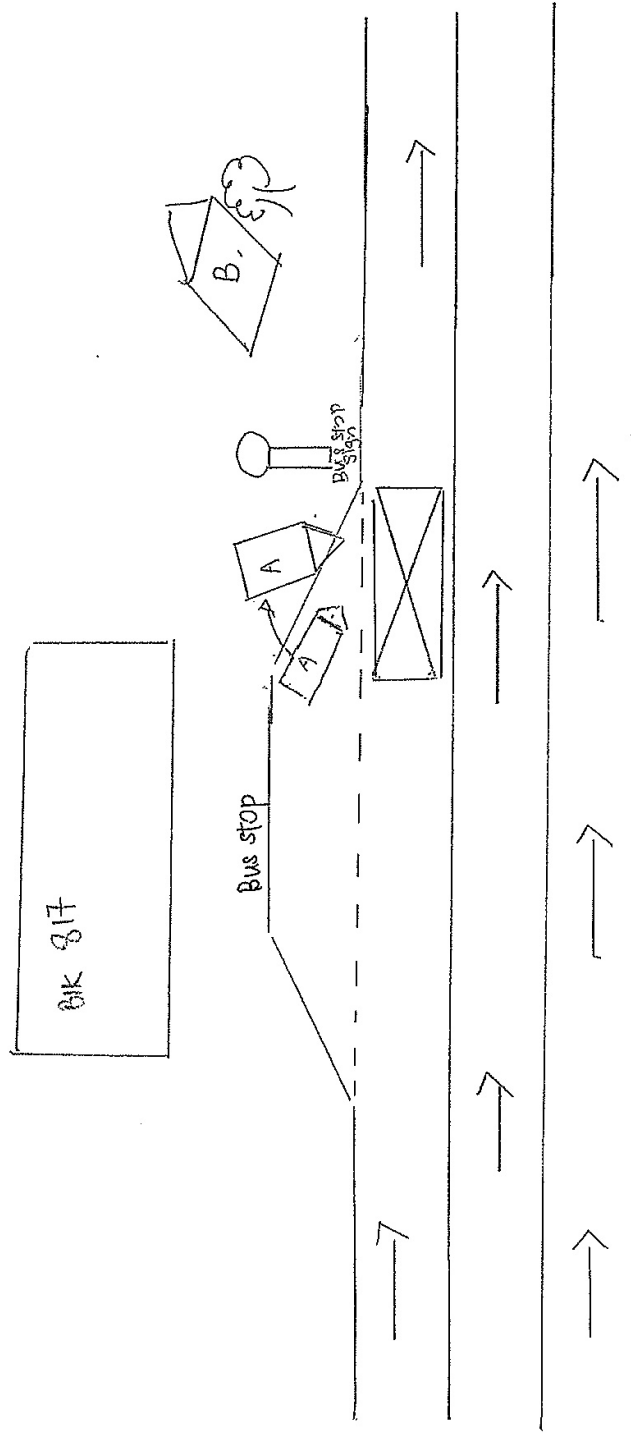
Driver's Signature
(if driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: Hannah Lim

8
 22.10.2017

A- SHC831F2
 B- SLM10K.



Yishun Ave 1 towards Ave 8



**SINGAPORE
POLICE FORCE**



T/20171023/2074

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171023/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2017 14:24		Vide Report No.:		Station Diary No.: 80	
Informant's Particulars					
Name of Informant: YAP HOCK CHUAN			Address: APT BLK 534 SERANGOON NORTH AVENUE 4 #11-207 SINGAPORE 550534		
ID Type / ID No.: NRIC NO / S1565540B			Contact No.: Home/Office: Mobile: 82369338		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 14/09/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2017 03:00	Type of Location: BUS STOP
Location: Along Road 1 YISHUN AVENUE 1 BUS STOP IN FRONT OF BLK 816 YISHUN				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No 165

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHC8317Z	Car	HYUNDAI			Totally Damaged	0
SLM10K	Car				Totally Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20171023/2074

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171023/2074

CONTINUATION OF REPORT

Driver			
Name	YAP HOCK CHUAN	ID No.	S1565540B
Related Vehicle	SHC8317Z (Car)	Contact No.	82369338
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	22/10/2017	Date Discharge	23/10/2017
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

On 22.10.17 at about 0300hrs, I parked my taxi SHC8317Z (Hyundai i40, Blue Comfort taxi) at the bus stop in front of Orchid Park Condominium. I turned off the ignition key and started counting my earning. As I was counting money inside my taxi, suddenly a great impact was felt from my right side of vehicle. My vehicle was forced forward causing my vehicle to collide onto the bus stop beam, collided onto the bus number stand and back onto the front part of the bus stop. I was in total shock after the accident and my vision was blurred. I believed that there was another road user who drove a black car that assisted me out of my vehicle. My vehicle was totally damaged due to the great impact. I then seen the vehicle that collided into my vehicle, a red McLaren MP4 registration no. SLM10K was also totally damaged on top of the grass verge near to my vehicle. There was ambulance at scene and I was conveyed to Khoo Teck Puat Hospital and spent overnight under observation. I am presently on 9 days hospitalization leave due to this accident. The hospital case notes stated that I sustained minor head injury, cervical strain and contusion (knee). Traffic Police officer Sofian Tel: 65476390/ 90174723 informed me to lodge this police report. My vehicle is presently at the Traffic Police compound. I do not have the details of the McLaren driver but I believe he is a male Indian in his 20s.



**SINGAPORE
POLICE FORCE**



T/20171023/2074

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20171023/2074

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 / Staff Sgt GHAZALI BIN IBRAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2017 14:24
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 	

SKETCH PLAN

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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:

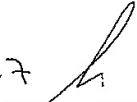
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

383 SIN MIN'S DRIVE
SINGAPORE 575717

TEL: 6505-1180 FAX: 6482-7742
Policyholder's Signature
CO. REG. NO: 199303021R
Date & Time:


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


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