

## 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 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.

### ACCIDENT STATEMENT

|                            |                                 |
|----------------------------|---------------------------------|
| Date Of Report             | 26/11/2018 09:14                |
| Date Of Accident           | 23/11/2018 18:30                |
| Exact Location Of Accident | NEWTON CIRCUS TOWARDS SCOTTS RD |
| Country/State of Loss      | SINGAPORE                       |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD7113X                       |
| <b>Insured/Policyholder</b> |                                |
| 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  | I40            |
| 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             | MCOM0015                              |
| Cover Note Number         |                                       |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ONG KAH TEK           |
| NRIC No              | S1579932C             |
| Date Of Birth        | 12/04/1963            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 21/06/1983            |
| Driving Experience   | 35 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-96918498  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                  |
|---|----------------------------------|
| Address   | BLK 230 COMPASSVALE WALK #13-418 |
| Postcode  | 540230                           |
| 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?   | YES                         |
| Was any injured conveyed to hospital by ambulance?  | 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                           |
| Passenger 1   | NAME: : -<br>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]               | CHANGKAT NPP |
| Was notice of intended Prosecution given? | NO           |
| If Yes, against whom?                     |              |

#### Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20181124/2040 / Type Of Accident: HEAD TO SIDE

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |            |
|-----------------------------|------------|
| Vehicle Registration Number | FBG947H    |
| Vehicle Make/Model/Colour   |            |
| Details Of Properties       |            |
| Vehicle Category            | MOTORCYCLE |
| Name of Driver              |            |
| NRIC/Passport Number        |            |
| Contact Number              | 98285352   |
| Address                     |            |
| Postcode                    |            |
| Insurance Company Name      |            |
| Nature Of Damage            | LEFT FRT   |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                                   |
|---|-----------------------------------|
| Name  | ONG KAH TEK                       |
| Approximate Age                                     | 55                                |
| Injuries Sustain                                    | BACK AND NECK PAIN. ON 3 DAYS MC. |
| Injured person in which vehicle?                    | SHD7113X                          |
| Were seat belts worn?                               | YES                               |
| Was this injured conveyed to hospital by ambulance? | NO                                |
| Address   |                                   |
| Postcode  |                                   |

**DETAILS OF INJURED PERSON 2**

|   |          |
|---|----------|
| Name  | UNKNOWN  |
| Approximate Age                                     |          |
| Injuries Sustain                                    | NOT SURE |
| Injured person in which vehicle?                    | FBG947H  |
| Were seat belts worn?                               |          |
| Was this injured conveyed to hospital by ambulance? | YES      |
| Address   |          |
| Postcode  |          |


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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.

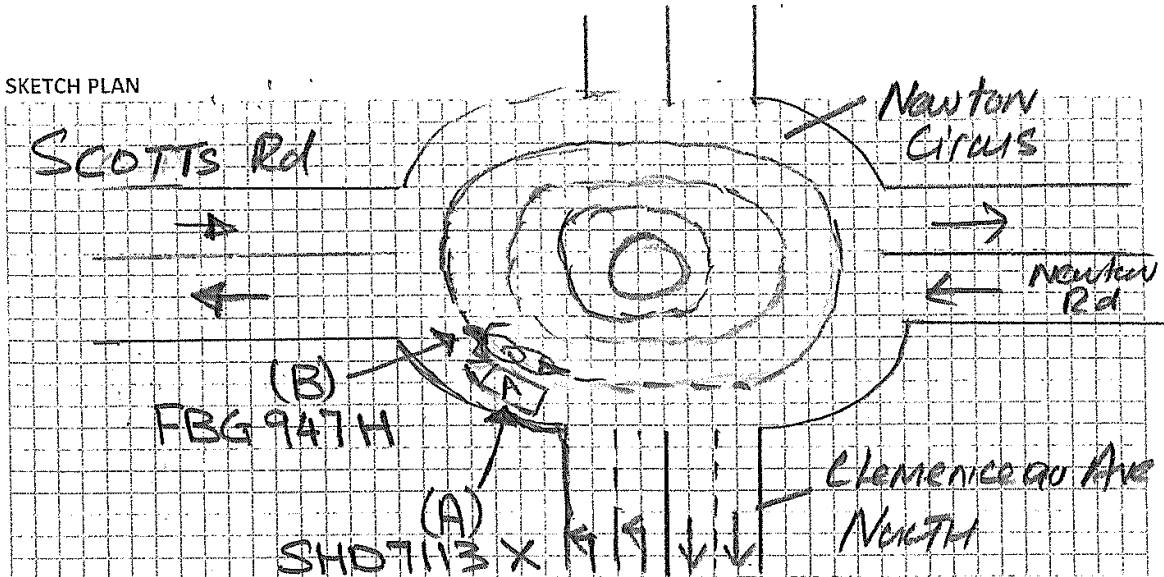
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203321R  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Attached Police Report NO:

T/2018/124/2040

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303521R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name: Fauzy



**SINGAPORE  
POLICE FORCE**



T/20181124/2040

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No. T/20181124/2040

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                          |
|--|------------|--|------------------------------|--------------------------|
| Date/Time Report Made:<br>24/11/2018 12:26 |            | Vide Report No.:<br>E/20181123/0125                                  |                              | Station Diary No.:<br>10 |
| <b>Informant's Particulars</b>             |            |  |                              |                          |
| Name of Informant:<br>ONG KAH TEK          |            | Address:<br>APT BLK 230 COMPASSVALE WALK #13-418 SINGAPORE<br>540230 |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S1579932C   |            | Contact No.:<br>Home/Office:   |                              | Mobile: 96918498         |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:   |                              |                          |
| Sex:<br>Male                               | Age:<br>55 | Date of Birth:<br>12/04/1963   | Type of Informant:<br>Driver |                          |
| Race:<br>Chinese                           |            | Language:<br>English   | Institution / School Name:   |                          |
| Occupation:<br>Taxi driver                 |            | Driving Licence Information:<br>Class: 3,4,5                         |                              | Date of Expiry:          |

|  |                              |   |  |                                 |
|--|------------------------------|---|--|---------------------------------|
| <b>General Information of the Accident</b>                   |                              |   |  |                                 |
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>23/11/2018 06:30 | Type of Location:<br>Roundabout |
| Location:<br>Along Road 1<br>NEWTON CIRCUS                   |                              |   |  |                                 |
| At the Round a bout  |                              |   |  |                                 |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                 |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Heavy                   |                                 |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                              |   | Anyone conveyed by ambulance:<br>No        |                                 |

| <b>Details of Vehicle Involved</b> |            |      |       |       |                  |                 |
|------------------------------------|------------|------|-------|-------|------------------|-----------------|
| Vehicle No.                        | Type       | Make | Model | Color | Condition        | No of Passenger |
| FBG947H                            | Motorcycle |      |       |       | Slightly Damaged | 0               |
| SHD7113X                           | Car        |      |       |       | Slightly Damaged | 0               |

**Details of Person Involved**

Any Pedestrian Involved: No



**SINGAPORE  
POLICE FORCE**



T/20181124/2040

2 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20181124/2040

**CONTINUATION OF REPORT**

| Driver                            |                |  |                                     |
|-----------------------------------|----------------|--|-------------------------------------|
| Name                              | ONG KAH TEK    | ID No.                                 | S1579932C                           |
| Related Vehicle                   | SHD7113X (Car) | Contact No.                            | 96918498                            |
| Hospital/Clinic                   | ANSAR CLINIC   | Class of Driving Licence & Expiry Date | Class: 3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 24/11/2018     | Date Discharge                         | 24/11/2018                          |
| No. of Days granted Medical Leave | 03             | Degree of Injury                       | Slight                              |

**Brief Details.**

On 23/11/2018 at about 1830hrs , I was driving my vehicle(SHD7113X) along Clemenceau Avenue North towards scotts road. There were about 4 lanes on the road , I was driving along the most left lane of the road . The traffic on the road was very heavy. Upon reaching near a roundabout entering Newton Circus road. There were many vehicles on the road and the road was jammed. As such I slowly entered the round about and managed to fit in .After a few seconds, suddenly a motorcycle bearing the plate number (FBG947H) had then suddenly came from the side and hit onto the front right side of my vehicle.

I then came out of my vehicle to make a check and the police and ambulance was called . The rider was then conveyed to the hospital by ambulance. traffic police also came and inform me to make a police report. Traffic police also seized my in car camera SD card to view the camera footages, vide report E/20181123/0125. IO in charge case IO Hidayu contact : 65476423

The next day I felt pain at the back of my neck and went to see a doctor at ANSAR CLINIC and was given 3 days MC by the doctor.



SINGAPORE  
POLICE FORCE



T/20181124/2040

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

3 of 3

Report No. T/20181124/2040

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:  
G /  
Sgt 2 WOO WEI JIE DARREN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/11/2018 12:26

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No. : 65476213

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





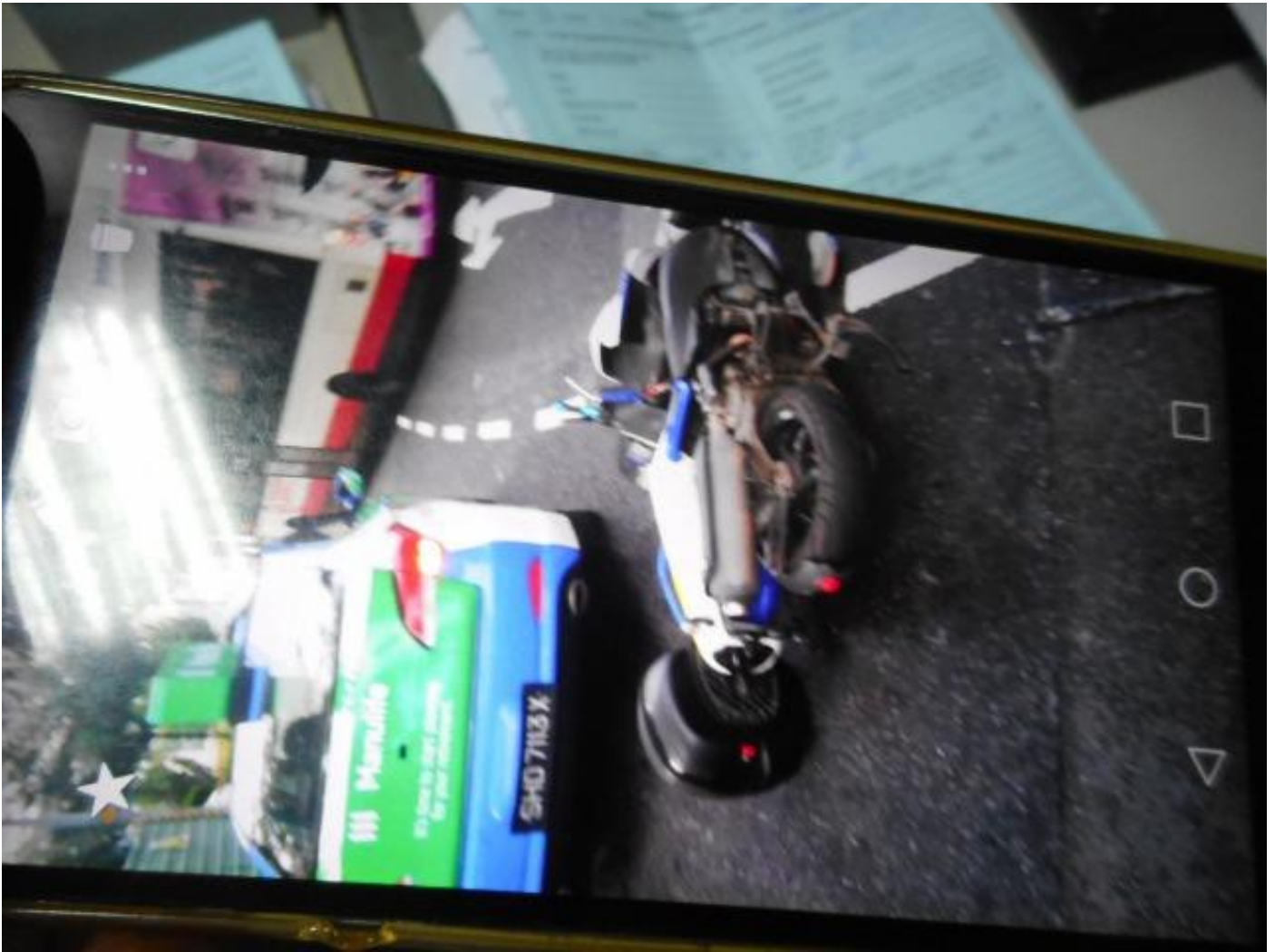
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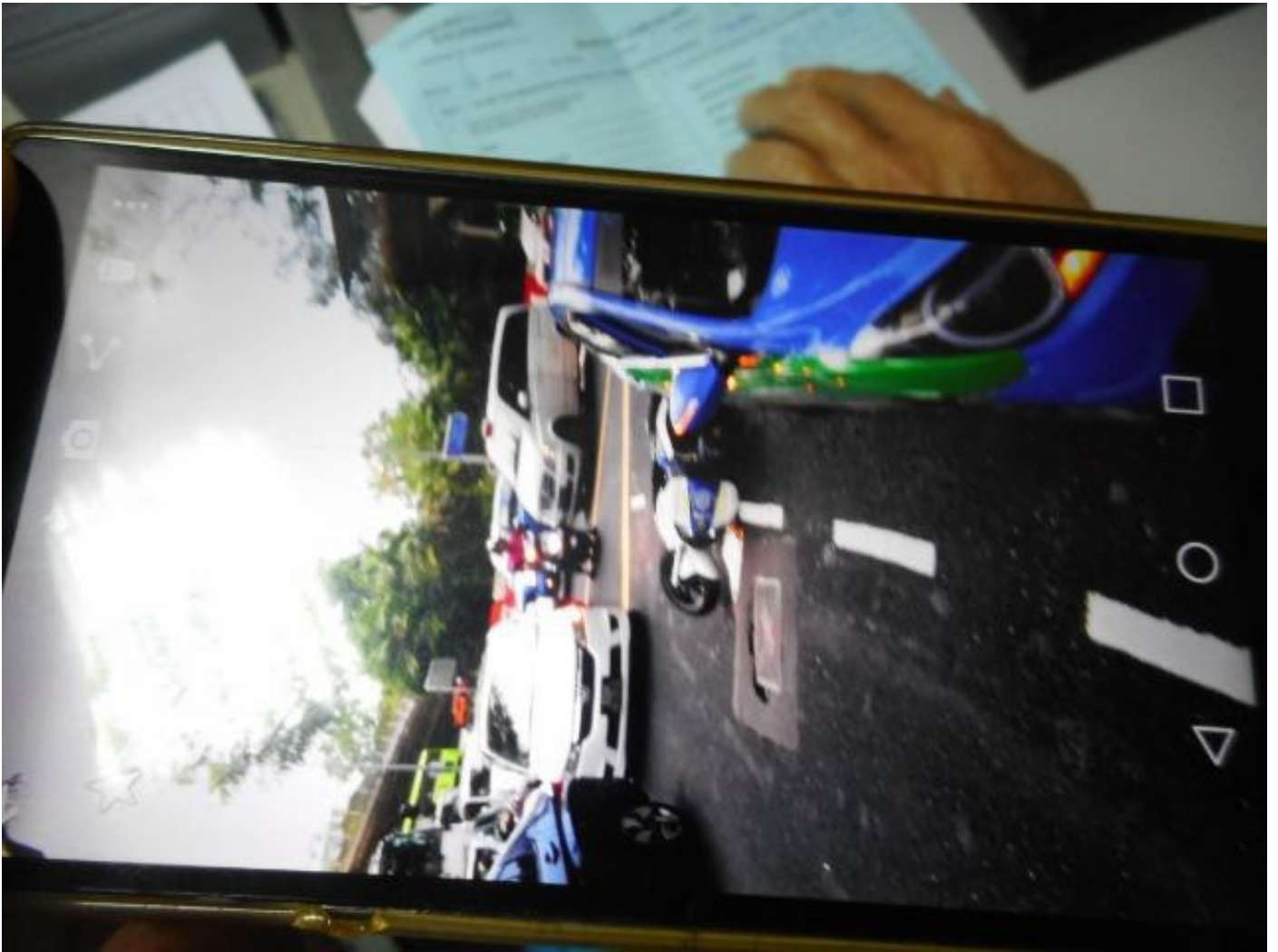




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