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 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. 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.	sont to the dronwing of this report at the confide and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/11/2018 10:27
Date Of Accident	14/11/2018 22:20
Exact Location Of Accident	CTE TWDS MOULMEIN RD (INSIDE TUNNEL)
Country/State of Loss	SINGAPORE
ו	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH7553H
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
B !! N !	1100110015

Policy Number MCOM0015

Cover Note Number

Driver

Name of Driver TEE HUI MENG
NRIC No S2502789B
Date Of Birth 26/10/1958
Occupation OUTDOOR
Date Of Driving Pass 19/06/1984

Driving Experience 34 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96195841

Fax Number

Contact Number

EMail Address TEEHM58@YAHOO.COM.SG

BLK 124 GEYLANG EAST AVENUE 1 #12-37 Address

Postcode

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 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 YES

NO

YES

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] **GEYLANG N.P.C**

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO POLICE REPORT: T/20181115/2001

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

Vehicle Make/Model/Colour

Details Of Properties

NA/UNKNOWN Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

RIGHT FRT

No. Of Passenger (Including Driver)

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 199203321R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time:

15/4/19 Jackson Heme CSO

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

GIARMC SketchPlanForm_V3

.

Page 4 of 17

Q - 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		.
Role Palici	e report attach -	T/2 no 1111-12 m
1000 , 1000 G	E ICPORT CORRECT	1/2018115/2001
		i i
	<u> </u>	

DECLARATION

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

JUMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199203321R

Policyholder's Signature
Date & Time:

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

GIARMC ShetchPlanForm_V3

25/11/18

Jackson Hailli CSO fackso-

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

2





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Report No. T/20181115/2001

REPORT OF	A TRAFFIC	ACCIDENT				
Date/Time Report Made: 15/11/2018 00:09		ade:	Vide Report No.:	Station Diary No.: 5		
Informant	's Particu	lars				
Name of Ir TEE HUI N			Address: APT BLK 124 GEYLANG EAS SINGAPORE 380124	ST AVENUE 1 #12-37		
ID Type / ID No.: NRIC NO / S2502789B			Contact No.: Home/Office:	Mobile: 96195841		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 60	Date of Birth: 26/10/1958	Type of Informant: Driver			
Race: Chinese		4440	Language:	Institution / School Name:		
Occupation: Taxi driver		11-100	Driving Licence Information: Class:	Date of Expiry:		

General Infor	nation of the Accid	ent			
Type of Accident:	Non-Injury Others	Drink Drive; No	Date/Time of Accident: 14/11/2018 22:20	Type of Location:	
Location: Along Road 1 CENTRAL EX Twds Moulme	PRESSWAY	mein Fxit		•	
Weather:			R	Road Speed Limit:	
Clear		Dry	' '	odd Opoca Emmi.	
Traffic Flow:		Traffic Control:	Tr	affic Volume:	
Type of Collisi Between Movi		wipe - Same Direction		nyone conveyed by nbulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SH7553H	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1

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





Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

	2013
Report No.	T/20181115/2001

Driver	All Canada C			San Company		
Name	TEE HUI MENG		·	ID No).	S2502789B
Related Vehicle	SH7553H (Car)		MIN.	Conta	act No.	96195841
Hospital/Clinic	NIL		1000	Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl		NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 14/11/2018 at around 2220hrs, I was driving my blue Hyundai "Comfort" taxi bearing license plate number SH7553H along CTE tunnel and headed towards Moulmein Rd to drop off my passenger at Oasia Hotel Novena at Sinaran Drive. Just before the Moulmein Rd exit, I was driving on the 2nd Iane from the left, and filtering into the left-most Iane. After checking my left mirror to check if the Iane was clear and signaling, I started to filter left, however, there was a white car that appeared out of a sudden on the left-most Iane. The left side of my car made contact with the right side of the white car. As it happened at a tunnel and I had a passenger with me, I continued driving out of CTE first with the intention to drop off my passenger first. As the white car was following behind me, I thought that he would follow me to Sinaran Drive, however, by the time I reached, the white car was nowhere to be seen. I am lodging this report for record purposes as I am worried the driver of the white car would report me for a hit and run. I did not manage to observe the license plate number of the white car. I made a check on my taxi, and only saw some minor scratches on the left side. My taxi has an in-car camera, but it is only accessible by the company.





0181115/2001

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

Report No. T/20181115/2001

3 of 3

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	Signature Of Informant:
Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUIL	EN TOMAN
Signature Of Interpreter:	Date/Time:
Not applicable	15/11/2018 00:09
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff_Sgt_WONG_SIEU_LUI / / /	
Contact No : 65476151	
Authentication Stamp	
NP168 / // / /	













Accident Photo COMFORIA



