

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	17/07/2018 11:05
Date Of Accident	16/07/2018 22:30
Exact Location Of Accident	BUKIT BATOK WEST AVE 3 X BUKIT BATOK WEST AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3331J
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	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	CHEW KENG HWEE
NRIC No	S1374587J
Date Of Birth	17/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1977
Driving Experience	41 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96178076
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 132 BEDOK NORTH STREET 2 #05-81
Postcode	460132
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 ON 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?	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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	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]	BEDOK NORTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180717/2011 / Type Of Accident : HEAD TO SIDE

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	SHD9839Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name AXA INSURANCE PTE LTD
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PASSENGER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SHD3331J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SHD3331J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SHD3331J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name CHEW KENG HWEE
Approximate Age 58
Injuries Sustain FELT PAIN ON CHEST
Injured person in which vehicle? SHD3331J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 5

Name UNKNOWN
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SHD3331J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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)**

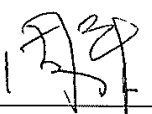
I understand, acknowledge, agree and consent that:

- (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.

UMFPORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303321R

Policyholder's Signature
Date & Time:

17/7/2018


Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/7/2018 @ 10:00Hrs


Loke Wei Yieng

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

Sketch Plan Pg. 2

SKETCH PLAN

As attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199203321R

Policyholder's Signature

Date & Time:

17/7/2018

Driver's Signature

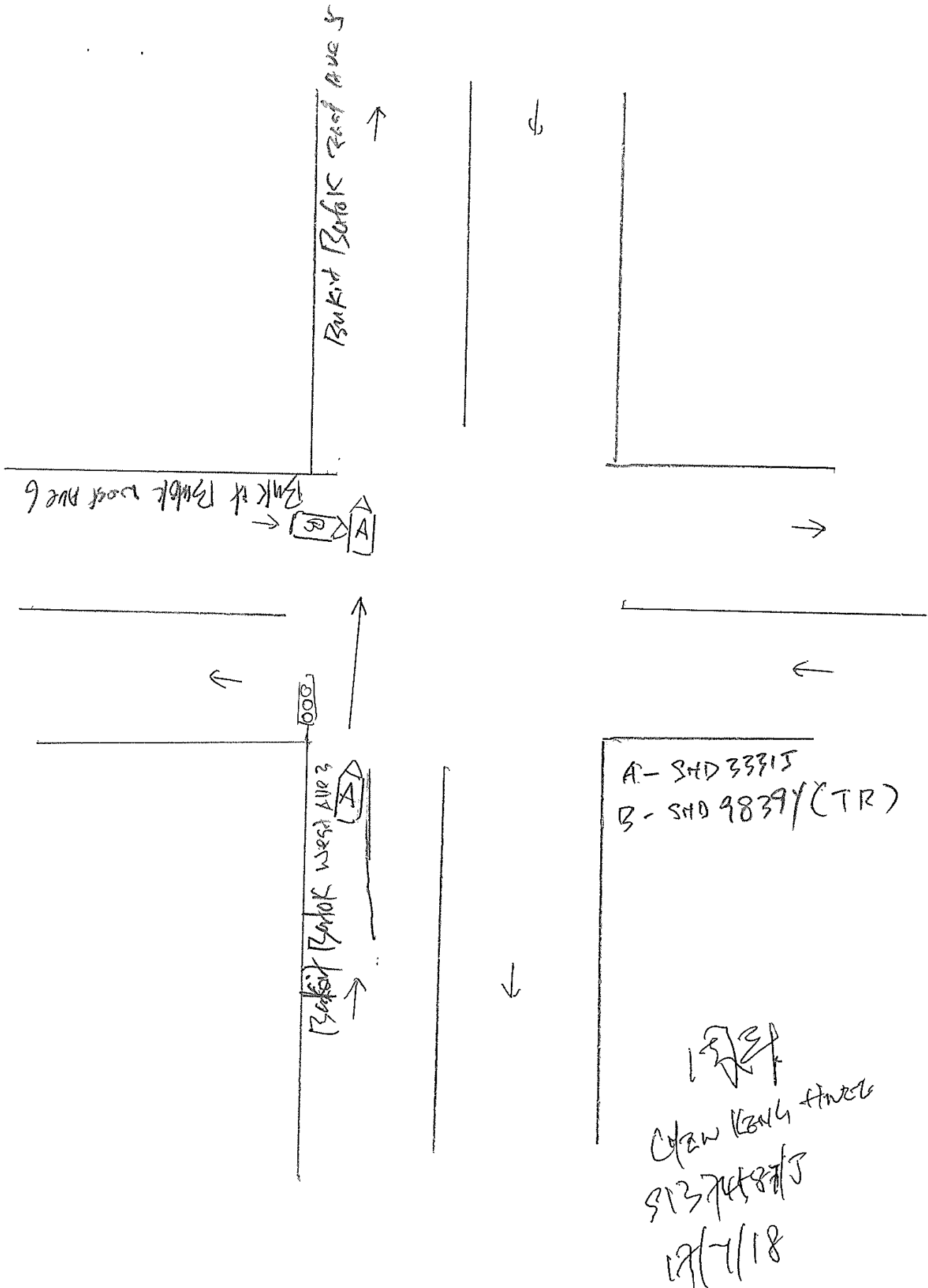
(If driver is not the policyholder)

Date & Time: 17/7/2018 @ 10:00Hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180717/2011

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20180717/2011 ✓

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 01:48		Vide Report No.: J/20180716/0232		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: CHEW KENG HWEE			Address: APT BLK 132 BEDOK NORTH STREET 2 #05-81 SINGAPORE 460132		
ID Type / ID No.: NRIC NO / S1374587J			Contact No.: Home/Office: Mobile: 96178076		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 17/11/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/07/2018 22:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BUKIT BATOK WEST AVENUE 3 BUKIT BATOK WEST AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SHD3331J	Car	HYUNDAI	I40	Blue	Seriously Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20180717/2011

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180717/2011

CONTINUATION OF REPORT

Driver			
Name	CHEW KENG HWEE	ID No.	S1374587J
Related Vehicle	SHD3331J (Car)	Contact No.	96178076
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/07/2018 at about 2230 hours, I was driving my Comfort Taxi bearing vehicle registration number SHD3331J along Bukit Batok West Ave 3 towards Bukit Batok East Ave 5. I had a passenger sitting at the front left passenger seat and two other passengers sitting at the rear passenger seat. I had stopped my vehicle at the junction of Bukit Batok West Ave 3 and Bukit Batok West Ave 6 as the traffic light was red. After the traffic light had turned green in my favor, I proceeded to drive forward. Out of a sudden, there was a strong impact on the left side of my vehicle. The impact was caused by a red Transcab taxi which was unable to stop in time. Despite the impact, my vehicle was still moving forward and I only managed to stop my vehicle about 5 meters away. As my passengers complained of pain, I called for ambulance and police.

Subsequently after ambulance had arrived, the three passenger from my vehicle were conveyed. I am unsure which hospital they were conveyed to. I would like to add that the passenger from the Transcab taxi was conveyed as well. There is an in car camera in my vehicle and I had handed over the memory card to Traffic Police.

I would like to state that I feel pain at my chest area but I have yet to seek medical attention. I would also like to state that I did not manage to take down the vehicle registration number of the Transcab taxi. I also did not manage to take down the particulars of the driver and the passengers involved.

I was then instructed to lodge a report under TP IO Shahrul Nizam (tel: 65476904)



**SINGAPORE
POLICE FORCE**



T/20180717/2011

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

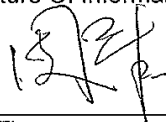
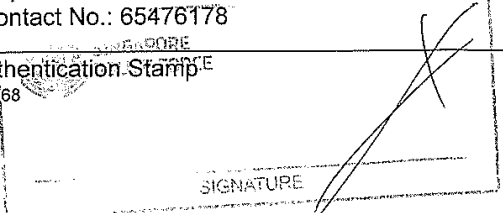
Report No. T/20180717/2011

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: G / Sgt 3 KHAIRI YAHYA BIN MOHD SANI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2018 01:48
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:
Authentication Stamp 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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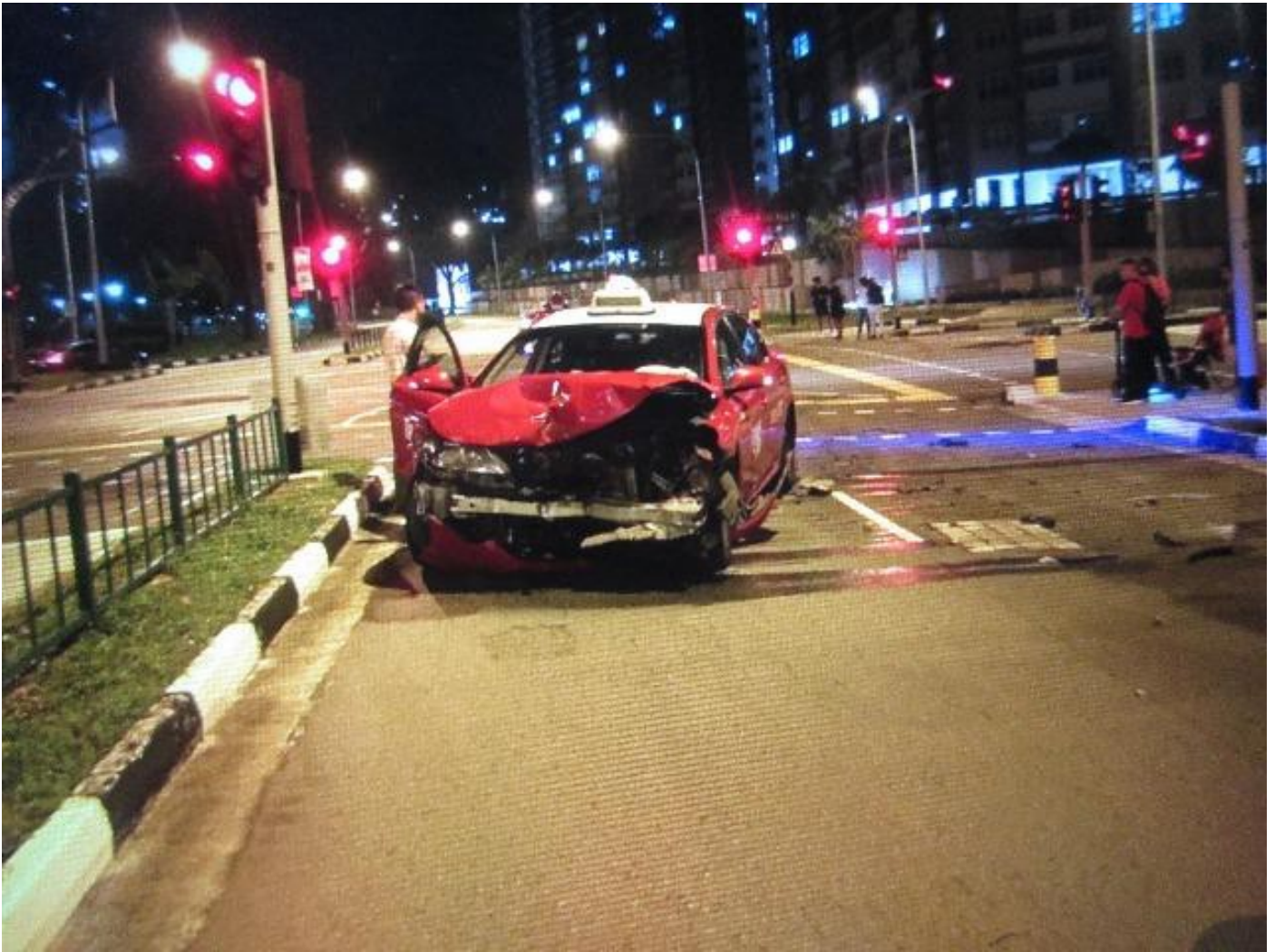
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