

## 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	25/07/2018 08:33
Date Of Accident	24/07/2018 10:15
Exact Location Of Accident	EAST COAST EXPRESSWAY.
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8275K
<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	MOHAMED KHIR ISHAK
NRIC No	S6923903Z
Date Of Birth	19/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2005
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96451507
Fax Number	
Contact Number	
EMail Address	MOHAMED.KHIR@YMAIL.COM

Address	BLK 102 RIVERVALE WALK #06-64
Postcode	540102
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	CHAIN 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	3
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOULMEIN NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 101 JALAN RAJAH , <b>POSTCODE:</b> 320101 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2508999 - <b>FAX NO:</b> 63554312
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20180724/2065

#### 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	SKU569K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LENY WIDJAJA
NRIC/Passport Number	S7778410A
Contact Number	91390571
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT AND REAR

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGC9345H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG YAO
NRIC/Passport Number	S7508993G
Contact Number	98525502
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOHAMED KHIR ISHAK
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SHC8275K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# **IMPORTANT NOTICE**

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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. 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. 199303821R

24/7/18  
Jackson Heng  
CSO

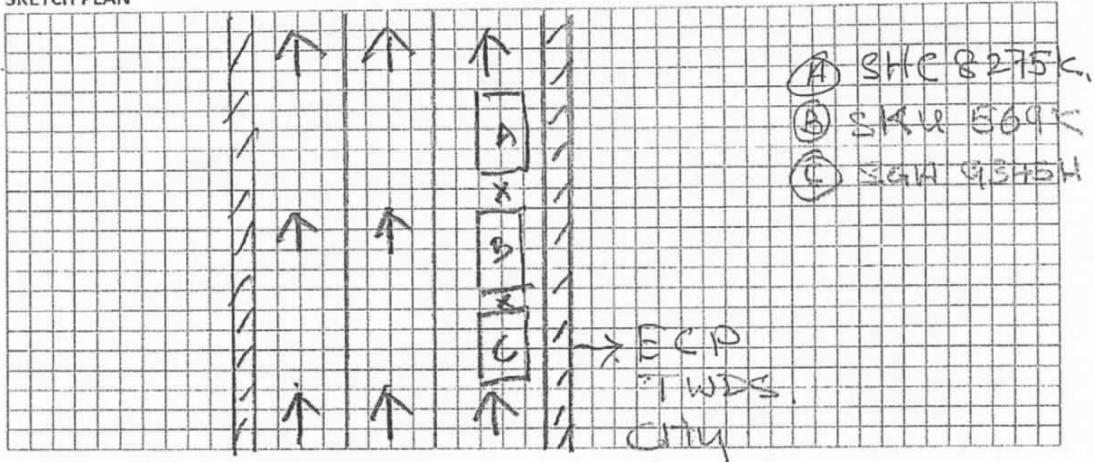
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer: Police Report attach T/20180724/2065

## 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:  
NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

29/8/18  
Jackson Hong  
COO JACKSON



**SINGAPORE  
POLICE FORCE**



T/20180724/2065

1 of 4

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

Report No. T/20180724/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/07/2018 13:07	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars			
Name of Informant: MOHAMED KHIR BIN ISHAK		Address: APT BLK 102 RIVERVALE WALK #06-64 SINGAPORE 540102	
ID Type / ID No.: NRIC NO / S6923903Z		Contact No.: Home/Office: Mobile: 96451507	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 19/06/1969	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2018 10:15	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY On ECP 9KM before Marine Parade Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGA9345H	Car				Seriously Damaged	1
SHC8275K	Car				Slightly Damaged	0
SKU569K	Car				Slightly Damaged	0



**SINGAPORE  
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T/20180724/2065

2 of 4

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

Report No. T/20180724/2065

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHENG YAO	ID No.	S7508993G
Related Vehicle	SGA9345H (Car)	Contact No.	98525502
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
Driver			
Name	MOHAMED KHIR BIN ISHAK	ID No.	S6923903Z
Related Vehicle	SHC8275K (Car)	Contact No.	96451507
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	LENY WIDJAJA	ID No.	S7778410A
Related Vehicle	SKU569K (Car)	Contact No.	91390571
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.**

I am a taxi driver and on 24/07/2018 at about 1015hrs, I was travelling alone along ECP in the first lane at about 80-90KM/H. There were a lot of vehicles at that time and the sky was clear. There was a white Mercedes taxi in front of me and he suddenly braked the vehicle hard. In my reaction, I hit my brakes hard too and managed to avoid a collision with the taxi in front of me.

Just then, I felt an impact from the rear and realised that a black Toyota Harrier had collided into the rear of my taxi. Then, I felt another impact again from the rear as a gold Toyota Altis had collided into the Harrier which made it move forward again to hit my vehicle once more.



**SINGAPORE  
POLICE FORCE**



T/20180724/2065

Police Station Of Origin:  
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Report No. T/20180724/2065

**CONTINUATION OF REPORT**

I came down of my vehicle to check for the damages. The white Mercedes taxi driver stopped his vehicle, an old Chinese uncle, came down and said to me "Bo Bian" before he got into his taxi and left. I was unable to obtain his particulars and I cannot recall his vehicle number as of now. I have to view the dashcam footages on Comfort Delgro's side first.

I checked for my taxi's damages and realised that the boot had been dented. I exchanged particulars with the Harrier and Altis driver before we left the scene. No Police or Ambulance came. I immediately went to A Life Clinic Pte Ltd (10 Sinaran Dr #09-21) to see a doctor as I felt bodily pain from the impact. I got 5 days Medical Leave from the doctor.

090 112	SINGAPORE POLICE FORCE
SIGNATURE	





**SINGAPORE  
POLICE FORCE**



T/20180724/2065

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

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Report No. T/20180724/2065

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 2 NG WILSON

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/07/2018 13:07

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SN-080

SIGNATURE