

## 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	18/07/2018 13:40
Date Of Accident	17/07/2018 15:30
Exact Location Of Accident	KAMPONG BAHRU ROAD (SLIP RD ) LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4752X
<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	PNG HUAT SENG
NRIC No	S1582396H
Date Of Birth	20/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1983
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90059397
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 732 TAMPINES STREET 71 #08-111
Postcode	520732
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?	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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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]	TOA PAYOH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20180718/2049

#### 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	SLE7405B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAJENDRAN NANDAKUMAR
NRIC/Passport Number	S8580599A
Contact Number	
Address	

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

REAR

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

PNG HUAT SENG

Approximate Age

54

Injuries Sustain

LOWER BACK, SHOULDER AND NECK PAIN. ON 5 DAYS MC.

Injured person in which vehicle?

SHD4752X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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6. The 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 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. 199303321R

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.:

18/7/18  
Jackson Hong  
COO



SKETCH PLAN

Refer to attach

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach T/20180718/2049

DECLARATION

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

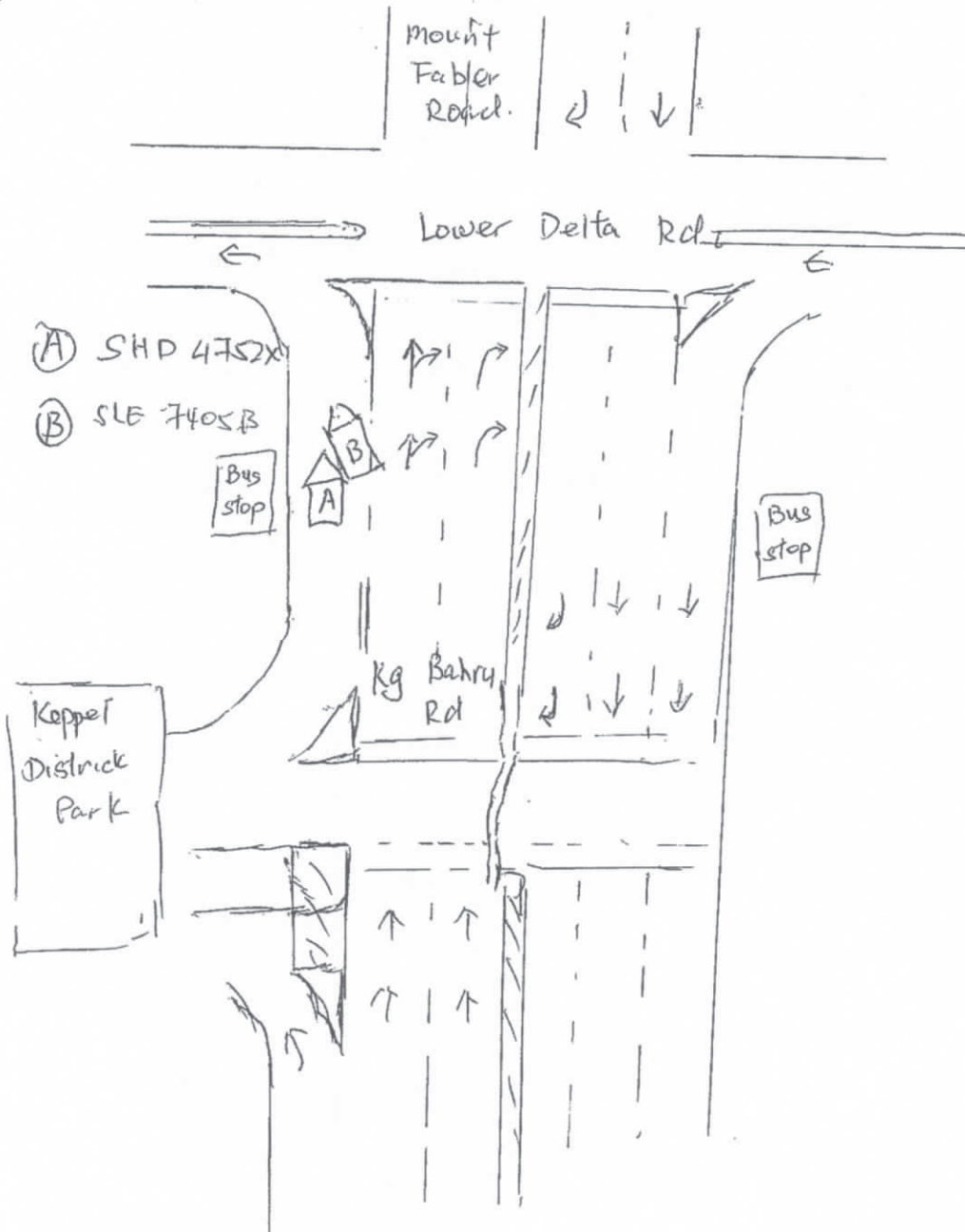
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 192303321R

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.:

18/7/18  
Jackson Hong  
CSO  
Jackson



10/10/2018, 10:00 AM, 10/10/2018, 10:00 AM, 10/10/2018, 10:00 AM



**SINGAPORE  
POLICE FORCE**



T/20180718/2049

1 of 4

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20180718/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2018 11:48		Vide Report No.:		Station Diary No.: 58	
<b>Informant's Particulars</b>					
Name of Informant: PNG HUAT SENG			Address: APT BLK 732 TAMPINES STREET 71 #08-111 SINGAPORE 520732		
ID Type / ID No.: NRIC NO / S1582396H			Contact No.: Home/Office: Mobile: 90059397		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 20/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/07/2018 15:30	Type of Location: Bend
Location: Along Road 1 KAMPONG BAHRU ROAD				
Along Kampong Bahru road, on the left filter lane toward Lower Delta Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4752X	Car				Slightly Damaged	2
SLE7405B	Car				Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180718/2049

Police Station Of Origin:

2 of 4

Toa Payoh N.P.C

Report No. T/20180718/2049

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

CONTINUATION OF REPORT

Tel No: 1800-2519999

<b>Driver</b>			
Name	PNG HUAT SENG		ID No. S1582396H
Related Vehicle	SHD4752X (Car)		Contact No. 90059397
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	18/07/2018	Date Discharge	18/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	PAJENDRAN NANDAKUMAR		ID No. S8580599A
Related Vehicle	SLE7405B (Car)		Contact No. 94232724
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/07/2018 at about 1530hrs, I was travelling along Kampong Bahru Road with my blue taxi reg no (SHD4752X) together with 2 of my passengers. When I pass-by the Keppel District Park, I had check my left mirror and affirmed that there was no vehicle and I made a left turn into the filter lane.

While I was moving on the filter lane, I checked on my right mirror and noticed that there was a black Toyota vehicle reg no (SLE7405B) moving at a high speed. The black Toyota wanted to cut in front of my vehicle. As I was approaching nearer to the left turn, I noticed there was insufficient space and I sounded honk at the vehicle. After I sounded the hunk, the vehicle still did not slow down or brake. I immediately step on my emergency brake. After I had applied the brake, the vehicle could not stop in time and collided with my front right bumper.

After the collision, I was black out for a moment. My passenger informed me that the other vehicle had switch driver. When I alighted from my vehicle, an Indian male subject was at my passenger door. He informed me that he was the driver of the said vehicle and threw his particulars at my vehicle. I told him that he was not the driver however he denied. I insisted on getting the female particulars however they refused. I then call for Traffic Police. I waited for about 20 minutes for the Traffic Police and my passenger informed me that they were in the rush as such I left the scene.

On 18/07/2018, when I woke up, I felt pain on neck, back and shoulder. I then proceed to Mount Alvernia Hospital to consult a doctor and subsequently given 5 days of medical certificate. I do have in-build camera in my vehicle and footage belongs to my company Comfort Delgo.

My passenger particulars:





**SINGAPORE  
POLICE FORCE**



T/20180718/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180718/2049

CONTINUATION OF REPORT

Name: Addy

Hp:97201975



**SINGAPORE  
POLICE FORCE**



T/20180718/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20180718/2049

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:  
E /  
Sgt 1 DARREN TAN YUANJIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No: 65476179

SN 168

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:  
18/07/2018 11:48

Classification Of Case:

65476179

