### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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 witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/06/2018 08:41
Date Of Accident	29/06/2018 12:30
Exact Location Of Accident	WATERSIDE CONDO - TANJONG RHU
Country/State of Loss	SINGAPORE
And the property of the same of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH7989J
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	140
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	NG GEOK KUAN
NRIC No	S1172215F
Date Of Birth	05/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	03/10/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96392802
Fax Number	
Contact Number	

NJUNJIE@ROCKETMAIL.COM

BLK 138 YISHUN RING ROAD Address

#06-78

760138 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

## 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 NO ambulance? Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes. Please state which Police Station

Police Station Name TAMPINES EAST NPP

ROAD: 263 TAMPINES STREET 21 #01-138, POSTCODE: 520263, Police Station Address

YES

NO

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: 1800-7839999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

# Circumstances of Accident

REFER POLICE REPORT NO: T/20180629/2128 \* TYPE OF ACCIDENT :- HEAD TO SIDE

### 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 SJQ317D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR NG KOK SHAN Name of Driver NRIC/Passport Number S7311444F Contact Number 97472529

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

NG GEOK KUAN

Approximate Age

Injuries Sustain

NECK, NUMBNESS, BACK

Injured person in which vehicle?

SH7989J

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Postcode

Address

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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DECLARATION  I/We declare the foregoing particular TRANSPORTATION F CO. REG. NO. 199303821	culars are true in ever		ep~	<i> </i> -	7/20	18-6	100 m	7/21

NRIC/FIN No.:

Date & Time:

SIGNERS ShetchPlenForm\_73





Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

1 of 3 Report No. T/20180629/2128

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2018 16:24			Vide Report No.:	Station Diary No.: 30		
Informa	nt's Partic	ulars				
	Informant: OK KUAN		Address: APT BLK 138 YISHUN RING ROAD #06-78 SINGAPORE 760138			
ID Type / ID No.: NRIC NO / S1172215F			Contact No.: Home/Office:	Mobile: 96392802		
National SINGAP	ity: ORE CITIZ	EN	Email: .			
Sex: Male	Age: 61	Date of Birth: 05/12/1956	Type of Informant:	A1		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2018 12:3	Type of Location: Car Park
Location:				
Weather:	e Condominium open	Road Surface:		Road Speed Limit:
Drizzling Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
	ion:	-		Anyone conveyed by

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SH7989J	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue .		0		
SJQ317D	Car	HONDA	STREAM 1.8L A	Grey		0		





Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999 2 of 3 Report No. T/20180629/2128

#### CONTINUATION OF REPORT

Details of Perso	n Involved	YEAR OF STREET				
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of P	edestriar	Cross	sing: NA
Driver	<b>代表記憶制度的等等的完成</b>					
Name	NG GEOK KUAN			ID No.		S1172215F
Related Vehicle	SH7989J (Car)			Conta	ct No.	96392802
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	29/06/2018		Date Dis	scharge 29/06/2018		
No. of Days granted Medical Leave 05			Degree of Injury NIL			
Driver						
Name	NG KOK SHAN (HU	ANG GUC	SHEN)	ID No	• .	S7311444F
Related Vehicle	SJQ317D (Car)			Conta	ct No.	97472529
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree	of Injury	NIL	

## Brief Details.

On 29/06/2018 at about 1230hrs, I was driving my taxi (SH7989J) heading straight ahead at Tanjong Rhu Road, The Waterside Condominium open carpark.

Suddenly, there was a car (SJQ317D) which was parked at lot no. 88, drove out from the lot without checking blind-spot hence resulted to a minor collision. The car front right side hit on my taxi front left side which resulted to damage.

No injury at that point of time and we exchanged particulars with each other. My in-car CCTV captured the accident footage.

After the accident, I felt unwell thus seek medical treatment at a private clinic. I was given 5 days of MC from 29/06/2018 to 03/07/2018.





3 of 3 Report No. T/20180629/2128

Police Station Of Origin: Tampines East NPP 263 Tampines Street 21 #01-138 SINGAPORE 520263 Tel No: 1800-7839999

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 G / Sgt 2 MUHAMMAD ISA BIN MI		Signature Of Informant:	
Signature Of Interpreter:	-1	Date/Time: 29/06/2018 16:24	
Not applicable		29/06/2016 16:24	
Officer In Charge Of Case:		Classification Of Case:	*
TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	SINGAPORE POLICE FORCE	The Control of the Co	
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