## 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.

Date Of Accident 28/09/2018 15:30 EXECUTED ACCIDENT OF ACCIDENT SINGAPORE  DETAILS OF OWN VEHICLE  //Phicle Registration Number SHC2423P //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Category SHC2423P //Phicle Category TAXI //Phicle Category SHC2423P //Phicle Category SHC242	profesald,	ACCIDENT STATEMENT
Date Of Accident 28/09/2018 15:30 EXECUTED ACCIDENT OF ACCIDENT SINGAPORE  DETAILS OF OWN VEHICLE  //Phicle Registration Number SHC2423P //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Particulars //Phicle Category SHC2423P //Phicle Category TAXI //Phicle Category SHC2423P //Phicle Category SHC242	Date Of Report	29/09/2018 11:08
Details of own Vehicle    Part   Part	Date Of Accident	28/09/2018 15:30
DETAILS OF OWN VEHICLE  //ehicle Registration Number SHC2423P  //shicle Registration Number SHC2423P  Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  Coo Reg No 199303821R  Email Address FLEETSAFETY@CDGTAXI.COM.SG  Mobile Phone No  Alternative Phone No OFFICE-65508768  // Wehicle Particulars  Manufacturer HYUNDAI  Model SONATA  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?  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 Wumber MCOM0015  Cover Note Number  Driver  Name of Driver A KARIM BIN ABDULLAH  NRIC No S2163627D  Date Of Birth 16/08/1956  Occupation OUTDOOR  Date Of Driving Pass 12/02/1982  Driving Experience 39 YEARS AND 7 MONTHS  Mabile Number  Contact Number	Exact Location Of Accident	BEDOK SOUTH AVE 1 TOWARDS BEDOK CENTRAL JUNCTION
Insured/Policyholder Name Of Registered Owner CoReg No Email Address FLEETSAFETY@CDGTAXI.COM.SG Mobile Phone No Alternative Phone No OFFICE-65508768  Wehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Unique of Insurance Company Name of Driver Name of	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner Co Reg No 199303821R FLEETSAFETY@CDGTAXI.COM.SG Mobile Phone No Nobile Phone No Alternative Phone No OFFICE-65508768  Wehicle Particulars Manufacturer Model Model SonATA 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? If No, Please state action to be taken THIRD PARTY Vehicle Category TAXI Insurance Company Name of Driver Fleet Policy Policy Number Cover Note Number Driver Name of N	C	DETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No 199303821R Email Address FLEETSAFETY@CDGTAXI.COM.SG  Wobile Phone No Alternative Phone No Vehicle Particulars  Manufacturer Model Sonata Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category Name of Insurance Company Name of Insurance Company Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy Policy Number Cover Note Number  Diver Name of Driver Name of Driver Name of Driver Name of Driving Pass 1/20/2/1982 Driving Experience Gender Mobile Number  Mobile Number Contact Number C	Vehicle Registration Number	SHC2423P
Co Reg No 199303821R Email Address FLEETSAFETY@CDGTAXI.COM.SG  Mobile Phone No OFFICE-65508768  Wehicle Particulars  Wanufacturer HYUNDAI SONATA  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  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 A KARIM BIN ABDULLAH NRIC No S2163627D Date Of Birth 16/08/1956 Occupation OUTDOOR Date Of Driving Pass 12/02/1982 Driving Experience 36 YEARS AND 7 MONTHS Gender MALE Mobile Number  Contact Number  Contact Number  Contact Number	Insured/Policyholder	
Email Address Mobile Phone No Alternative Phone No Alternative Phone No OFFICE-65508768  Wehicle Particulars  Wanufacturer Model SonATA  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy or repair to your vehicle?  If No, Please state action to be taken Wehicle Category TaXI  Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company New of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES MCOM0015  Cover Note Number  Driver Name of Driver A KARIM BIN ABDULLAH NRIC No S2163627D Date Of Birth 16/08/1956 Occupation OutDoor Date Of Driving Pass 12/02/1982 Driving Experience Gender MALE Mobile Number Contact Number Contact Number Contact Number	Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Mobile Phone No Alternative Phone No OFFICE-65508768  Wehicle Particulars Manufacturer Model SONATA  Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Wehicle Category TAXI  Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company New Hind Dearty Fire And/OR THEFT Fleet Policy Policy Number Cover Note Number  Driver Name of Driver NAME of Drivier NAME	Co Reg No	199303821R
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Wehicle Particulars  Manufacturer Model SONATA  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?  If No, Please state action to be taken Whicle Category TAXI  Insurance Company Name of Insurance Company Name of Insurance Company Neme of Insurance Company Nound Insurance PTE LTD THIRD PARTY FIRE AND/OR THEFT THIRD PARTY FIRE AND/OR THEFT  Priver Neme of Driver Name of Driver A KARIM BIN ABDULLAH NRIC No S2163627D Date Of Birth Occupation Outdoor Date Of Driving Pass 12/02/1982 Driving Experience 36 YEARS AND 7 MONTHS Gender MALE Mobile Number Contact Number Contact Number	Mobile Phone No	
Manufacturer Model 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?  If No, Please state action to be taken If No Party Insurance Company Insurance Company Insurance Company Insurance Company Insurance Company Insurance PTE LTD Insurance PTE LT	Alternative Phone No	OFFICE-65508768
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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 Name of Driver NRIC No S2163627D Date Of Birth 16/08/1956 Occupation Outdoor Date Of Driving Pass 12/02/1982 Driving Experience Gender MALE Mobile Number Contact Number Contact Number	If No, Please state action to be taken	THIRD PARTY
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Fleet Policy Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  Name of Birth NRIC No S2163627D Date Of Birth 16/08/1956 Occupation Outdoor Date Of Driving Pass 12/02/1982 Driving Experience 36 YEARS AND 7 MONTHS Gender MALE Mobile Number Contact Number	Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
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Driver  Name of Driver  Name of Driver  Name of Driver  A KARIM BIN ABDULLAH  NRIC No  S2163627D  Date Of Birth  16/08/1956  Occupation  Outdoor  Date Of Driving Pass  12/02/1982  Driving Experience  36 YEARS AND 7 MONTHS  Gender  MALE  Mobile Number  (LOCAL) +65-96734418  Fax Number  Contact Number	Fleet Policy	YES
Name of Driver  Name of Driver  A KARIM BIN ABDULLAH  NRIC No  S2163627D  Date Of Birth  16/08/1956  Occupation  Outdoor  Date Of Driving Pass  12/02/1982  Driving Experience  36 YEARS AND 7 MONTHS  Gender  MALE  Mobile Number  (LOCAL) +65-96734418  Fax Number  Contact Number	Policy Number	MCOM0015
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NRIC No         \$2163627D           Date Of Birth         16/08/1956           Occupation         OUTDOOR           Date Of Driving Pass         12/02/1982           Driving Experience         36 YEARS AND 7 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96734418           Fax Number           Contact Number	Driver	
Date Of Birth  Occupation  OUTDOOR  Date Of Driving Pass  12/02/1982  Driving Experience  36 YEARS AND 7 MONTHS  MALE  Mobile Number  (LOCAL) +65-96734418  Fax Number  Contact Number	Name of Driver	A KARIM BIN ABDULLAH
Occupation OUTDOOR  Date Of Driving Pass 12/02/1982  Driving Experience 36 YEARS AND 7 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-96734418  Fax Number  Contact Number	NRIC No	S2163627D
Date Of Driving Pass         12/02/1982           Driving Experience         36 YEARS AND 7 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-96734418           Fax Number         Contact Number	Date Of Birth	16/08/1956
Driving Experience 36 YEARS AND 7 MONTHS  Gender MALE  Mobile Number (LOCAL) +65-96734418  Fax Number  Contact Number	Occupation	OUTDOOR
Gender MALE  Mobile Number (LOCAL) +65-96734418  Fax Number  Contact Number	Date Of Driving Pass	12/02/1982
Mobile Number (LOCAL) +65-96734418  Fax Number  Contact Number	Driving Experience	36 YEARS AND 7 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-96734418
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 416 BEDOK NORTH AVENUE 2 #09-19

Postcode 460416

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

OTHER - TAXI DRIVER

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? NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

1

Number of Passengers (Including Driver)

**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/20180928/2168

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

SLN3380S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

EQ INSURANCE COMPANY LTD

Nature Of Damage

NOT SURE

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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 aforesald.
- 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:
  - 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.

COMFCRT 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 .:

GIARMC SketchPlanForm\_V3

Dec. 1

# Sketch Plan Pg. 2

SKETCH PLAN	
A SHC 2423P	
6-61 8-805	
( hervore-)	
Back Back	
	964
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Kindlyreter police report	(377/20140G29/21B
KINDLINGUETER POLICE LE BOLT	1 /201009/28/210
•	
	•

DECLARATION

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

COMEGRET TRANSPORTATION PTE LTD CO. REG. NO. 192202321R

Policyholder's Signature Date & Time:

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

Name: NRIC/FIN No .:

Reporting Centre Personnel's Signature

GIARMC SketchPlanForm\_V3





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/20180928/2168

Date/Time Report Made: 28/09/2018 19:46			Vide Report No.:	Station Diary No. 76		
Informant	t's Particu	ılars		是於諸語學是一個學學學		
Name of I		JLLAH	Address: APT BLK 416 BEDOK NORTH AVENUE 2 #09-19 SINGAPORE 460416			
ID Type / ID No.: NRIC NO / S2163627D			Contact No.: Home/Office: Mobile: 96734418			
Nationality SINGAPO		EN	Email:			
Sex: Male	Age: 62	Date of Birth: 16/08/1956	Type of Informant: Driver			
Race: Malay		Language: Institution / School Name English				
Occupation: Taxi driver			Driving Licence Informa Class: 3	tion: Date of Expiry:		

Type of Accident:  Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 28/09/2018 16:00	Type of Location: Straight Road	
Location: Along Road 1 BEDOK SOU Along Bedok		Bedok Central			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
		Traffic Control: Traffic Light - W	orking	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved	Main applicate vertail			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC2423P	Car				Slightly Damaged	0

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





2 of 3

Report No. T/20180928/2168

Cement Corre

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999 CONTINUATION OF REPORT

Driver				ALTO CANADA		and the second s
Name	A KARIM BIN ABDULLAH		ID No		S2163627D	
Related Vehicle	SHC2423P (Car)			Conta	ct No.	96734418
Hospital/Clinic	NIL			Class Drivin Licen- Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL			Degree o	f Injury	NIL	

Brief Details.

On the 28/9/18 at around 4pm, I was travelling along Bedok South Road towards Bedok Central. I am the 2nd car (Comfort blue taxi, reg no: SHC 2423 P) at the left lane going straight. As I was moving off after the light turn green, one white car which was initially on the right lane behind one-SBS-bus, cut into my lane. In result, the front portion of his car collided into the front right portion of my bumper. However, the said car did not stop and he just drove off despite me horning him. I am not injured. There was no passenger in my taxi at the point of collision. I didn't managed to get the other car registration number. That is all.

## Sketch Plan Pg. 5





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/20180928/2168

CONTINUATION OF REPORT

## Sketch Plan

NP168

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 / Sr Staff Sgt NORASHIKIN BINTI MOHAMED SALLEH	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2018 19:46	*12'
Officer In Charge Of Case: TP / HRT /	Classification Of Case:	
Sr Staff Sgt TAN JEOK LENG Contact No. 65476144	2	
Authentication Stamp		