

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 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	12/12/2016 11:55
Date Of Accident	10/12/2016 14:00
Exact Location Of Accident	KPE (ECP) @ 9.2. KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6611E
-----------------------------	---------

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	MERCEDES-BENZ
Model	E220

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	MCOM0016
Cover Note Number	

Driver

Name of Driver	LIU GOONG HUI
NRIC No	S7203342F
Date Of Birth	03/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1993
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE

Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	AHGONG21@HOTMAIL.SG
Address	260A SENGKANG EAST WAY # 09-492
Postcode	S541260
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- CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS SEE ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW4603H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	Tokio Marine Insurance Singapore Ltd

Nature Of Damage FRT

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKA2464X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGT819S

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage FRT & RERAR

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLA5794L

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name LIU GOONG HUI
Approximate Age 44
Injuries Sustain NECK
Injured person in which vehicle? SH6611E
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? NO
Address 260A SENGKANG EAST WAY # 09-492
Postcode S541260

DETAILS OF INJURED PERSON 2

Name FEMALE DRIVER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SKA2464X
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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 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.
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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

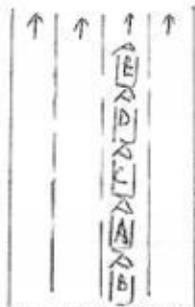
LISA DIONG

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time: 11/12/16 @ 10:45 Hrs

Witnessed by Reporting Centre Personnel

Sketch Plan



Along KPE (ECP) at 9.2Km

- A-SH 6611E
- B-SKW 4603H
- C-SKA 2464X
- D-SGT 819S
- E-SLA 5794L



**SINGAPORE
POLICE FORCE**



T/20161210/2138

1 of 3

Report No. T/20161210/2138

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2016 19:50	Vide Report No.: F/20161210/0189	Station Diary No.: 94
--------------------------------------------	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LIU GOONG HUI			Address: APT BLK 260A SENGKANG EAST WAY #09-492 SINGAPORE 541260		
ID Type / ID No.: NRIC NO / S7203342F			Contact No.: Home/Office: Mobile: 90235127		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 03/02/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2016 14:00	Type of Location: Straight Road
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY EAST COAST EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain accident				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT819S	Car				Seriously Damaged	0
SH6611E	Car				Seriously Damaged	0
SKA2464X	Car				Seriously Damaged	0
SKW4603H	Car				Seriously Damaged	0
SLA5794L	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20161210/2138

2 of 3

Report No. T/20161210/2138

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIU GOONG HUI	ID No.	S7203342F
Related Vehicle	SH6611E (Car)	Contact No.	90235127
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 the 10/12/2016 at about 1400hrs, I was driving my taxi travelling along KPE towards ECP (9.2KM) at the second lane of the said expressway. The weather was fine and the road condition was dry. Suddenly while I was driving at a moderate speed of about 60km/hr, the front car suddenly made an emergency break. As such, I follow suit to make the emergency break as well however I did not manage to stop on time and collided on the rear part of the said car in front. At that point of time I was at the state of shock and only realized after some time that there was a car on my rear collided on me too.

Minutes later, after recovering from the shock, I manage to get out from my car and learn that it was a chain accident involving 5 vehicle including mine. AETOS traffic marshall was also at scene to mend the traffic flow. Minutes later traffic police was at scene to record a short statement from me. Ambulance was also at scene however they did not check on me. I would like to add there was two ambulance however from what I can see, only one ambulance convey a victim to the hospital. My vehicle was then towed away by "EMAS" to Tai Seng Ave and my friend came to fetch me back home. I felt a pain on my neck area as such, upon fetching me, I immediately went for check up at the clinic at serangoon north and received two days MC for my aching neck.

The traffic police advised me to make a report on regards of the accident and informed that my TP IO in-charge is Yazid, Tel: 65472705



**SINGAPORE
POLICE FORCE**



T/20161210/2138

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3
Report No. T/20161210/2138

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:
F /
Staff Sgt MUHAMMAD FADHLULLAH BIN SHARIFFUDIN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
10/12/2016 19:50

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED YAZID BIN MOHAMED YUSOFF

Contact No: 65472075

SN 085

Authentication Stamp

Signature:



Singapore Police Force

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

