

## 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             | 02/07/2018 16:28                               |
| Date Of Accident           | 02/07/2018 07:50                               |
| Exact Location Of Accident | CORPORATION RD > BOON LAY WAY LAMP POST NO 168 |
| Country/State of Loss      | SINGAPORE                                      |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3194M                       |
| <b>Insured/Policyholder</b> |                                |
| 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       | NG KIAN SHU           |
| NRIC No              | S7610993A             |
| Date Of Birth        | 17/04/1976            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 27/03/2007            |
| Driving Experience   | 11 YEARS AND 3 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-88763183  |
| Fax Number           |                       |
| Contact Number       |                       |
| E-Mail Address       | JOHNKSNG@GMAIL.COM    |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 178 BOON LAY DRIVE<br>#03-444 |
| Postcode  | 640178                            |
| 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 | -<br>-<br>-                       |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                       |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | WET                      |

#### 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?  | 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: : -<br>GENDER: : FEMALE |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | CHANGI N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20180702/2021

#### 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 | GBF6980B           |
| Vehicle Make/Model/Colour   | VAN                |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              | CHOO CHIN LING     |
| NRIC/Passport Number        | S8860958A          |
| Contact Number              |                    |

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG KIAN SHU

Approximate Age

Injuries Sustain STRAIN ON BODY

Injured person in which vehicle? SHD3194M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

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:

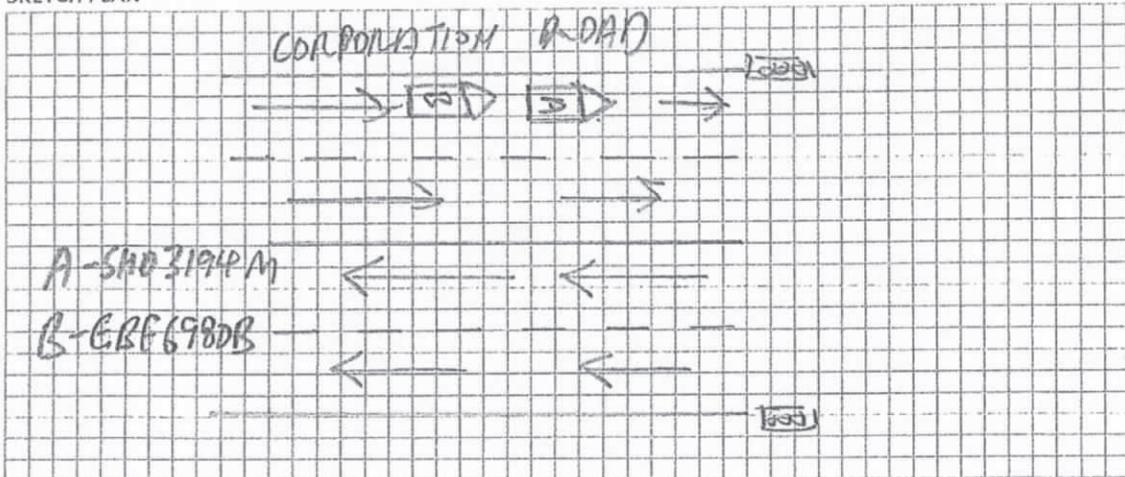
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/12/13

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Teo Yen Yee  
NRIC/FIN No.:

GIA/RIAC SketchPlanForm\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer : Police Report attach T/20180702/2021

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.:

CLAF14C SketchForm\_V3

2/07/2018  
15:20 pm

Teo Yen Yee



**SINGAPORE  
POLICE FORCE**



T/20180702/2021

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20180702/2021

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                            |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>02/07/2018 11:32 |            | Vide Report No.:             |  | Station Diary No.:<br>33 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                            |
| Name of Informant:<br>NG KIAN SHU          |            |                              | Address:<br>APT BLK 178 BOON LAY DRIVE #03-444 SINGAPORE<br>640178 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S7610993A   |            |                              | Contact No.:   |                          | Mobile:                    |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                          |                            |
| Sex:<br>Male                               | Age:<br>42 | Date of Birth:<br>17/04/1976 | Type of Informant:<br>Driver                                       |                          |                            |
| Race:<br>Chinese                           |            |                              | Language:  |                          | Institution / School Name: |
| Occupation:<br>Taxi driver                 |            |                              | Driving Licence Information:<br>Class: 3,4                         |                          | Date of Expiry:            |

**General Information of the Accident**

|   |                  |   |   |  |
|---|------------------|---|---|--|
| Type of Accident:   | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>02/07/2018 07:50 | Type of Location:<br>Straight Road     |
| Location:<br>Along Road 1<br>CORPORATION ROAD<br>BOON LAY WAY<br>CORPORATION ROAD TOWARDS BOON LAY WAY<br>Lamp Post Number: 168 |                  |   |   |  |
| Weather:<br>Clear   |                  | Road Surface:<br>Wet                        |   | Road Speed Limit:<br>50 Km/h           |
| Traffic Flow:<br>Dual Carriage Way  |                  | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear  |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition           | No of Passenger |
|-------------|------|------|-------|-------|---------------------|-----------------|
| GBF6980B    | Van  |      |       |       | Slightly<br>Damaged | 0               |
| SHD3194M    | Car  |      |       |       | Slightly<br>Damaged | 1               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180702/2021

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3

Report No. T/20180702/2021

## CONTINUATION OF REPORT

| Driver                            |                 |  |                                   |
|-----------------------------------|-----------------|--|-----------------------------------|
| Name                              | NG KIAN SHU     | ID No.                                 | S7610993A                         |
| Related Vehicle                   | NIL             | Contact No.                            | 88763183                          |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL             | Degree of Injury                       | NIL                               |
| Vehicle Owner                     |                 |  |                                   |
| Name                              | CHOON CHIN LING | ID No.                                 | S8860958A                         |
| Related Vehicle                   | NIL             | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL             | Degree of Injury                       | NIL                               |

**Brief Details.**

On 02/07/2018, at around 0750hrs, I was driving along Corporation Road towards Boon Lay Way in my taxi (SHD3194M) on lane 2 with one female passenger seated at the rear. The traffic light ahead was red and as such, I stopped my vehicle behind a line of cars. My car was stationary while awaiting for the traffic light to be in my favor. Out of a sudden, I felt a huge impact from the rear of my car which caused my vehicle to jerk forward. A van (GBF6980B) had collided onto my taxi.

As a result of the collision, my car sustained a dent and scratches on the rear bumper portion.

After the accident, I felt strain on my body and hence, went to Ansar Clinic to seek medical treatment. I was given 3 days of medical leave.



SINGAPORE  
POLICE FORCE



T/20180702/2021

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20180702/2021

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:<br>G /<br>Sgt 2 TYLER LIM SI HAO                           | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>02/07/2018 11:32  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SSI 2 SITI MARSIHA BINTE BOHARI<br>Contact No.: 65476219 | Classification Of Case:   |
| Authentication Stamp<br>NP168<br>_____<br>SIGNATURE   |   |

