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

 By the loggement of this report to the insurers, you nereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	18/01/2019 16:21
Date Of Accident	17/01/2019 18:20
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH8566P
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	TOYOTA
Model	PRIUS HYBRID 4G
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	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	SIM SWEE HONG @NG SWEE HONG
NRIC No	S1577964J
Data Of Birth	04/00/1063

NRIC No S1577964J
Date Of Birth 04/09/1963
Occupation OUTDOOR
Date Of Driving Pass 26/11/1996

Driving Experience 22 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-96573588

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 484A CHOA CHU KANG AVE 5 Address

#02-24

3

YES

NO

NO

3

YES

Postcode 681484

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

CHAIN COLLISION Type Of Accident

Weather Conditions DRIZZLING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES 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

Passenger 2 NAME: : -

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHANGKAT NEIGHBOURHOOD POLICE POST

ROAD: BLK 109 TAMPINES STREET 11 #01-261, POSTCODE: 521109, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7819999 - FAX NO: 67832722

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20190118/2082

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

YES

YES

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKT3911R Vehicle Registration Number Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Page 2 of 22

Name of Driver ANG WEI JIE (HONG WEIJIE)

NRIC/Passport Number S8841213C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCV6919J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN BOON CHYE

NRIC/Passport Number S1664255Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM SWEE HONG @NG SWEE HONG

NO

Approximate Age

Injuries Sustain

NECK
Injured person in which vehicle?

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

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- 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.

Policyholder's Signature Date & Time:

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

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature Name:

NRIC/FIN NOS JAN 2019

GIARMC SketchPlanForm, V3

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DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
AR PE	or police Per	sert (2)		
7 (20	190118/2082	\(\tau^{\tau} \)		
,				
	W. C.			
NAME OF THE STREET				
- Market				
	·			
A	-			
DECLARATION		۸		
I/We declare the foregoing particula		· word		
CUMPORT TRANSPORTATIO		Orivia Wenay		
CO. RES. NO. 199303	\mathcal{W}^{218}	W ()		
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature		
Date & Time:	(If driver is not the policyholder)			
	Date & Time:	Name: NRIC/FIN No.: 18 JAN 2019		

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Page 5 of 22





1 of 3

Report No. T/20190118/2082

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

REPORT OF	A TRAFFIC	ACCIDENT			<i>is</i>		
Date/Time Report Made: 18/01/2019 12:48			Vide Report No.:		Station Diary No.: 17		
Informant	s Particul	ars					
Name of In SIM SWEE			Address: APT BLK 484A CHOA CHU KANG AVENUE 5 #02-24 SINGAPORE 681484				
ID Type / ID No.: NRIC NO / S1577964J			Contact No.: Home/Office:	Mobile: 965	573588		
Nationality: SINGAPORE CITIZEN			Email:		,		
Sex: Female	Age: 55	Date of Birth: 04/09/1963	Type of Informant: Driver		N		
Race:			Language: English	Institution / School Name:			
Occupation: Taxi Driver			Driving Licence Information: Class: 3	Date of Exp	piry:		

General Inform	nation of the Accid	leni				
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 17/01/2019 18	:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND	EXPRESSWAY			D		
Weather:		Road S	urface:		Roa	d Speed Limit;
Traffic Flow: Traffic Control:				Traffic Volume:		
Type of Collision Between Movin	on: ng Vehicles - Head	To Rear				one conveyed by ulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCV6919J	Car (F)	Tan Boo	in chive Cs	16GA2507	Slightly Damaged	0
SH8566P	Car (e))			Slightly Damaged	2
SKT3911R AMWWA		Ang Wei	i die Cs88	3412136	Slightly Damaged	0 .

Sketch Plan Pg. 4



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

2 of 3 Report No. T/20190118/2082

CONTINUATION OF REPORT

Details of Person Any Pedestrian In					
No. of Pedestrian	s Injured: NIL	Use of Peo	destrian	Cross	ing: NA
Oriver Name	SIM SWEE HONG		ID No.		S1577964J
Related Vehicle	SH8566P (Car)	المعادمة والمعادلة المعادلة ا	Conta	ct No.	96573588
Hospital/Clinic	SUNSHINE CLINIC FAMILY PR SURGERY	ACTICE &	Class Driving Licent Expiry	j je &	Class: 3 Date of Expiry: NIL
Date Treatment	18/01/2019	Date Disc	harge	18/01	/2019

Brief Details.
Or the above date, time and location , I was driving my Comfort Taxi Registration: SH8566P on lane 1 when a car in front applied brake to slow down and I followed; however while slowing down, a car registration SKT3911R hit onto the rear of my taxi causing slight damage to rear bumper. There was also another car registration: SCV6919J that hit the rear of the SKT3911R car.

I sustained back and neck pain due to the impact of the accident. I went to Sunshine Clinic Family practice and surgery on 18/01/2019, and I was given 5 days MC. MC number: MC116534

Sketch Plan Pg. 5





Police Station Of Origin: Changkat NPP 109 Tampines Street 11 #01-261 SINGAPORE 521109 Tel No: 1800-7819999 3 of 3 Report No. T/20190118/2082

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

the certificate with you now, please fax a copy to 6	5474885 stating the report number as reference.
Signature Of Officer Recording The Report:	Signature Of Informant:
Sr Staff Sgt MUHAMMAD IMRAN BIN RAMLI	Host Host
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2019 12:48
Officer In Charge Of Case: TP / AEIT / Sr. Staff Sgt. ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have





























