

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	09/06/2018 08:15
Date Of Accident	08/06/2018 01:05
Exact Location Of Accident	VICTORIA STREET X OPHIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4400L
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	SONATA-2.0 (A)
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	KHOR SOON KWEE
NRIC No	S1591952C
Date Of Birth	30/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	25/05/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87972116
Fax Number	
Contact Number	
EEmail Address	DAVIDMAY@WWYZ.COM

Address	BLK 739 WOODLANDS CIRCLE #11-399
Postcode	730739
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
Number of vehicles involved in the accident	2
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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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/20180608/7006

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	SGV9811T
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 KHOR SOON KWEE
Approximate Age
Injuries Sustain NECK, HEAD, BACK, LOWER, GIDDINESS , LEG NUMBNESS
Injured person in which vehicle? SHD4400L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN(PAX-1)
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SHD4400L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN(PAX-2)
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SHD4400L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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:

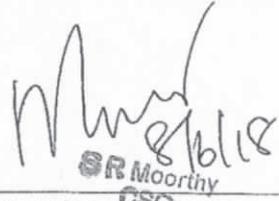
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



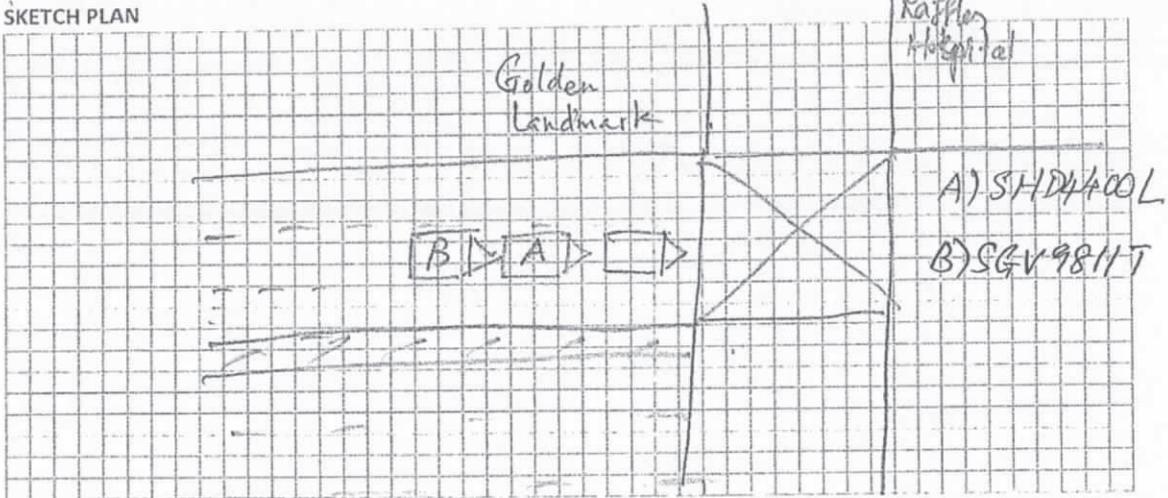
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/RI/C SketchPlanForm_V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20180608/7006

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.:

SR Moorthe
CSQ
8/6/18



**SINGAPORE
POLICE FORCE**



T/20180608/7006

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

1 of 3

Report No. T/20180608/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2018 13:23		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KHOR SOON KWEE			Address: APT BLK 739 WOODLANDS CIRCLE #11-399 SINGAPORE 730739		
ID Type / ID No.: NRIC NO / S1591952C			Contact No.: Home/Office: Mobile: 87972116		
Nationality: SINGAPORE CITIZEN			Email: davidmay63@outlook.com		
Sex: Male	Age: 54	Date of Birth: 30/10/1963	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 08/06/2018 01:05	Type of Location: X-Junction
Location: <i>Victoria Street</i> AYER RAJAH CRESCENT <i>Victoria St</i> <i>Opheir Road</i> CROSS JUNCTION OF AYER RAJAH CRESCENT AND AYER RAJAH AVE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: MOVING VEHICLE (HEAD) TO STATIONARY VEHICLE (REAR)				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGV9811T	Car			White	Seriously Damaged	0
SHD4400L	Car			Blue	Seriously Damaged	2

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



**SINGAPORE
POLICE FORCE**



T/20180608/7006

2 of 3

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

Report No. T/20180608/7006

CONTINUATION OF REPORT

Driver			
Name	KHOR SOON KWEE		ID No. S1591952C
Related Vehicle	SHD4400L (Car)		Contact No. 87972116
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/06/2018	Date Discharge	08/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the 08/06/2018 at about 0105hrs, i was driving my Taxi bearing car plate no. SHD4400L, on the Ayer Rajah Crescent towards Fusionopolis Way and inside my Taxi, there are 2 passengers. When i reached the cross junction of Ayer Rajah Crescent and Ayer Rajah Ave, the traffic light turned red, i stationary at the cross junction waiting for green light. After which a white car bearing car plate no. SGV9811T, from behind hit onto my Taxi rear and caused my Taxi to moved forward. I came out from my Taxi and took photo of the accident and my taxi rear side was seriously dented, subsequently i called for police assistance and ambulance.

Police and Ambulance arrived, Myself and the other 2 passengers suffered pain on the back of the neck area due to the caused of accident and 3 of us were conveyed to Tan Tock Seng Hospital. I was given 5 days MC from 08/06/2018 to 12/06/2018.

I wish to stated that there are CCTV around the incident location and I also installed in car camera (front) inside my Taxi. I also wish to stated that i lodges this report are for company and insurance purposed. The other driver also provided her phone no. 86212900.



**SINGAPORE
POLICE FORCE**



T/20180608/7006

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

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Report No. T/20180608/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF
Contact No.: 65476358

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/06/2018 13:23

Classification Of Case:



T/20180608/2165

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Report No. T/20180608/2165

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 01

Report Number T/20180608/2165

Vehicle Report Number T/20180608/7006

Date/Time of Report Made 08/06/2018 21:22

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant KHOR SOON KWEE

ID Type / ID No. NRIC NO / S1591952C

Home/Office

Mobile 87972116

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 08/06/2018 01:05

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGV9811T	Car				Seriously Damaged	0
SHD4400L	Car				Seriously Damaged	2

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



T/20180608/2165

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Report No. T/20180608/2165

Continuation of CSF For NP168

Driver				
Name	KHOR SOON KWEE		ID No.	S1591952C
Related Vehicle	SHD4400L (Car)		Contact No.	87972116
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2018		Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL	

Brief Facts.

On the 08/06/2018 at about 0105hrs, I was driving on my taxi bearing car plate no. SHD4400L along Victoria Street towards Boat Quay. There were 2 passengers seated at the rear of my taxi.

When I reached the cross junction of Victoria Street and Ophir Road, the traffic light was red thus I slowed down and made a complete stop. While waiting, I suddenly felt a strong impact from the rear of my taxi. I then discovered that a white car bearing car plate no. SGV9811T, had collided onto the rear of my taxi. Subsequently, I called for police assistance and ambulance.

Moments later, traffic police and ambulance arrived. I together with my two passengers was conveyed conscious to Tan Tock Seng Hospital. I suffered pain on the back of the neck area and giddiness. I received 5 days MC from 08/06/2018 to 12/06/2018.

The rear of my taxi is seriously damaged. I wish to stated that there are CCTV around the incident location and I also installed in car camera (front) inside my taxi. I did not take down his NRIC details however I only have the driver mobile phone 86212900.



T/20180608/2165

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Report No. T/20180608/2165

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MOHAMED HUSNUL TAUFIQ BIN MD YUSOF
Classification of Case	1) INJURY / ATTENDED BY POLICE

