

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 | 25/06/2018 10:45 |
| Date Of Accident | 23/06/2018 08:45 |
| Exact Location Of Accident | ORCHARD RD TWDS BRAS BASAH RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA7924M |
| 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 | 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 | ABDUL JALIL BIN SAID |
| NRIC No | S1487135G |
| Date Of Birth | 30/12/1961 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/08/1985 |
| Driving Experience | 32 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91603606 |
| Fax Number | |
| Contact Number | |
| EEmail Address | JALEEL_60@HOTMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 113 PASIR RIS STREET 11 #05-673 |
| Postcode | 510113 |
| 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 | |
| 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 |
| Passenger 1 | NAME: : - GENDER: : MALE |

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 N.P.C |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180624/2018

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 | SLG9448D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WONG |
| NRIC/Passport Number | S1827365I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | AIG ASIA PACIFIC INSURANCE PTE. LTD. |

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ABDUL JALIL BIN SAID

Approximate Age

56

Injuries Sustain

FELT PAIN ON NECK AND LOWER BACK. ON 6 DAYS MC.

Injured person in which vehicle?

SHA7924M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

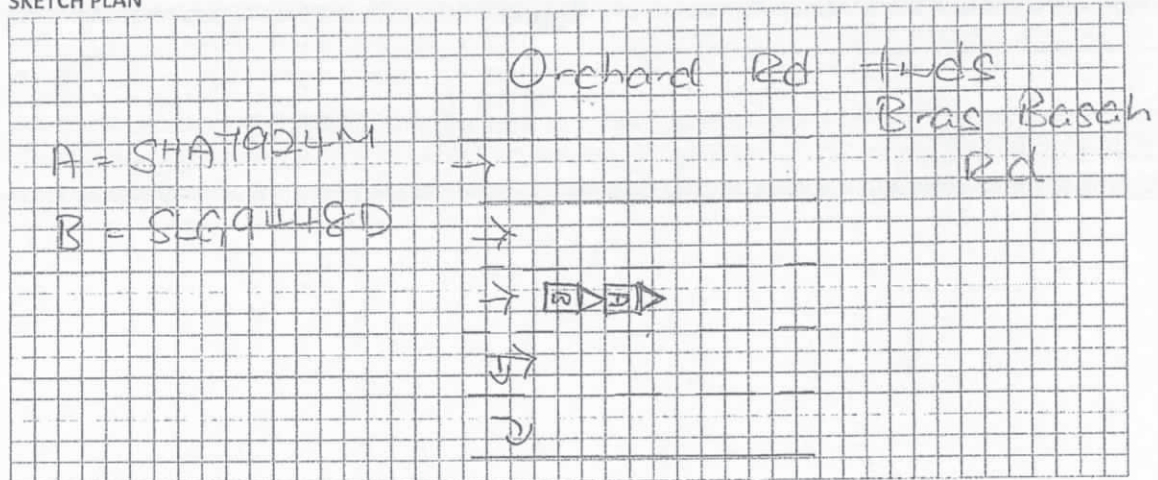
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IAAC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report No. T/20180624/2018

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:

GIARMAC SketchPlanForm_V3

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

24/6 1100hrs

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

Teo Yee



**SINGAPORE
POLICE FORCE**



T/20180624/2018

1 of 3

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

Report No. T/20180624/2018

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 24/06/2018 09:29 | Vide Report No.: | Station Diary No.: 24 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: ABDUL JALIL BIN SAID | | Address: APT BLK 113 PASIR RIS STREET 11 #05-673 SINGAPORE 510113 | |
| ID Type / ID No.: NRIC NO / S1487135G | | Contact No.: Home/Office: Mobile: 91603606 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 56 | Date of Birth: 30/12/1961 | Type of Informant: Driver |
| Race: Javanese | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: Date of Expiry: | |

| General Information of the Accident | | | | |
|---|------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 23/06/2018 08:45 | Type of Location: Straight Road |
| Location: ORCHARD ROAD | | | | |
| Near Istana park | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|--------------|--------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHA7924M | Car | | Hyundai I-40 | Blue | Slightly Damaged | 1 |
| SLG9448D | Car | | Honda Civic | Silver | Seriously Damaged | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20180624/2018

2 of 3

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

Report No. T/20180624/2018

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | ABDUL JALIL BIN SAID | ID No. | S1487135G |
| Related Vehicle | SHA7924M (Car) | Contact No. | 91603606 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 24/06/2018 | Date Discharge | 24/06/2018 |
| No. of Days granted Medical Leave | 06 | Degree of Injury | Serious |
| Driver | | | |
| Name | WONG | ID No. | S1827365I |
| Related Vehicle | SLG9448D (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 the 24/6/2018, I was at Tampines Street 21, and fetching a passenger to Plaza Singapura in Dobhy Ghaut. While going past the The Istana park at about 0845hrs, in the middle lane out of the five lanes, I was driving my vehicle, a blue Hyundai comfort taxi(SHA7924M), and stopped because there were many vehicles, which I believed to be stopping for traffic light.

After my vehicle came to a stop and when I was about to move off, a silver Honda civic(SLG9448D), which I believed to be going a high speed hit onto the bumper of my vehicle. The back of my vehicle was slightly dented. At that point in time, I did not feel any injury, but the pain of the impact came in at night, and that was when I visited Changi General Hospital at around 2030hrs. The doctor then said that the back injury was quite serious and gave me jab of painkiller and a 6 days Medical Certificate. I was also scheduled for physiotherapy.

I am lodging this report for my company's insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180624/2018

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

3 of 3

Report No. T/20180624/2018

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: G/ Sgt 2 OH JIA KAI JACKIE | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 24/06/2018 09:29 |
| Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 | Classification Of Case: |
| Authentication Stamp NP168 | |

