

## 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	05/07/2018 16:01
Date Of Accident	05/07/2018 13:00
Exact Location Of Accident	NEWTON CIRCUS TWDS SCOTTS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4364H
<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	JERRY TAN WENG KIAT
NRIC No	S7924828B
Date Of Birth	13/08/1979
Occupation	OUTDOOR
Date Of Driving Pass	27/09/1999
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-97303238
Fax Number	
Contact Number	
Email Address	JERRYTAN3238@YAHOO.COM.SG

Address	BLK 326B ANCHORVALE ROAD #09-262
Postcode	542326
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	COLLISION - HEAD TO REAR
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
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED \* 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	GBE9143L
Vehicle Make/Model/Colour	NISSAN VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AUNG LINN
NRIC/Passport Number	G6080611Q
Contact Number	96111136
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH CENTRE

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	JERRY TAN WENG KIAT
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SHD4364H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

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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  
CO. REG. NO. 199303821R

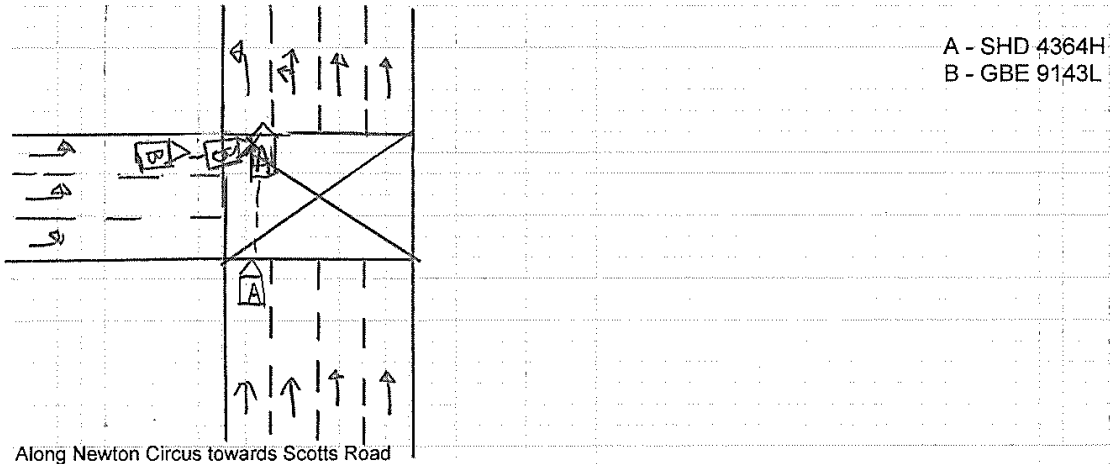
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: REGINA LHO  
NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.07.2018 I was travelling on Newton Circus towards Scotts Road at about 13:00 hrs
with 1 Female Passenger onboard .
I was travelling on the extreme right lane heading towards Scotts Road , suddenly Veh ( B )
GBE 9143L dash out from my left and cause the accident to happen . My taxi Substain damage on
the whole left portion .
I have company video and photos at scene to support my claims .
After the accident i suffered pain on my neck and back portion . Will consult doctor later on .
Veh B - Mr Aung Linn H/P : 9611 1136 I/C : G 6080611Q

### DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

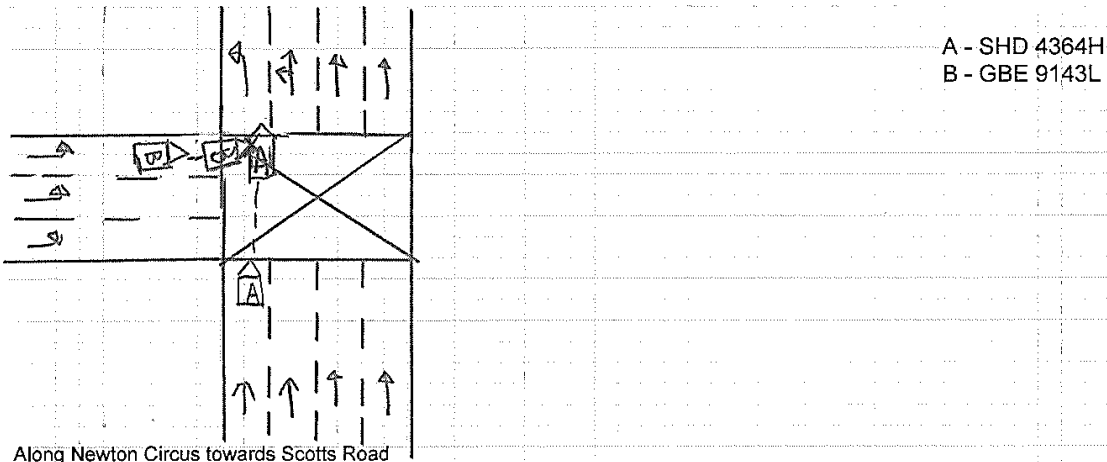
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: *Reanna Choo*  
NRIC/FIN No.:

Amended on 6/7/2018

SKETCH PLAN



Along Newton Circus towards Scotts Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05.07.2018 I was travelling on Newton Circus towards Scotts Road at about 13:00 hrs
with 1 Female Passenger onboard .
<i>left lane.</i>
I was travelling on the extreme <del>right</del> lane heading towards Scotts Road , suddenly Veh ( B )
GBE 9143L dash out from my left and cause the accident to happen . My taxi Substain damage on
the whole left portion .
I have company video and photos at scene to support my claims .
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Veh B - Mr Aung Linn H/P : 9611 1136 I/C : G 6080611Q

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: *Reanna Choo*  
NRIC/FIN No.:

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





SCENE



# SCENE



## SCENE



SCENE





SCENE



SCENE



SCENE



SCENE



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCD618086770 Vehicle Registration No: SHD 4364H  
Name(as shown in NRIC) : Jerry Tan Weng Kiat NRIC/FIN/Passport No : S 7924828B  
(☒ Vehicle Driver ☐ Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 326B Anchorvale Road # 09-262 Singapore( 542326)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9730 3238  
Email Address : \_\_\_\_\_  
Date of Accident : 05.07.2018 Time of Accident : 13:00 Hrs  
Place of Accident : Newton Circus Twds Scotts Rd  
Insurance Company: India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION ☒ AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend the sketch plan (the driver was travelling on extreme left lane).

Rescan the sketch plan.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

F.   
Policyholder / Driver's Signature  
Date: 06.07.2018

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: