

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 | 14/06/2018 15:53 |
| Date Of Accident | 13/06/2018 19:30 |
| Exact Location Of Accident | AYE HEADING TWDS TUAS AFTER CLEMENTI AVE 6 EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD6753E |
| 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 | MERCEDES-BENZ |
| Model | E220 |
| 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 | TAN QUE QUAN |
| NRIC No | S2573008I |
| Date Of Birth | 19/02/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 10/12/1981 |
| Driving Experience | 36 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96927577 |
| Fax Number | |
| Contact Number | |
| Email Address | TQUEQUAN@YAHOO.COM |

| | |
|---|-------------------------------|
| Address | BLK 273B BISHAN ST 24 #40-114 |
| Postcode | 572273 |
| 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 | SIDE SWIPE |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : MALE |
| Passenger 2 | 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] | TAMPINES NORTH NPP |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20180614/2082

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 | YM6957K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |

| | |
|-------------------------------------|--------------------------------|
| Postcode | |
| Insurance Company Name | MS FIRST CAPITAL INSURANCE LTD |
| Nature Of Damage | LEFT FRT |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|---|
| Name | TAN QUE QUAN |
| Approximate Age | 62 |
| Injuries Sustain | FELT PAIN ON BACK AND SHOULDER. ON 5 DAYS MC. |
| Injured person in which vehicle? | SHD6753E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

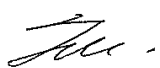
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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:



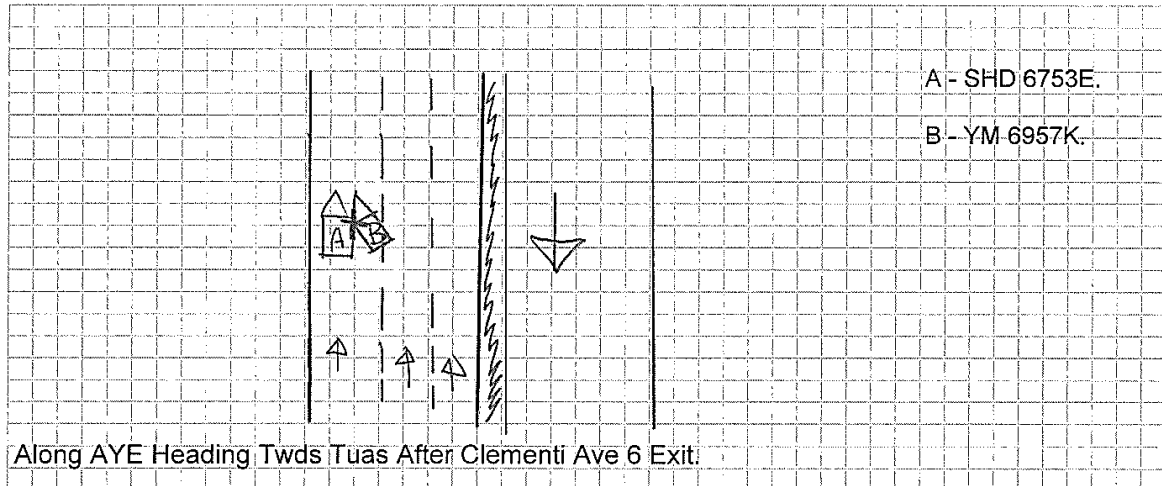
Driver's Signature
(If driver is not the policyholder)
Date & Time: 14.06.2018 @ 12:00 Hrs



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


| |
|--|
| On the 13/06/2018, @ about 19:30hrs, my taxi (A) (SHD 6753E) was travelling along AYE |
| Heading Twds Tuas After Clementi Ave 6 Exit with 2 male passengers on board. |
| I was on the extreme left lane, I proceeded straight. Suddenly, veh (B) (YM 6957K) a Lorry, cut |
| into my lane and collided onto my taxi (A) Right Front portion . As it took place so fast, I could |
| not take evasive action to prevent the collision. |
| I had company video, fix in my taxi, photos taken at scene to support my claims. |
| Veh (B) was driven by a male driver. |
| After the accident i felt pain in my back and shoulder area , will consult doctor later on . |
| |
| |
| |
| |
| |
| |
| |

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: 14.06.2018 @ 12:00 Hrs



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

COMFORT Sketch-PlanForm_v3

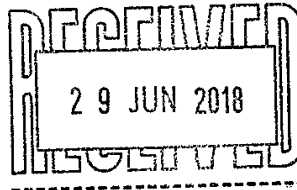


**SINGAPORE
POLICE FORCE**



T/20180614/2082

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



1 of 3

Report No. T/20180614/2082

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 14/06/2018 14:43 | | Vide Report No.: | | Station Diary No.: 24 | |
| Informant's Particulars | | | | | |
| Name of Informant: TAN QUE QUAN | | | Address: APT BLK 273B BISHAN STREET 24 #40-114 SINGAPORE 572273 | | |
| ID Type / ID No.: NRIC NO / S2573008I | | | Contact No.: Home/Office: Mobile: 96927577 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 19/02/1956 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Mandarin | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,2A,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|----------------------|----------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 13/06/2018 19:25 | Type of Location: Straight Road |
| Location: Along Road 1 AYER RAJAH EXPRESSWAY TOWARDS TUAS AFTER CLEMENTI AVE 6 EXIT | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|---------|-------|-------|-----------|-----------------|
| SHD6753E | TAXI | HYUNDAI | | Blue | | 2 |
| YM6957K | Lorry | | | White | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180614/2082

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20180614/2082

CONTINUATION OF REPORT

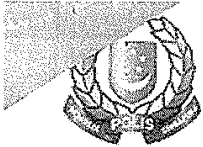
| Driver | | | |
|-----------------------------------|-------------------|------------------|---|
| Name | TAN QUE QUAN | | ID No. S2573008I |
| Related Vehicle | SHD6753E (TAXI) | | Contact No. 96927577 |
| Hospital/Clinic | OEI FAMILY CLINIC | | Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | 14/06/2018 | | Date Discharge 14/06/2018 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | NIL |

Brief Details.

On the date, time and location mentioned above, I V1 (SHD6753E) was travelling along the road on the extreme left of 3 lane road. While I was travelling straight ahead, V2 (YM6957K) suddenly cut into my lane and collided onto the front right portion of my vehicle. As the incident happened fast, I was not able to avoid or prevent the collision.

After accident, as I felt pain, I proceeded to seek medical treatment.

No mechanical fault. There is in-car camera on my vehicle.



SINGAPORE
POLICE FORCE



T/20180614/2082

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20180614/2082

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 GOH JUN KIAT JASON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/06/2018 14:43

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66SS00206 / 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 : MCD618077264 Vehicle Registration No: SHD 6753E
Name (as shown in NRIC) : Tan Que Quan NRIC/FIN/Passport No : S 2573008I
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 273B Bishan St 24 # 40-114 Singapore (572273)
Contact (Tel) : _____ Mobile No. : 9692 7577
Email Address : _____
Date of Accident : 13.06.2018 Time of Accident : 19:30 Hrs
Place of Accident : AYE Heading Twds Tuas After Clementi Ave 6 Exit
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:

Submit Police Report : T/20180614/2082 and given 5 days MC (pain in back and shoulder area).

Policyholder / Driver's Signature
Date: 29 JUN 2018

Reporting Centre Personnel's Signature
Name: Xiao Yan
NRIC/FIN No.: _____
Date: 30.06.2018