

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	06/12/2015 09:13
Date Of Accident	05/12/2015 01:00
Exact Location Of Accident	JUNCTION OF LENTOR AVE X YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3295K
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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	SONATA-2.0 (A)
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	MCOM0016
Cover Note Number	

Driver

Name of Driver	NG QUEE HOCK STEVEN
NRIC No	S1309935I
Date Of Birth	25/06/1958
Occupation	Outdoor
Date Of Driving Pass	08/03/1977
Driving Experience	38 Years And 8 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	STEVEN.NG.1958@GMAIL.COM

Address	714 CLEMENTI WEST STREET 2 #04-157
Postcode	S120714
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
Was there any video captured by Car Camera?	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	Clementi N.p.c
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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 AND REFER POLICE REPORT : T/20151205/2026.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR8926B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBN101U
Vehicle Make/Model/Colour	
Details Of Properties	

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRONT
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 7

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage NOT SURE
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 8

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address

Postcode

Insurance Company Name

Nature Of Damage NOT SURE

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name RIDER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? UNKNOWN

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PILLION

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? UNKNOWN

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

SKETCH PLANIMPORTANT NOTICE

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

黃貴石

S Rama Moorthy

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

12:10 p.m.

Refer attachment in
Blue Report T/2015/205/2026

Describe Circumstances of the Accident


[illegible]

Declaration

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

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

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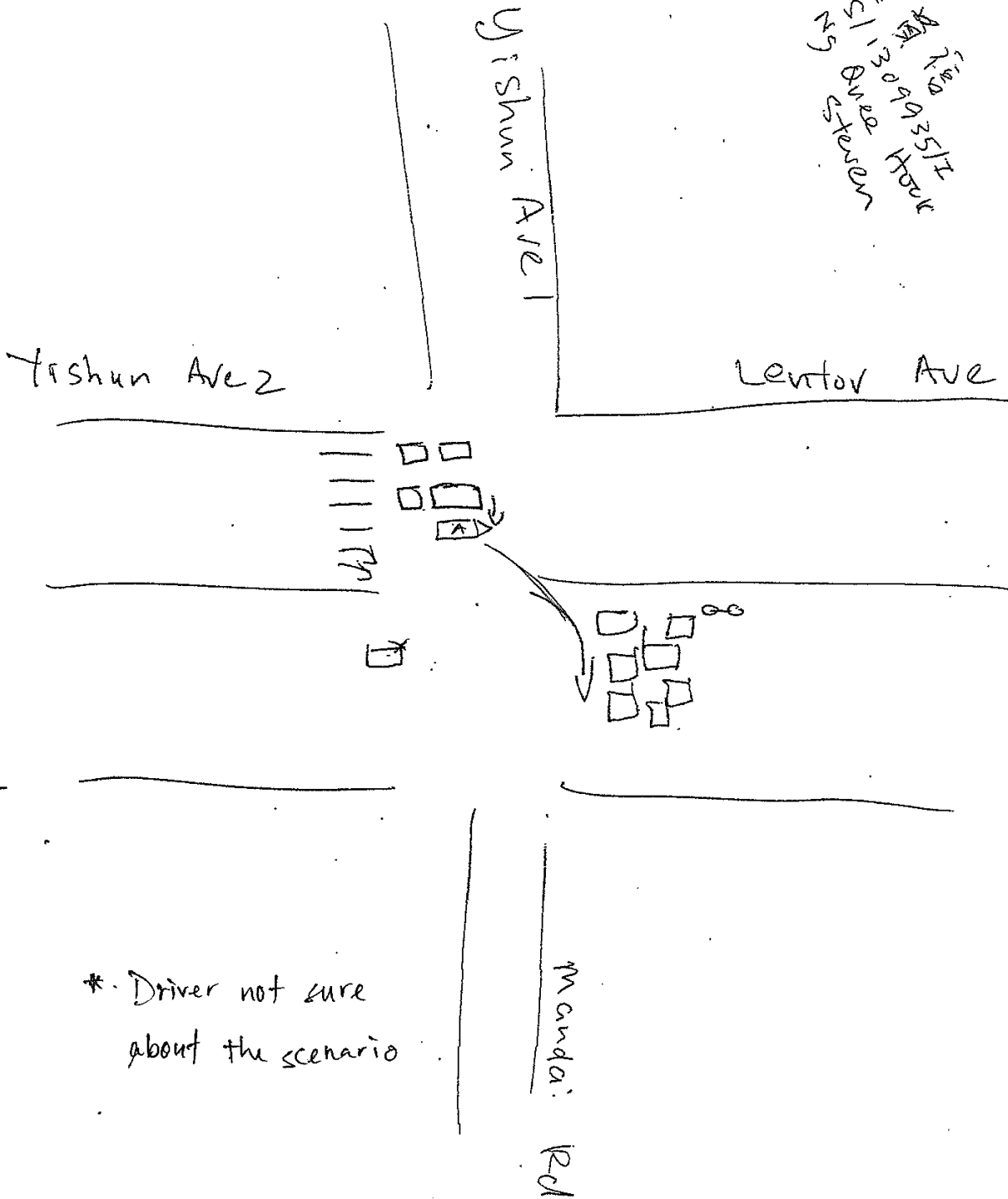

S Rama Moorthy

Policyholder's Signature/Date &
Time

Driver's signature (If driver is not the policyholder)
Date & Time: 5.12.2015

Witnessed by Reporting
Centre Personnel

Yishun Ave 1
Yishun Ave 2
Leventor Ave
Mandai Rd



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20151205/2026

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Report No. T/20151205/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2015 04:21		Vide Report No.: f/20151205/0023		Station Diary No.: 12	
Informant's Particulars					
Name of Informant: NG QUEE HOCK STEVEN			Address: APT BLK 714 CLEMENTI WEST STREET 2 #04-157 SINGAPORE 120714		
ID Type / ID No.: NRIC NO / S1309935I			Contact No.: Home/Office: Mobile: 96395955		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 25/06/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2015 01:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 LENTOR AVENUE YISHUN AVENUE 1 Traffic junction of LENTOR AVENUE and YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3295K	Car	HYUNDAI	sonota	Blue	Seriously Damaged	0

Brief Details.

On 05/12/2015 at about 0100hrs, I was driving my taxi on the first lane along Yishun Ave 2 going towards Lentor Avenue. There are a total of 6 lanes with extreme 2 right lanes going towards Mandai Rd. There were a few other cars on the road. When I saw that the traffic light was green in my favour, I continued driving. All of a sudden, the lorry that was driving on my left side, tried to cut into my lane without any signal, causing my taxi to swerve. As a result, my taxi hit onto few cars which had stopped at the opposite side of the traffic light junction. A chain collision subsequently occurred.

Ambulance and Police came down to the scene and conveyed a few motorists to the hospital. I did not sustain any injury however the front part of my taxi was badly damaged. Traffic Police arrived and advised me to lodge a report regarding this accident. IO in-charge is IO Yus Mastari from Traffic Police.

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20151205/2026

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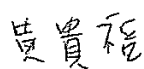
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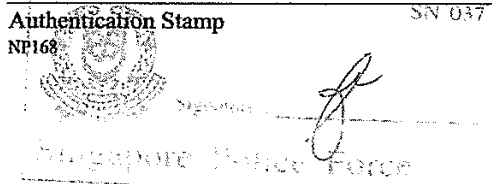
CONTINUATION OF REPORT

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: D / JAZREEL WEE JIA YAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2015 04:21
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	



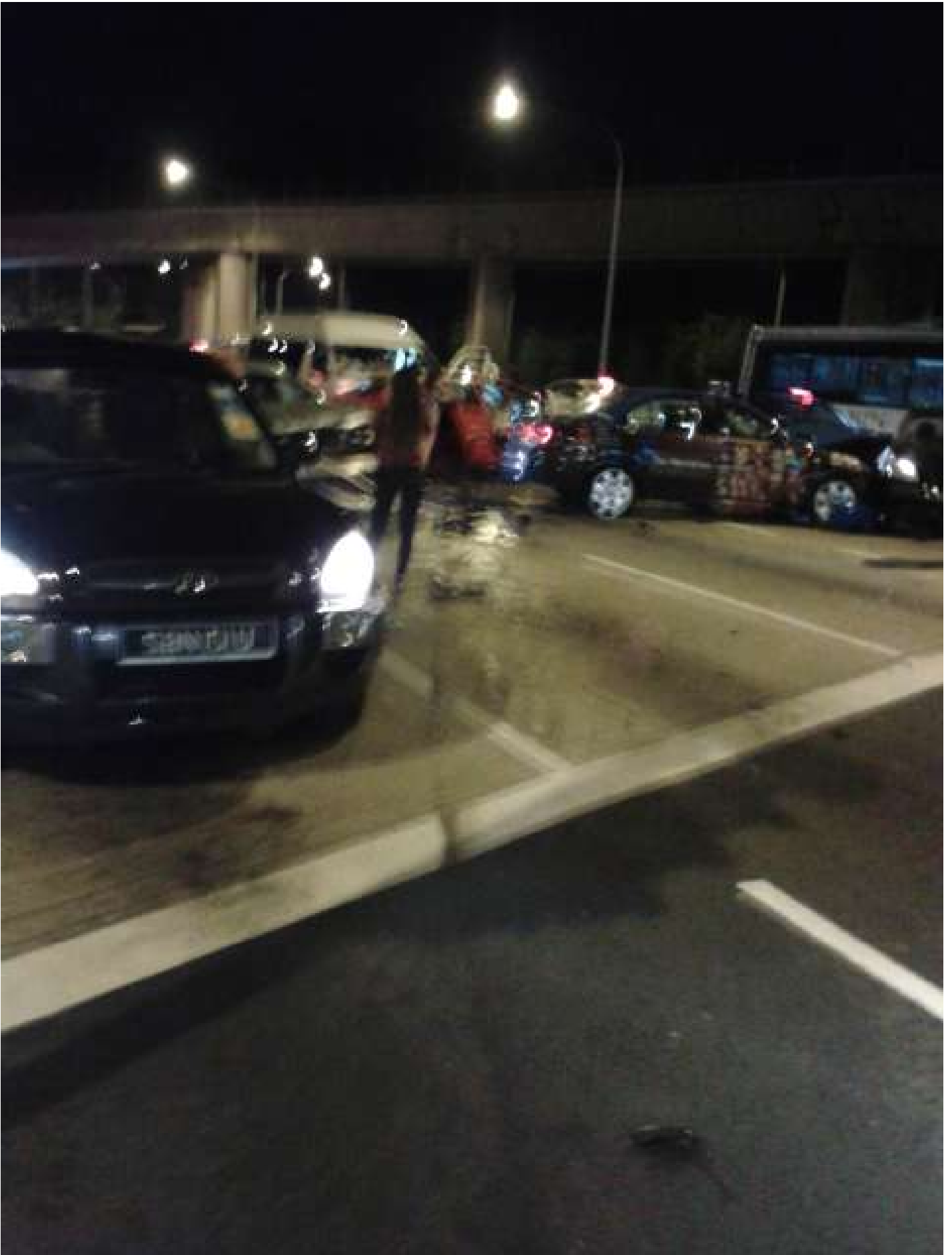
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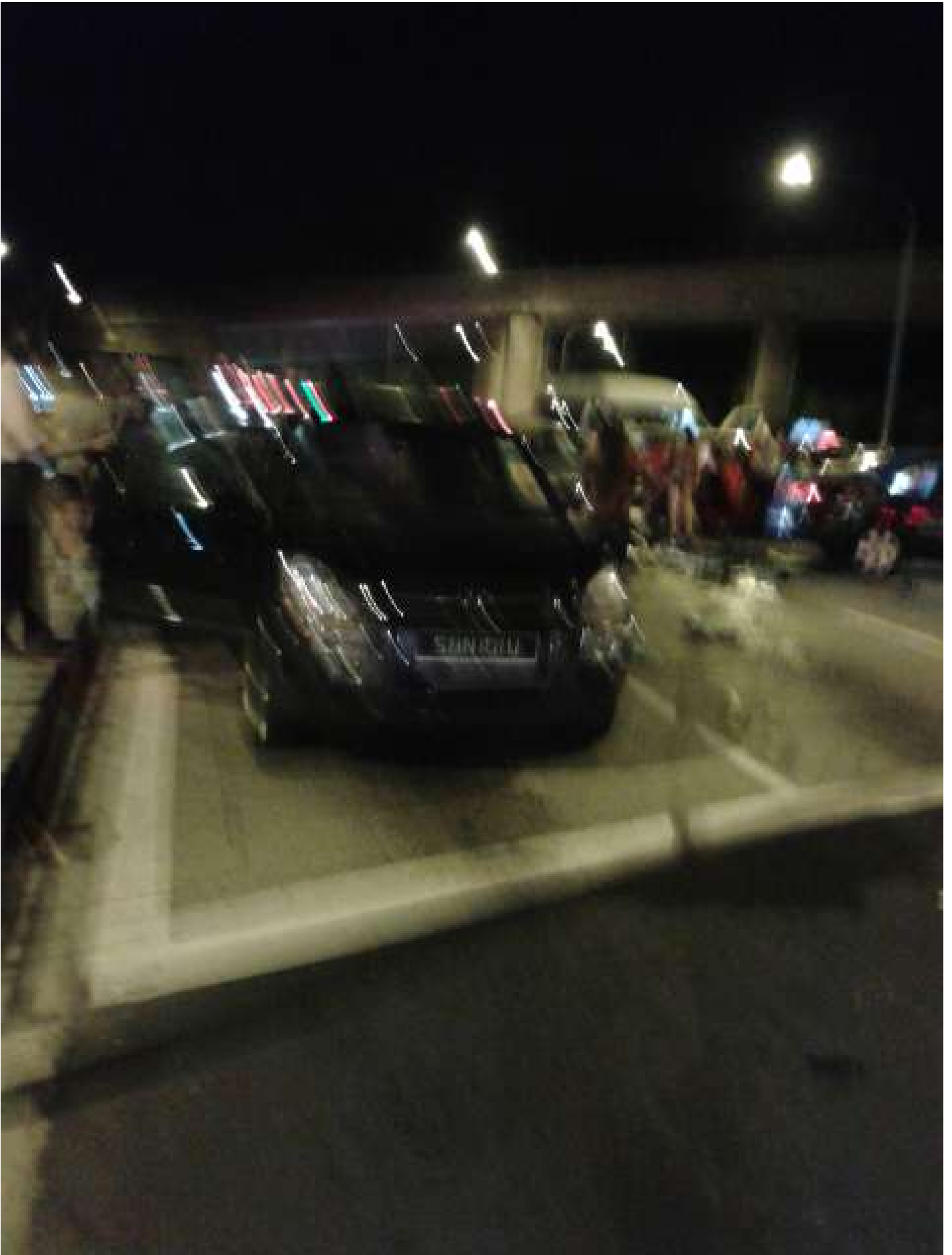
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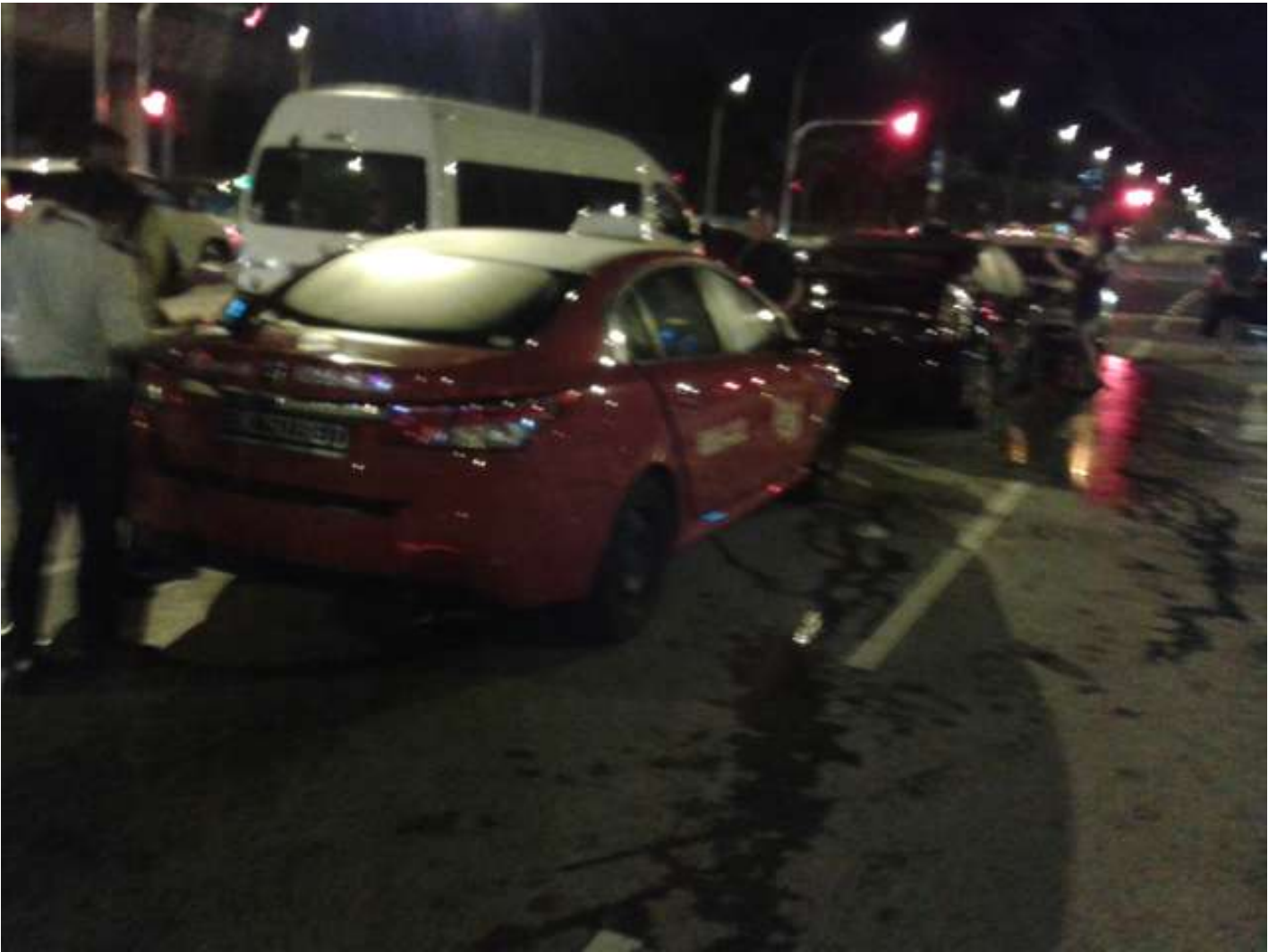
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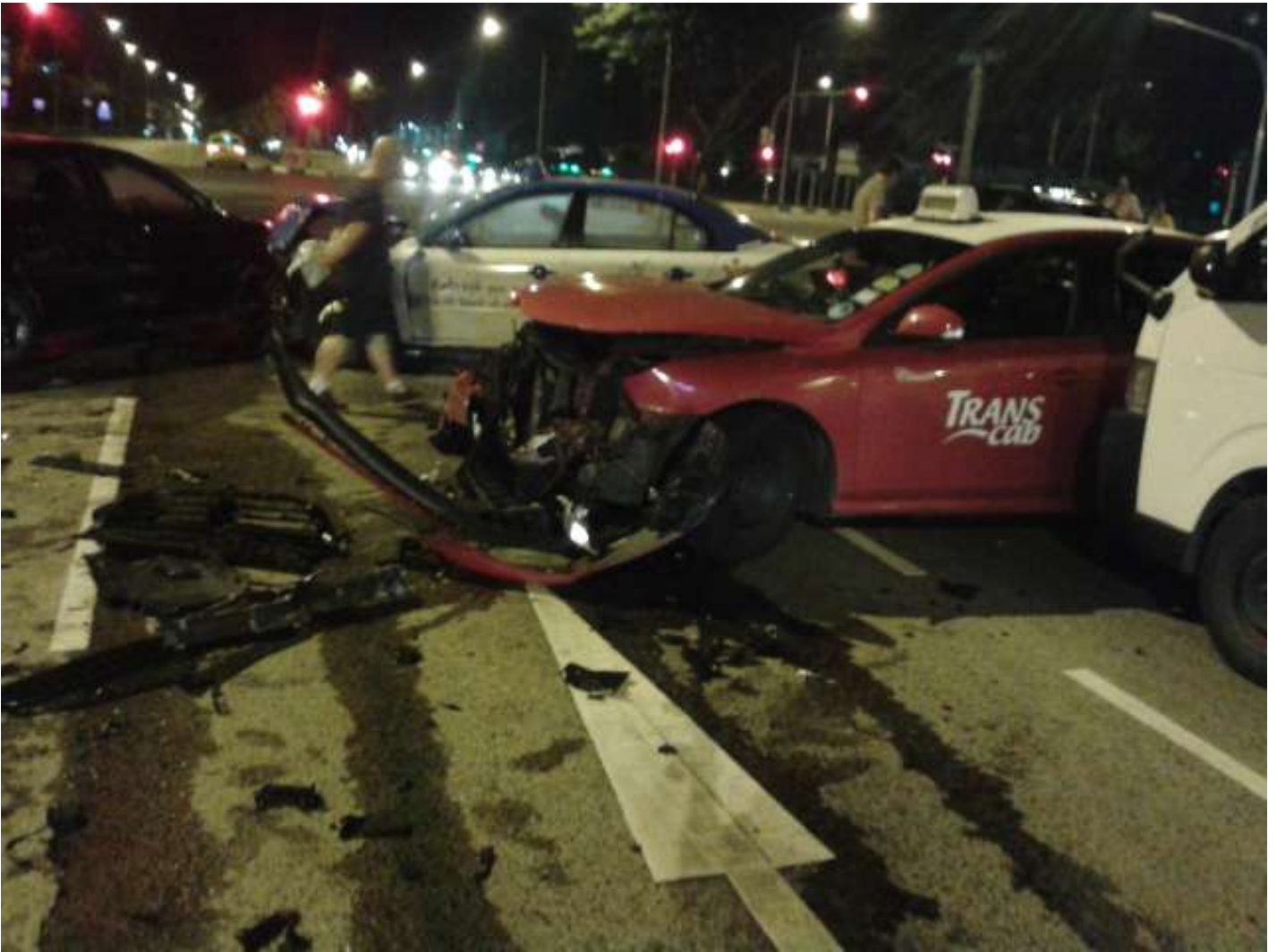
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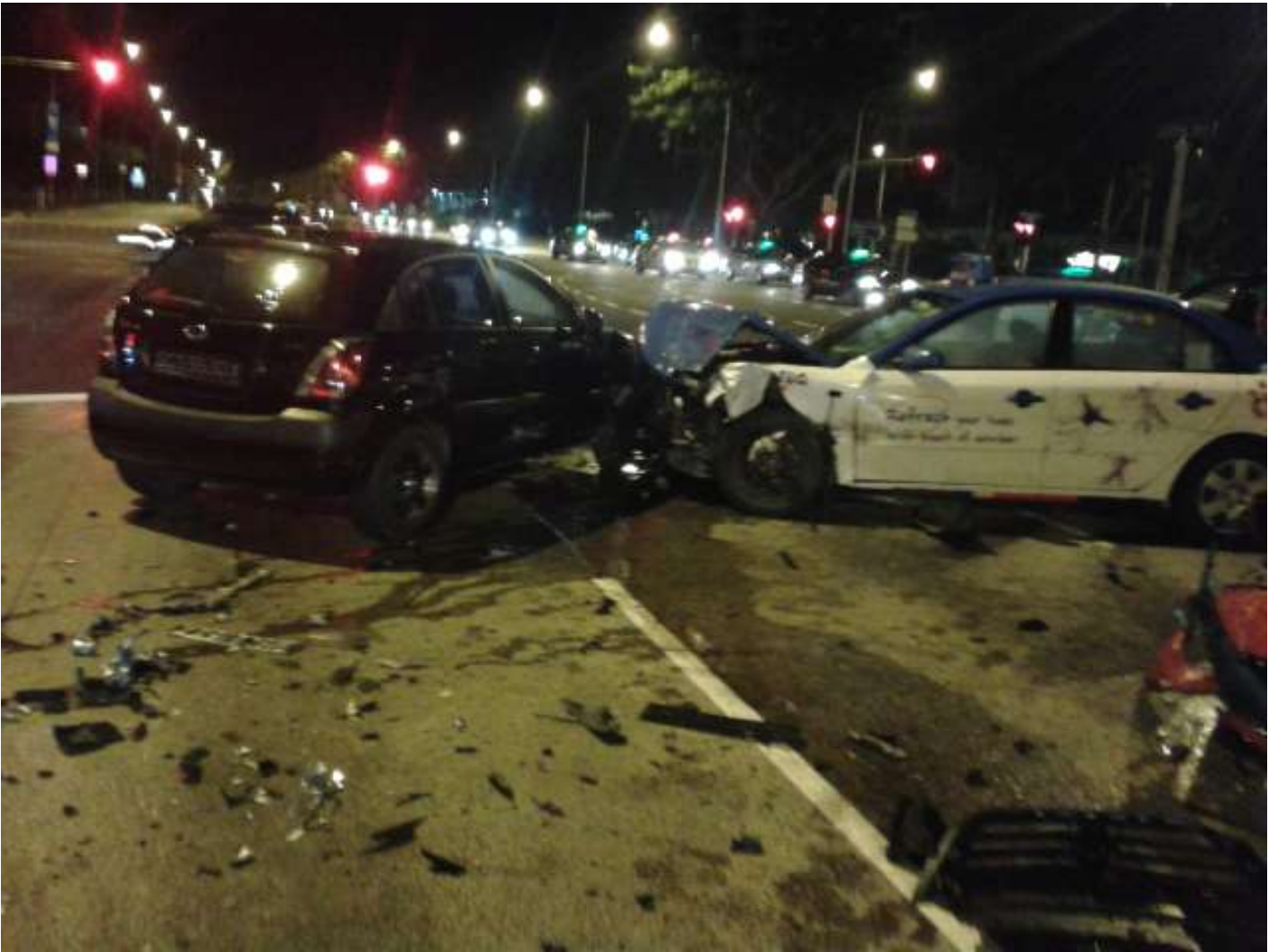
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Accident Photo



Accident Photo



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Accident Photo



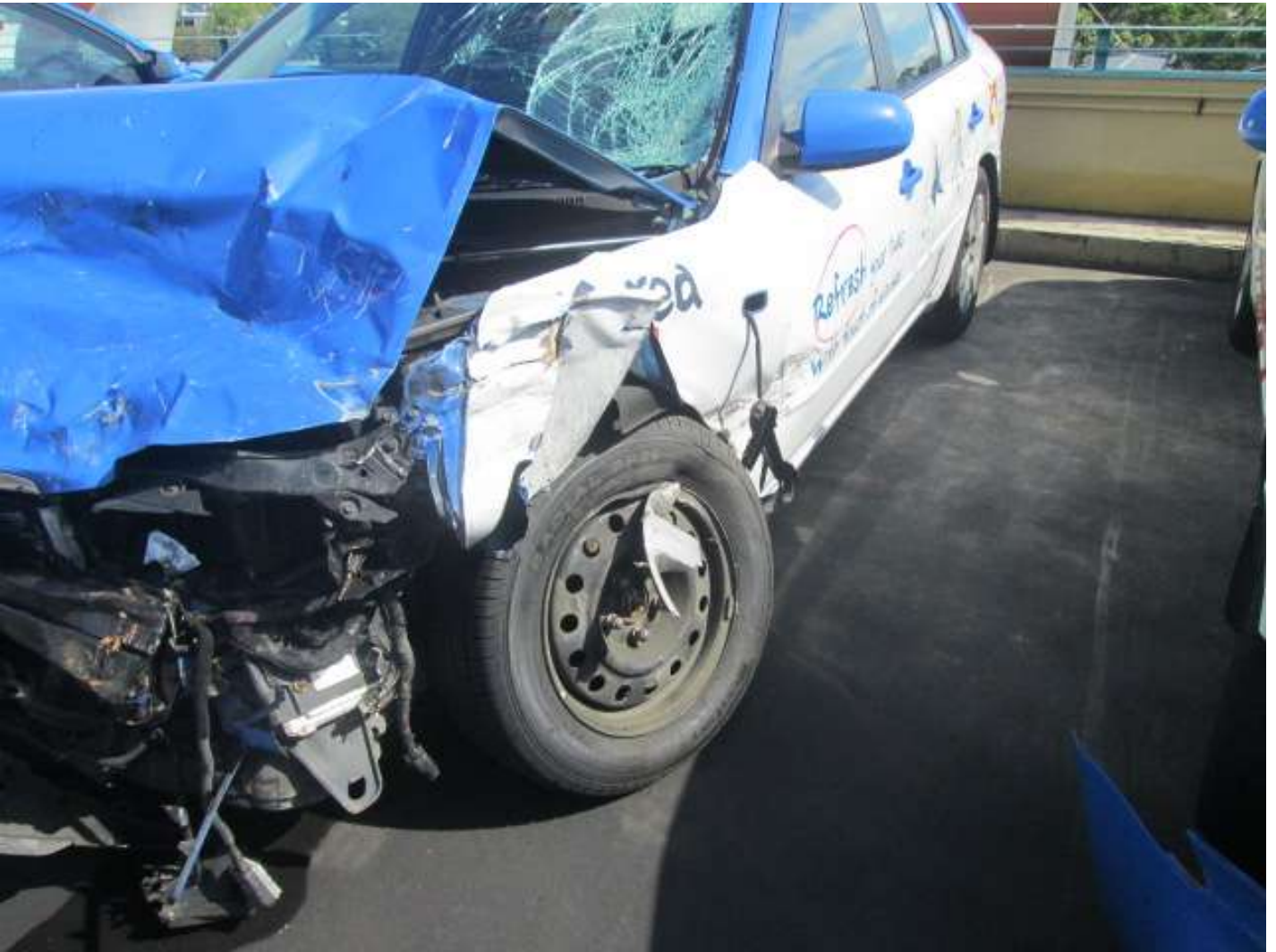
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