

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 11:20 |
| Date Of Accident | 17/07/2018 17:30 |
| Exact Location Of Accident | PIE TWDS EUNOS BEFORE EXIT 9 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHA7675G |
| 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 | REPORTING ONLY |
| 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 | SUHAIMI B ISMAIL |
| NRIC No | S1193741A |
| Date Of Birth | 27/10/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/10/1982 |
| Driving Experience | 35 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96372604 |
| Fax Number | |
| Contact Number | |
| EEmail Address | AZMIZA@SINGNET.COM.SG |

| | |
|---|--------------------------------------|
| Address | BLK 106 BEDOK RESERVOIR ROAD #07-380 |
| Postcode | 470106 |
| 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) | 3 |
| Passenger 1 | NAME: : - GENDER: : FEMALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |

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/20180717/2149

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 | SLC6083M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NORLI BIN ISMAIL |
| NRIC/Passport Number | S1413219H |
| Contact Number | |
| Address | |

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKOWN

Approximate Age

Injuries Sustain KNEES

Injured person in which vehicle? SHA7675G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain KNEES

Injured person in which vehicle? SHA7675G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

IMPORTANT NOTICE

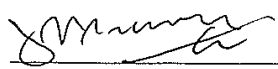
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

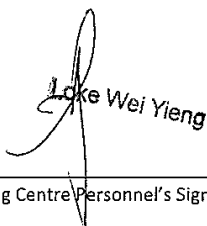
I understand, acknowledge, agree and consent that:

- (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. 199203321R

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.:

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T|20180717|2149.

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:

GIARMC SketchPlanForm_V3

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

Loke Wei Yeng

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



**SINGAPORE
POLICE FORCE**



T/20180717/2149

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/20180717/2149

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made: 17/07/2018 18:33 | | Vide Report No.: | | Station Diary No.: 95 | |
| Informant's Particulars | | | | | |
| Name of Informant: SUHAIMI BIN ISMAIL | | | Address: APT BLK 106 BEDOK RESERVOIR ROAD #07-380 SINGAPORE 470106 | | |
| ID Type / ID No.: NRIC NO / S1193741A | | | Contact No.: Home/Office: Mobile: 96372604 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 62 | Date of Birth: 27/10/1955 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|---|------------------|------------------------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 17/07/2018 17:30 | Type of Location: Straight Road |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY towards Eunos before Exit 9 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SHA7675G | Car | HYUNDAI | i40 | Blue | Slightly Damaged | 2 |
| SLC6083M | Car | MITSUBISHI | | Black | Slightly Damaged | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20180717/2149

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/20180717/2149

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|------------------|---|
| Driver | | | |
| Name | SUHAIMI BIN ISMAIL | | ID No. S1193741A |
| Related Vehicle | SHA7675G (Car) | | Contact No. 96372604 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | NORLI BIN ISMAIL | | ID No. S1413219H |
| Related Vehicle | SLC6083M (Car) | | Contact No. 90694122 |
| 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 1730hrs, I was driving my blue coloured ComfortDelgro Hyundai i40 taxi (bearing registration number SHA7675G) along Pan Island Expressway (PIE) on the first lane, when a black coloured Mitsubishi vehicle (bearing registration number SLC6083M) which was driving in front of me, suddenly applied the brakes. I was unable to react in time, and as such, collided into the rear of the said vehicle. Due to the collision, my front bumper of my vehicle was greatly dented in, my bonnet was bent upwards. There were also slight cracks on the front right headlight of my vehicle. The other vehicle had a slight dent in the rear bumper.

I wish to state that I had two passengers in my taxi. Both informed that they sustained bruises on their knees, however, when I offered them to proceed to seek for medical assistance, they rejected. They both then informed that they shall proceed to seek for medical treatment the next day should they need any medical assistance. Since my taxi was still able to be driven, I then sent them back home. I wish to state that I am not injured.



**SINGAPORE
POLICE FORCE**



T/20180717/2149

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/20180717/2149

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 2 MUHAMMAD NAQIB BIN ABDUL RAZAK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/07/2018 18:33

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Classification Of Case:

Authentication Stamp
NP168 SINGAPORE
POLICE FORCE

SIGNATURE

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

