

## 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	21/06/2018 10:40
Date Of Accident	20/06/2018 22:30
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT BEFORE KALLANG EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6161L
<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	REPORTING ONLY
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 SONG CHAW
NRIC No	S0128122D
Date Of Birth	19/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/12/1975
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88224161
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	421 09-216 CHOA CHU KANG AVENUE 4
Postcode	680421
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?	YES
Foreign Vehicle Registration Number	JRY3341 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TP HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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	JRY3341
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

LEFT FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

RIDER

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

JRY3341

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name

PILLION

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

JRY3341

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN

Sketch Plan on grid paper showing accident details:

- Location: DIE + Lndls C/ Airport before Kallang Exit
- Vehicle A: SHIGIGIL
- Vehicle B: JRY/33+1
- Signature: *X/eh*
- Diagram: A hand-drawn sketch on a grid showing a road layout. A horizontal road has a vertical road crossing it. Arrows indicate traffic flow. A vehicle icon is shown at the intersection, with a label 'B' and 'JRY/33+1' next to it. Another label 'A' is visible near the intersection.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident section with a large diagonal line drawn across the grid, indicating no further details were provided.

## DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.  
CC. REG. NO. 192003821R

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.:

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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.  
CC REG. NO. 198003221R

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.:

Teo Yen Yee



**SINGAPORE  
POLICE FORCE**



T/20180621/2002

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180621/2002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/06/2018 00:46		Vide Report No.: G/20180620/0239		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TAN SONG CHAW			Address: APT BLK 421 CHOA CHU KANG AVE 4 #09-216 HDB-CHOA CHU KANG SINGAPORE 680421		
ID Type / ID No.: NRIC NO / S0128122D			Contact No.: Home/Office: Mobile: 88224161		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 19/06/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/06/2018 22:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI 14KM				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRY3341	Motorcycle					1
SH6161L	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		1



**SINGAPORE  
POLICE FORCE**



T/20180621/2002

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Report No. T/20180621/2002

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

**Brief Details.**

ON 20/6/2018 AT ABOUT 2230HRS AT PIE,

I WAS TRAVELLING ALONG PIE. I SIGNALLED RIGHT AND WAS SLOWLY FILTERING RIGHT WHEN I SUDDENLY HEARD A SOUND. I THEN TRAVELLED A SHORT DISTANCE OF ABOUT 50M BEFORE STOPPING AS THERE WERE TOO MANY VEHICLES. AFTER THAT, I WENT BACK AND SAW THAT A MOTORBIKE HAD COLLIDED INTO THE REAR RIGHT PORTION OF MY VEHICLE. AS I WAS FILTERING, I DID NOT NOTICE ANY MOTORBIKE EVEN AFTER CHECKING. AS IT WAS VERY DANGEROUS DUE TO THE LOCATION, I HELPED THEM BEFORE HEADING BACK TO MY TAXI AND DRIVING TO THE NEARBY CHEVRON. I THEN STAYED THERE AS IT WAS TOO DANGEROUS FOR ME TO RETURN TO THE SCENE AS IT WAS QUITE FAR AWAY. TRAFFIC POLICE THEN ARRIVED SHORTLY AFTER ALONG WITH AMBULANCE.



**SINGAPORE  
POLICE FORCE**



T/20180621/2002

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180621/2002

**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: TP / LEE KWANG HONG KENDRICK
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 21/06/2018 00:46
Classification Of Case:
 <b>SINGAPORE POLICE FORCE</b>
Signature: 



Accident Photo



Accident Photo



Accident Photo



Accident Photo

