

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	12/07/2018 07:31
Date Of Accident	10/07/2018 23:40
Exact Location Of Accident	MARINA BLVD BEFORE STRAITS VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2582M
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	TEO KAIM HUI
NRIC No	S1703255J
Date Of Birth	04/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2002
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91884201
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	190 #07-26 PASIR RIS STREET 12
Postcode	510109
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	RAINING
Road Surface	WET

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)	1


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. (TP POUND)

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	SLF7161Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	TEO KAIM HUI
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Approximate Age	53
Injuries Sustain	NECK,CHEST
Injured person in which vehicle?	SHC2582M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	DRIVER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SLF7161Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

		A - SHC 2582M
		B - SLF 7161Z
MARINA BOULEVARD		
		4 →
		3 →
	[B] [A]	2 →
		1 →

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer to Police Report T/20180711/2010

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: 11.07.18

Reporting Centre Personnel's Signature

Name:

Larry Ng

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180711/2010

Police Station Of Origin:
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/20180711/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2018 05:42		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: TEO KAIM HUI			Address: APT BLK 190 PASIR RIS STREET 12 #07-26 SINGAPORE 510190		
ID Type / ID No.: NRIC NO / S1703255J			Contact No.: Home/Office: Mobile: 91884201		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 04/09/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/07/2018 23:40	Type of Location: Straight Road
Location: Along Road 1 MARINA BOULEVARD ALONG MARINA BOULEVARD BEFORE STRAITS VIEW				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2582M	Car				Slightly Damaged	0
SLF7161Z	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20180711/2010

Police Station Of Origin:
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/20180711/2010

CONTINUATION OF REPORT

Driver				
Name	TEO KAIM HUI		ID No.	S1703255J
Related Vehicle	SHC2582M (Car)		Contact No.	91884201
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/07/2018		Date Discharge	11/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight	

Brief Details.

On 10/07/2018 at about 2240hrs, I was driving my taxi bearing the registration number SHC2582M along Marina Boulevard. I was driving on the second lane, as I wanted to turn right into Straits View. However, before reaching the traffic light at the junction of Marina Boulevard and Straits View, just after the yellow box on the second lane of Marina Boulevard, I stopped my taxi as traffic light had turned red and there were vehicles ahead. Shortly after, I felt an impact from the rear of my taxi. I then realised that a car bearing the registration number SLF7161Z had collided into my taxi. I immediately felt uncomfortable (numbness around my head and chest pain). I believed the driver behind had called for the ambulance, both TP and ambulance were at scene. The driver behind and I were conveyed to Singapore General Hospital after we hand over our vehicles to TP.

I was discharged on 11/07/2018 and was given 2 days MC. I received a call from the TP IO who informed me to lodge an accident report after I was discharged from the hospital.

I wish to inform that my taxi has an in-car camera and it was recording at that point of time. I do not have any passenger in my taxi at that point of time. I am unsure about the vehicle behind. The bumper on the rear of my taxi was dislodged, there were also dents and scratches at the rear middle. I am the relief of my taxi, I have also informed my hirer. I have yet to inform my company, Comfort Delgro on this accident.

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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: 11.07.18
163525

Reporting Centre Personnel's Signature
Name: Larry Ng
NRIC/FIN No.:

