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 <u>truthful and accurate</u> 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	04/07/2018 13:43
Date Of Accident	03/07/2018 12:30
Exact Location Of Accident	JALAN BUKIT MERAH TWDS CTE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA2093T
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	SONATA
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 CHAN THIAN KWEE

NRIC No S1694558G

Date Of Birth 12/03/1965

Occupation OUTDOOR

Date Of Driving Pass 01/08/1991

Driving Experience 26 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98577911

Fax Number

Contact Number

EMail Address NOEMAIL

Address 55 20-130 HAVELOCK ROAD

Postcode 161055

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 CHAIN COLLISION

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 YES

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME: : -

GENDER: : FEMALE

Passenger 3

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

SEE ATTACH.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGU9628L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver SEE SI SIEN
NRIC/Passport Number F1443941L

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKJ9690R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOH KIM BOON

NRIC/Passport Number \$7324481A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHAN THIAN KWEE

Approximate Age 55

Injuries Sustain NECK,BACK,SHOULDER,FINGER NUMB

Injured person in which vehicle? SHA2093T

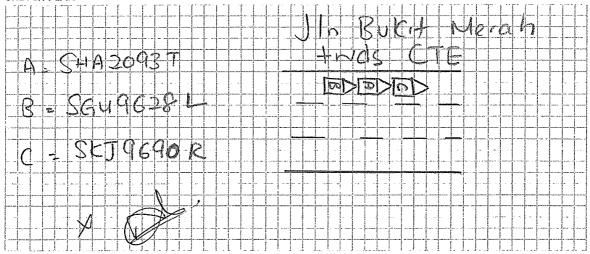
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report No. T/20180703/2120

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTc Lic CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Teo Yen Yee

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARIAC Statch Flancoine_73





Police Station Of Origin: Tampines North NPP · 1 of 4
Report No. T/20180703/2120

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

REPORT	OE A	TRACEIC	ACCIDENT

Date/Time Report Made: 03/07/2018 17:27			Vide Report No.:	• • •	Station Diary No.: 36			
Informant	s Particul	ars ·						
Name of In	formant:		Address:	Address:				
CHAN THI	N THIAN KWEE APT BLK 55 HAVELOCK ROAD #20-130 SINGAP				SINGAPORE 161055			
ID Type / ID No.: NRIC NO / S1694558G			Contact No.: Home/Office: Mobile: 98577911					
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 98577911 Email:					
Sex: Male	Age: 53	Date of Birth: 12/03/1965	Type of Informant: Driver					
Race: Chinese			Language: English	Institution / School Name:				
Occupatior Taxi Driver			Driving Licence Information: Class: 3,4	Date of Ex	piry:			

	Mon Injuny	nt Drink	Data (Time of	T (1 //	
Type of	Non-Injury Others	Drive:	Date/Time of	Type of Location:	
Accident:	Others	No	Accident: 03/07/2018 12:3	Straight Road	
Location:		, 110	103/01/2010 12.3	<u>U</u>	
JALAN BUKIT	ГMERAH				
	ukit Merah after bus s		-		
		Road Surface:		Road Speed Limit:	
Clear		Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way Traffic Light - W					
Type of Collis	ion:			Anyone conveyed by	
Chain-collision				ambulance:	
*			•	No	

Details of V	I second at home policy and the	iveu				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGU9628L	Car	MITSUBISHI	LANCER 1.6	Silver		0
SHA2093T	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	_, _,		3





T/20180703/2120

Police Station Of Origin: Tampines North NPP

Details of Vehicle Involved

Car

No. of Days granted Medical Leave

Vehicle No. Type

Report No. T/20180703/2120

Condition No of Passenger

0

2 of 4

461 Tampines Street 44 #01-56 SINGAPORE

520461

SKJ9690R

CONTINUATION OF REPORT

Color

Black

Model

HARRIER

T 1 N 4000 7040000	
Tel No: 1800-7818999	

Make

TOYOTA

		2.0 ELEGANCE AT ABS D/AIRBAG 2WD		P011 V		
			Peki kostupcja			
Details of Perso Any Pedestrian I						
No. of Pedestriar		Uso	f Do	destrian C	rossing: NA	
Driver	io injuieu, Mic		re	uestrian Ci	rossing, NA	
Name	SEE SI SIEN			ID No.	F1443941L	
Related Vehicle	SGU9628L (Car)			Contact I	No. NIL	
Hospital/Clinic .	NIL			Class of Driving Licence & Expiry Da	Date of Expiry: NIL	
Date Treatment						
No. of Days gran	ted Medical Leave NII			Injury N	IL ·	
Driver						
Name	CHAN THIAN KWEE			ID No.	S1694558G	
Related Vehicle	SHA2093T (Car)			Contact N	No. 98577911	
Hospital/Clinic	OEI FAMILY CLINIC		Class of Driving Licence & Expiry Da	Date of Expiry: NIL		
Date Treatment	03/07/2018	Date D	Disch		3/07/2018	
	ted Medical Leave 04			Injury NIL		
Driver						
Name	LOH KIM BOON			ID No.	S7324481A	
Related Vehicle	SKJ9690R (Car)			Contact N	No. NIL	
Hospital/Clinic	NIL .		-	Class of Driving Licence & Expiry Da	nte .	
Date Treatment	.NIL	Date D)isch	iarge NII	L	

Degree of Injury NIL





Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461 3 of 4 Report No. T/20180703/2120

Tel No: 1800-7818999

CONTINUATION OF REPORT

Brief Details.

On 03/07/2018 at about 1230hrs, I was driving my taxi (SHA2093T) on lane 3 along Jalan Bukit Merah after bus stop towards CTE with three passengers on board.

The traffic light ahead just turned green and all vehicles started to move off slowly. My pick-up speed was about 10km/hr and suddenly I felt impact coming from the rear of my taxi. There was a car (SGU9628L) collided on the rear of my taxi.

The impact was strong which resulted my taxi to surge forward and hit the front car (SKJ9690R). My taxi was the second vehicle out of three vehicles involved in the chain-collision. The rear and front portion of my taxi was badly damaged.

No one was injured at that point of time including my passenger. We alighted and exchanged particulars with one another. I took photos of the accident scene using my mobile phone. My taxi has in-car CCTV pointing forward which captured the accident footage.

After the accident, I felt unwell thus seek medical treatment at a private clinic and was given 4 days of MC from 03/07/2018 to 06/07/2018.





T/20180703/2120

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Report No. T/20180703/2120

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

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.

G/	Signature Of Informat			
G / Sgt 2 MUHAMMAD ISA BIN MD	RASHID An		<i>Y</i> .	··
Signature Of Interpreter: Not applicable		Date/Time: 03/07/2018 17:27		
Officer In Charge Of Case:		Classification Of Case		
TP / GIA /		Classification of Case	;. •	
Staff Sgt TANG SIEW PING Contact No.: 65476430	SINGAPORE POLICE FORCE			
Authentication Stamp NP168	- G	les .		
	SIG	NATURE ·		

IMPORTANT NOTICE

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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 LI CO. REG. NO. 199303821R

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARIAC SketchPlanForm_V3

Policyholder's Signature

Date & Time:



Teo Yen Yee

