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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/07/2018 11:34
Date Of Accident	21/07/2018 00:05
Exact Location Of Accident	OPEN SPACE CAR PARK OUTSIDE BLK 104 JALAN RAJAH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHA7653U
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	140
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	NG TOK KIM

Name of DriverNG TOK KIMNRIC NoS0234452ADate Of Birth13/01/1950OccupationOUTDOORDate Of Driving Pass19/02/1969

Driving Experience 49 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98202081

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 697 HOUGANG STREET 61 #08-38

Postcode 530697

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?

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] TRAFFIC POLICE DIVISION HQ

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20180722/2011 & F/20180722/2086

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

ei Yieng

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

grades Orio Aug 7

SKETCH PLAN Unknown Unteroun DESCRIBE CIRCUMSTANCES OF THE ACCIDENT attached 2087 2011 DECLARATION I/We declare the foregoing particulars are true in every respect. ke Wei Yieng COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303321R X Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature Date & Time: (If driver is not the policyholder) Name: NRIC/FIN No.: Date & Time:

GIARMC SketchPlanForm_V3





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 1 of 3 Report No. T/20180722/2011

Tel No: 65470000

DEDODT	OF.	^	TDACEIC	ACCIDENT
REPURI	UF A	Α	IRAFFIC	ACCIDENT

Date/Time Report Made: 22/07/2018 03:50		ade:	Vide Report No.:		Station Diary No.:		
Informant'	s Particu	ars					
Name of In	formant:		Address:	Address:			
ng tok kim			APT BLK 697 HOUGANG ST 61 #08-38 HDB-HOUGANG				
			SINGAPORE 530697				
ID Type / II	D No.:		Contact No.:				
NRIC NO / S0234452A			Home/Office: Mobile: 98202081				
Nationality:			Email:				
SINGAPORE CITIZEN		:N					
Sex:	Age:	Date of Birth:	Type of Informant:				
Male 68 13/01/1950		13/01/1950	Driver				
Race:			Language:	Institution	School Name:		
Chinese							
Occupation:			Driving Licence Information:				
Taxi driver			Class: 2B,2A,2,3 Date of Expiry:		piry:		
Chinese Occupation:		A			·		

General Inforn	nation of the Accider	ıt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/07/2018 00:00	Type of Location: Straight Road
Location: Along Road 1 WHAMPOA R	OAD			
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision Front Right Side		4	a	Anyone conveyed by ambulance:

Details of V	ehicle Invol	ved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA7653U	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR		Slightly Damaged	0

Sketch Plan Pg. 4



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865



2 of 3

Report No. T/20180722/2011

CONTINUATION OF REPORT

Brief Details.

Tel No: 65470000

on the above mention date time and location

I alighted my passenger at the designated location. However, the passenger who was an Indian, doesn't want to pay the taxi fares. So at first I wanted him to pay up the fees. I believe he doesn't have enough cash on hand at the moment, he also tried to use his card but it was all decline. I believe he is drunk and incapable of handling himself. So I decided to forfeit the fees and just drive off. However, his behavior suggest otherwise, he tried to prevent me from closing the door. Making a nuisance at the scene, claiming he will call his friend to come and pay up. However I believe he doesn't have the intention to pay up in the first place. I felt threaten by his incorrigible behavior and thus I wanted to just leave the scene and forget about the money. Once I manage to close the door and start driving, he suddenly move to the middle of the road right in front of me. In order not to knock onto him, I swerve to the right and I knock onto some object. At that moment, I thought I knock onto a dustbin therefore I left the scene as I felt my life is being endangered by the Indian man. After which I went to do a wash up of the vehicle as I was about to hand it over to the next shift. Only then I realize the headlight cover was damaged. It's worth to note that at that moment of time, I didn't notice it was a motorcycle that I knock onto, rather I presume it to be a dustbin as the area was quite dark as well. I wanted to make a police report at a nearby station but before I could do that, I was being summoned to traffic police to assist in this supposedly hit and run issue.

Sketch Plan Pg. 5





Report No. T/20180722/2011

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

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.

TP /	The Report:	Signature Of Informant:	•
NG JIN SHENG		3	
Signature Of Interpreter:		Date/Time:	
Not applicable		22/07/2018 03:50	
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE		Classification Of Case:	
Contact No.: 65476079	119 20		
Authentication Stamp NP168	97 10 20 20 20 20 20	OLICE FORCE	
	γ		
	Signature:		





1 of 2

Report No. F/20180722/2086

POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made	Vide Report No.		Station Diary No.			
22/07/2018 17:08	T/20180	T/20180722/2011		67		
Name Of Informant	Address					
NG TOK KIM	APT BL	APT BLK 697 HOUGANG STREET 6		1 #08-38		
	SINGAF	SINGAPORE 530697				
ID Type / ID No.	Contact	No.				
NRIC NO / S0234452A Home/Office		Office	Mobile			
			98202081			
Nationality	Email Address					
SINGAPORE CITIZEN						
Occupation	Sex	Age	Date of Birth	Race		
Taxi driver	Male	68	13/01/1950	Chinese		
Institution/School Name	Languag	Language				
WWW.6V.F	Chinese					
Date/Time Of Incident	Location	Location Of Incident				
21/07/2018 18:00	JALAN RAJAH SINGAPORE					
•	NEAR TO BLK 104					

Brief details.

On 21/07/2018 at about 2355hrs, I picked up a Male Indian Passenger from Whampoa Road and thereafter, alighted my passenger at the incident location. Upon arrival, the said subject does not seems to have enough cash on hand at the moment as he tried to use his card but it was all decline. Said subject was also drunk and incapable of handling himself as such. I decided to forfeit the fees and wanted to drive off.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Staff Sgt TAN YEOW CHONG	3
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2018 17:08
Officer In-Charge Of Case: F / Hougang N.P.C / SI MUHAMMAD HELMI BIN MOHD KHALID Contact No.: 64890999	Classification Of Case:

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. F/20180722/2086

However, he started causing a nuisance at the scene, claiming he will call his friend to come and pay up. However I believe he doesn't have the intention to pay up in the first place. Due to his incorrigible behavior, I wanted to just leave the scene and forget about the money. Hence, once I manage to close the door and start driving, he suddenly move to the middle of the road right in front of me. In order not to knock onto him, I swerve to the right and I knock onto some object which I could not determine as the area was quite dark. At that moment, I thought that I had knocked onto a dustbin therefore I left the scene as I felt my life is being endangered by the Indian man.

After which I went to do a wash up of the vehicle as I was about to hand it over to the next shift. Only then I realize the headlight cover was damaged. Not long later, I was called up by the Traffic Police to make a Traffic Accident Report and I was advised to make a Police Report as well.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Staff Sgt TAN YEOW CHONG	3
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2018 17:08
Officer In-Charge Of Case: F / Hougang N.P.C / SI MUHAMMAD HELMI BIN MOHD KHALID Contact No.: 64890999	Classification Of Case:























