

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 09:52
Date Of Accident	23/06/2018 01:45
Exact Location Of Accident	RIVER VALLEY RD BEFORE CLARKE QUAY TAXI STAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7522P
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	LIM MENG THIEN
NRIC No	S1657550Z
Date Of Birth	27/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96389896
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 682 CHOA CHU KANG CRESCENT #07-508
Postcode	680682
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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]	CHOA CHU KANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180623/2074

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	SLW1978J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM MENG THIEN
Approximate Age	54
Injuries Sustain	FELT PAIN ON NECK. ON 3 DAYS MC.
Injured person in which vehicle?	SHA7522P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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

[Signature]

[Signature]
Teo Yen Yee

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 Pg. 2

SKETCH PLAN

Sketch Plan on grid paper:

- Top right: River Valley De fore.
- Below that: Close Quarry 10x Stand
- Left side: A = SHA7522P
- Below A: B = SLW1978J
- Bottom left: X Ring
- Center: A diagram showing a vehicle (represented by a rectangle with a circle inside) moving from left to right, indicated by an arrow.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident:

Refer to Report No T/20180623/2014

(The remaining lines in this section are blank, with a diagonal line drawn across them.)

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.:

GIARMC SketchPlanForm_V3

Teo Yen Yee



**SINGAPORE
POLICE FORCE**



T/20180623/2074

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180623/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 14:25	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: LIM MENG THIEN			Address: APT BLK 682 CHOA CHU KANG CRESCENT #07-508 SINGAPORE 680682		
ID Type / ID No.: NRIC NO / S1657550Z			Contact No.: Home/Office: Mobile: 96389896		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 27/01/1964	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: taxi driver			Driving Licence Information: Class: 2B,2A,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/06/2018 01:45	Type of Location: Straight Road
Location: Along Road 1 RIVER VALLEY ROAD				
Along River Valley Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHA7522P	Taxi	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Seriously Damaged	0
SLW1978J	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180623/2074

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Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180623/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM MENG THIEN	ID No.	S1657550Z
Related Vehicle	SHA7522P (Taxi)	Contact No.	96389896
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/06/2018	Date Discharge	23/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 23/06/2018 at about 0145hrs, I stop my taxi SHA7522P along River valley roadside for the customer to board my taxi. When a red colour car hit onto the rear of my taxi, the driver did not stop his car and drove off. Thus I gave a chase and manage to stop him. I then take photo of his vehicle plate number. His car plate number SLW1978J. He admitted to me that earlier he went for drinking session and he want to do a private settlement. I did not agree to him. There was a cisco police officer who was controlling the traffic assist to called for traffic police and ambulance. When the ambulance arrives, the car driver of SLW1978J drove off again. As I had injured my neck due to the impact, I did not chase him again. I was conveyed to Singapore general Hospital and discharge on the same day. I was given three days of medical leave. I had received a call from traffic police who ask me to file a hit and run accident report for their investigation and to collect my taxi on 28/06/2018 at 1000hrs. I took this two medicine Diclofenac Sodium EC tablet and Omeprazole Capsule given by Singapore General Hospital and after taking the medicine. I felt drowsy and only woke up at 1300hrs. I am unable to make any report regarding the accident with my taxi company as today it was Saturday and my taxi company close after 1230hrs. I do not have the particular of the driver. I am making the police report for investigation.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180623/2074

3 of 3

Report No. T/20180623/2074

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:

J SHD MOHIDEEN ABDUL KADER

Signature :

Signature Of Interpreter:

Not applicable

Singapore Police Force

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144

Authentication Stamp

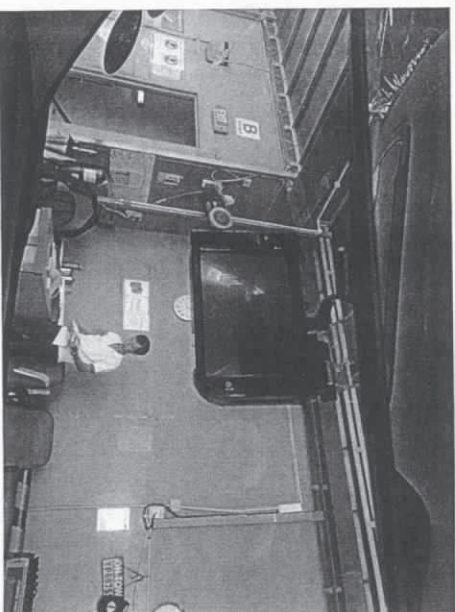
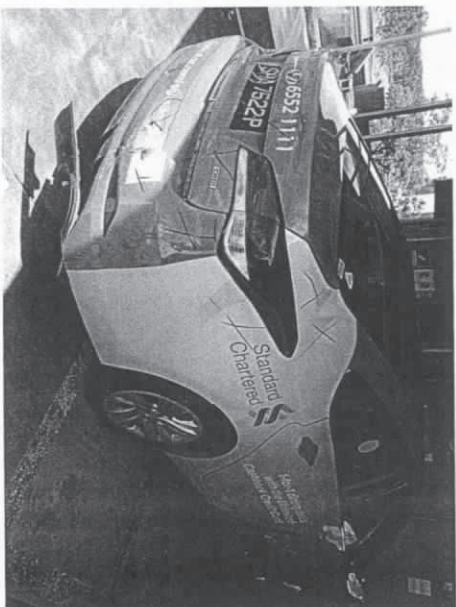
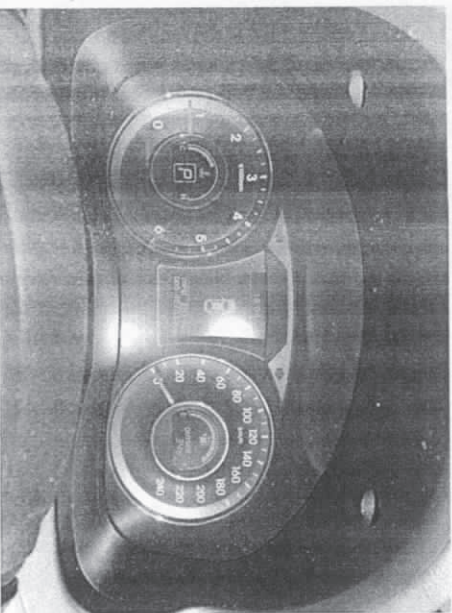
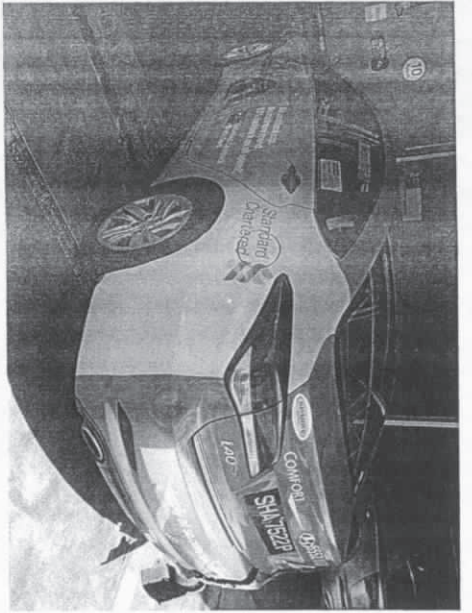
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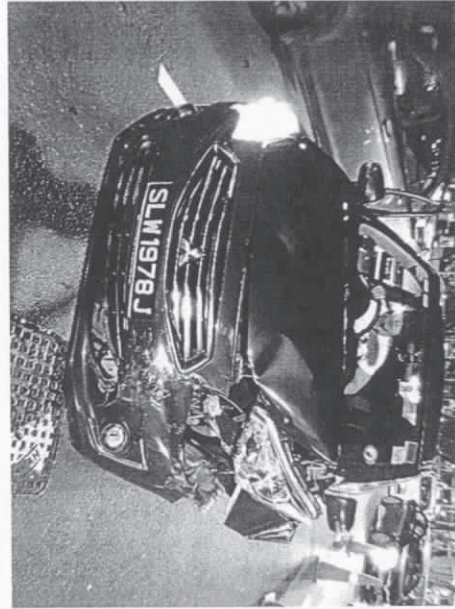
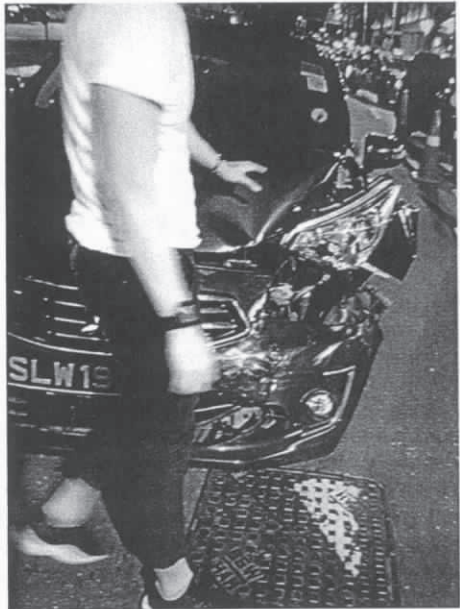
Signature Of Informant:

Date/Time:

23/06/2018 14:25

Classification Of Case:





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 : MCD618081212 Vehicle Registration No: SHA7522P
Name(as shown in NRIC) : LIM MENG THIEN NRIC/FIN/Passport No : S1657550Z
(*Vehicle Driver) Vehicle Owner) (*) Please delete as appropriate
Address : BLK 682 CHOA CHU KANG CRESCENT #07-508 Singapore(680682)
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 23/06/2018 Time of Accident : 01:45
Place of Accident : RIVER VALLEY RD BEFORE CLARKE QUAY TAXI STAND
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:

Upload accident photos

Videos captured? : Yes instead No

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: xiao yan
NRIC/FIN No.: _____
Date: 28.06.2018