

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 07:25
Date Of Accident	29/06/2018 19:30
Exact Location Of Accident	HOLLAND RD X SIXTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3531D
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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	MERC

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	TAXI
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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	YAP KEE SUN
NRIC No	S0167177D
Date Of Birth	28/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1974
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91706086
Fax Number	
Contact Number	
Email Address	KEESUNY_28@YAHOO.COM

Address	141 08-1188 JALAN BUKIT MERAH
Postcode	160141
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	COLLIDED INTO MOTORCYCLIST
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?	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: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

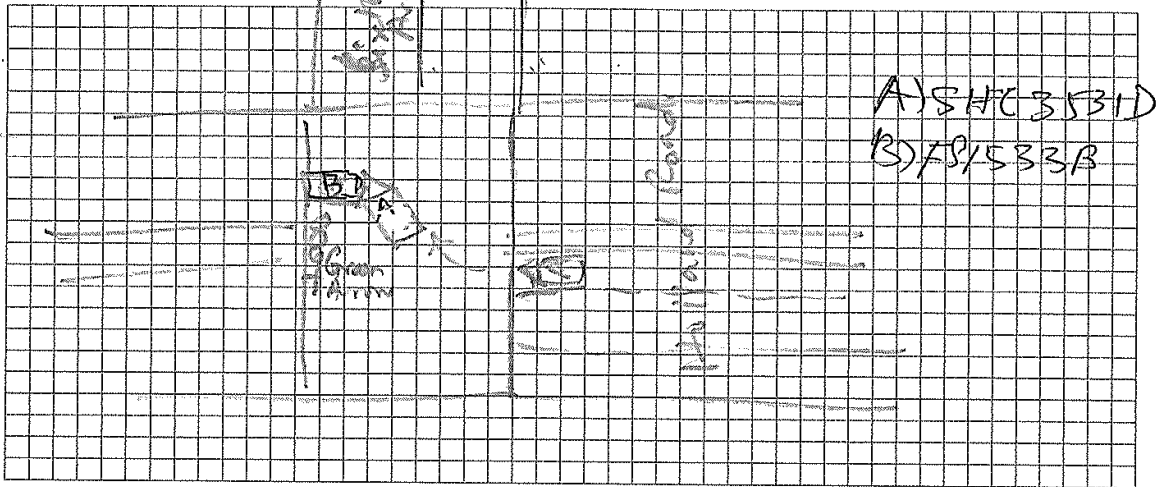
Vehicle Registration Number	FS1533B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	RIDER
Approximate Age	
Injuries Sustain	JAW,FACE
Injured person in which vehicle?	FS1533B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report
1/20180630/2043

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CC REG. NO. 19003921R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:



**SINGAPORE
POLICE FORCE**



T/20180630/2043

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180630/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2018 11:18	Vide Report No.: D/20180629/0099	Station Diary No.: 54
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Informant's Particulars			
Name of Informant: YAP KEE SUN		Address: APT BLK 141 JALAN BUKIT MERAH #08-1188 SINGAPORE 160141	
ID Type / ID No.: NRIC NO / S0167177D		Contact No.: Home/Office: Mobile: 91706086	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 28/01/1954	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2018 19:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 HOLLAND ROAD SIXTH AVENUE At the traffic light junction of Holland Road and Sixth Avenue, along Holland Road turning right into Sixth Avenue				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS1533B	Motorcycle			Black	Seriously Damaged	0
SHC3531D	Car	MERCEDES BENZ	CDI	White	Slightly Damaged	1

Details of Person Involved
Any Pedestrian Involved: No



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T/20180630/2043

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Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180630/2043

CONTINUATION OF REPORT

Driver			
Name	YAP KEE SUN		ID No. S0167177D
Related Vehicle	SHC3531D (Car)		Contact No. 91706086
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/06/2018 at about 1930hrs, I was driving my limousine taxi, a white-colored Mercedes Benz (SHC3531D), along Holland Road. I was on the first lane of the 3-lane road as I wanted to turn right into Sixth Avenue. There was a passenger in my taxi.

When the green arrow was on, I proceeded to make a right turn into Sixth Avenue. As I was making the turn, I felt an impact coming from the left side of my taxi. A black-colored motorcycle (FS1533B), which was from the opposite direction along Holland Road, had collided into the left side of my taxi. The rider of the motorcycle fell to the ground due to the impact, together with his motorcycle. I then continued to turn right into Sixth Avenue and stopped my taxi at the side to avoid causing obstruction. After which, I came out of my taxi together with my passenger, and we approached the motorcycle rider to help him.

A few minutes later, ambulance and Traffic Police arrived at the accident location. The rider of the motorcycle was conveyed to the hospital. My passenger is also a witness of the accident. I only have his hand phone number, HP: 98376141.

Due to the accident, the left side of my taxi was dented. My taxi was towed from the accident scene. Traffic Police also took my in-car camera and the memory card for investigations.

I have yet to see doctor to get myself checked.



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T/20180630/2043

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519457
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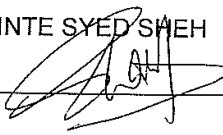
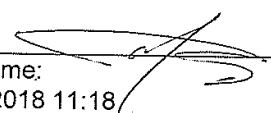


Report No. T/20180630/2043

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.

<p>Signature Of Officer Recording The Report: G / Sgt 3 SHARIFAH AMIRA BINTE SYED SAEH</p> 	<p>Signature Of Informant:</p> 
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 30/06/2018 11:18</p>
<p>Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZI Contact No.: 65476216</p> 	<p>Classification Of Case:</p>
<p>Authentication Stamp NP168</p> 	

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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. 100008821R

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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