

## 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 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	04/06/2018 16:57
Date Of Accident	04/06/2018 09:30
Exact Location Of Accident	SLIP RD OF CTE TWDS PIE AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6383M
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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	MERCEDES-BENZ
Model	MERC

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	TAXI
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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	LOH SENG LEONG
NRIC No	S7514341I
Date Of Birth	21/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	26/06/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96809690
Fax Number	
Contact Number	
EEmail Address	ALLAN_HSR@YAHOO.COM

Address	515 #10-539 WEST COAST ROAD
Postcode	96809690
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	CHAIN COLLISION
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?	YES
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
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CLEMENTI NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE ATTACH.

#### 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	SHB7542B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED NOOR BIN AHMAD
NRIC/Passport Number	S1307455
Contact Number	90546337
Address	
Postcode	
Insurance Company Name	

Nature Of Damage FRT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GU1733T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver YAY AH LIM

NRIC/Passport Number F1577491Q

Contact Number 90956819

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LOH SENG LEONG

Approximate Age 43

Injuries Sustain NECK,BACK,SHOULDER

Injured person in which vehicle? SH6383M

Were seat belts worn? YES

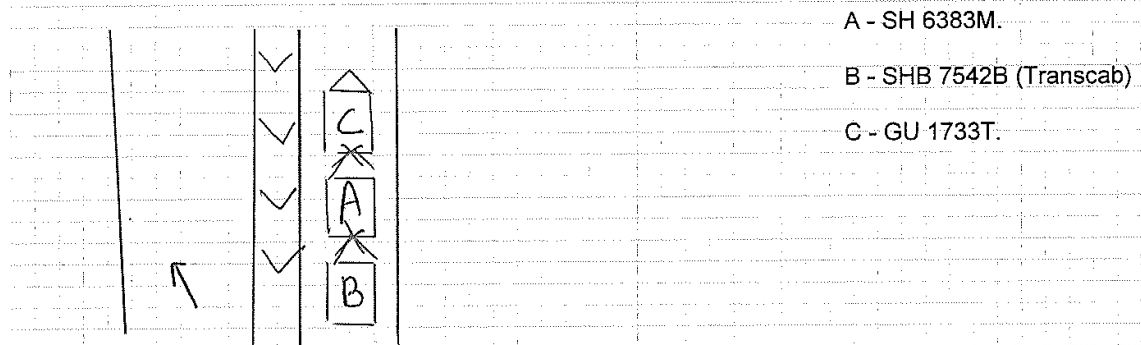
Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



Along Slip Rd Of CTE Twds PIE Airport B4 Serangoon Rd Exit.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/06/2018 @ about 09:30 hrs, my taxi (A) (SH 6383M) was travelling along slip road of CTE towards PIE Airport before Serangoon Road exit with one male passenger on board.
I saw in front of my vehicles slowing down and stopped, So I follow too. Out of sudden, there was a loud impact coming from the rear portion and caused my taxi (A), to lose control and surge forward, and colliding onto veh (C) (GU 1733T) rear portion. My taxi (A) front and rear portion were damaged.
I assessed the damages to my taxi (A) and come to know that there were 3 vehicles involved in the chain accident.
No one was conveyed by the ambulance.
The parties involved in the accident are:
A - SH 6383M.
B - SHB 7542B. Mr. Mohamed Noor Bin Ahman. NRIC : S 1307455J. Hp : 9054 6337.
C - GU 1733T. Mr. Tay Ah Lim. Fin No : F 1577491Q. Hp : 9095 6819.
After the accident, I suffered pain on lower back, shoulder and neck pain.

## DECLARATION

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

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04.06.2018 @ 12:00 Hrs

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

**SKETCH PLAN**

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
**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

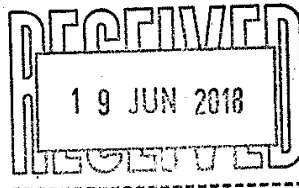
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04.06.2018 @ 12:00 Hrs

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *Rubini*  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20180604/2121

1 of 4

Report No. T/20180604/2121

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2018 16:03	Vide Report No.:	Station Diary No.: 136
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**Informant's Particulars**

Name of Informant: LOH SENG LEONG			Address: APT BLK 515 WEST COAST ROAD #10-539 SINGAPORE 120515	
ID Type / ID No.: NRIC NO / S7514341I			Contact No.: Home/Office: Mobile: 96809690	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 21/05/1975	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Towards Town, slip road to PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GU1733T	Lorry					0
SH6383M	Car				Seriously Damaged	1
SHB7542B	Car					0



**SINGAPORE  
POLICE FORCE**



T/20180604/2121

2 of 4

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

Report No. T/20180604/2121

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY AH LIM	ID No.	F1577491Q
Related Vehicle	GU1733T (Lorry)	Contact No.	90956819
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
Driver			
Name	LOH SENG LEONG	ID No.	S7514341I
Related Vehicle	SH6383M (Car)	Contact No.	96809690
Hospital/Clinic	NOVENA MEDICAL CENTER FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/06/2018	Date Discharge	04/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	MOHAMED NOOR BIN AHMAN	ID No.	S1307455J
Related Vehicle	SHB7542B (Car)	Contact No.	90546337
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 04/06/2018 at about 0930hrs, I was driving my taxi with a passenger on board along CTE towards town area. While along the road, I turned in into the slip road towards PIE, suddenly a lorry (GU1733T) in front of me jammed break.

I stopped in time however there was a taxi behind couldn't stop in time and hit onto the rear of my taxi. The impact behind made my taxi inched forward and banged onto the lorry in front. All of us got down and exchanged particulars.



**SINGAPORE  
POLICE FORCE**



T/20180604/2121

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

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Report No. T/20180604/2121

**CONTINUATION OF REPORT**

I was injured and I went to Novena Medical Center to consult doctor. I suffered muscles strain from neck to lower back and shoulders as well. I was then given 7 days MC.





**SINGAPORE  
POLICE FORCE**



T/20180604/2121

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

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Report No. T/20180604/2121

**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 /

Sgt 2 EUGENE TAN WEI JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

04/06/2018 16:03

Classification Of Case:

Authentication Stamp

NP168

SN 37

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

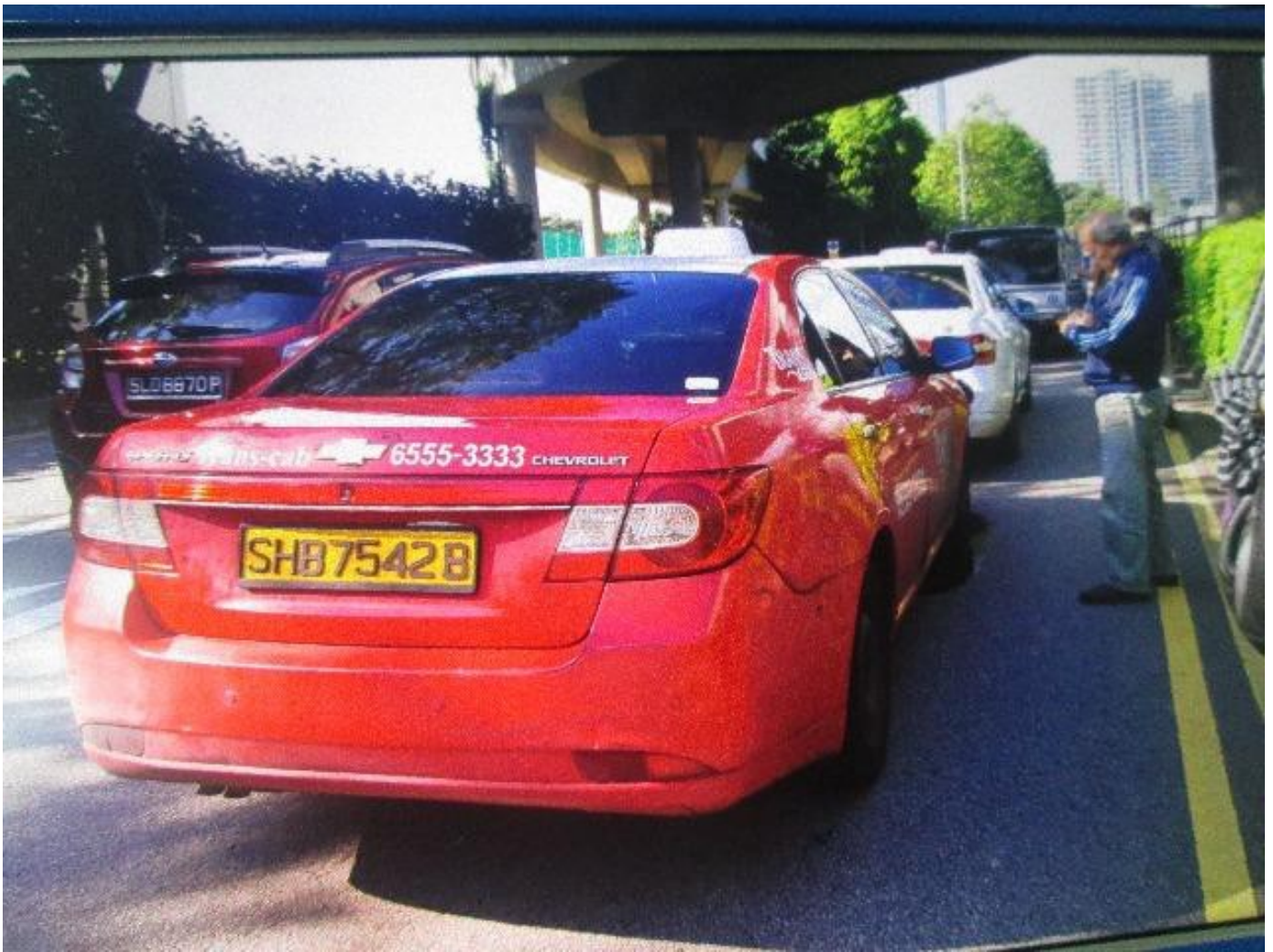


Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : WCD 618072352 Vehicle Registration No: SN 6383M

Name (as shown in NRIC) : Lee Sang Kang NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 4/6/18 Time of Accident : 5930Z

Place of Accident : C72

Insurance Company : India International Insurance Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Frst veh wa was GU 1733T

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date: 6/6/18

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

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MCD618072392-01 Vehicle Registration No: SH 6383M  
Name (as shown in NRIC) : Loh Seng Leong NRIC/FIN/Passport No : S 75143411  
( Vehicle Driver / Vehicle Owner ) (\*) Please delete as appropriate  
Address : Blk 515 West Coast Rd # 10-539 Singapore ( 120515 )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9680 9690  
Email Address : \_\_\_\_\_  
Date of Accident : 04.06.2018 Time of Accident : 09:30Hrs  
Place of Accident : Slip rd of CTE twds PIE Airport B4 Serangoon rd Exit  
Insurance Company : India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Submit Police Report No: T/20180604/2121 and 7 days MC given by doctor.

Loh  
Policyholder / Driver's Signature

Date:

20/6/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: