

## 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             | 15/02/2019 16:20 |
| Date Of Accident           | 15/02/2019 08:20 |
| Exact Location Of Accident | AYE TWDS CITY    |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | SH9244L |
|-----------------------------|---------|

### 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  | 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                                       | THIRD PARTY |
| 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       | SAREMAN B SARKAWI     |
| NRIC No              | S1315672G             |
| Date Of Birth        | 01/01/1957            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 21/07/1977            |
| Driving Experience   | 41 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-93527417  |
| Fax Number           |                       |
| Contact Number       |                       |
| EMail Address        | NOEMAIL               |

|   |  |
|---|--|
| Address   | BLK 367A TAMPINES STREET 34<br>#09-113 |
| Postcode  | 521367                                 |
| 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 - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |                               |
|---|-------------------------------|
| Was any foreign vehicle involved in this accident?  | NO                            |
| Number of vehicles (including own vehicle) involved in the accident                         | 2                             |
| 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: : -<br>GENDER: : FEMALE |

#### Details of Police Action

|   |    |
|---|----|
| Was the accident reported to the police?  | NO |
| If Yes, Please state which Police Station |    |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom?                     |    |

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20190215/2063

#### 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 | GBH6809D             |
| Vehicle Make/Model/Colour   | VAN                  |
| Details Of Properties       |                      |
| Vehicle Category            | COMMERCIAL VEHICLE   |
| Name of Driver              | SARAVANAN SRINIVASAN |
| NRIC/Passport Number        | S9731286I            |
| Contact Number              |                      |
| Address                     |                      |
| Postcode                    |                      |
| Insurance Company Name      |                      |

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

SAREMAN B SARKAWI

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SH9244L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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. 199303821R

Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

*Drawing Attached.*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Police Report Attached.*

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:

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

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



A-SH-9244-L  
(B) GIBH-6809-D



**SINGAPORE  
POLICE FORCE**



T/20190215/2063

1 of 3

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

Report No. T/20190215/2063

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                         |                            |
|--|------------|------------------------------|--|-------------------------|----------------------------|
| Date/Time Report Made:<br>15/02/2019 12:37 |            | Vide Report No.:             |  | Station Diary No.:<br>9 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                         |                            |
| Name of Informant:<br>SAREMAN BIN SARKAWI  |            |                              | Address:<br>APT BLK 367A TAMPINES STREET 34 #09-113 SINGAPORE 521367 |                         |                            |
| ID Type / ID No.:<br>NRIC NO / S1315672G   |            |                              | Contact No.:<br>Home/Office: Mobile: 93527417                        |                         |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                         |                            |
| Sex:<br>Male                               | Age:<br>61 | Date of Birth:<br>07/01/1958 | Type of Informant:<br>Driver   |                         |                            |
| Race:<br>Malay                             |            |                              | Language:  |                         | Institution / School Name: |
| Occupation:<br>Taxi driver                 |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3,4,5 Date of Expiry: |                         |                            |

**General Information of the Accident**

|   |               |                                    |  |                                     |
|---|---------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Injury Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>15/02/2019 08:20 | Type of Location:<br>Expressway     |
| Location:<br>Along Road 1.<br>AYER RAJAH EXPRESSWAY<br><br>along AYE toward city near to ayer rajah |               |                                    |  |                                     |
| Weather:<br>Clear   |               | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way  |               | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear  |               |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model | Color | Condition        | No of Passenger |
|-------------|------|---------|-------|-------|------------------|-----------------|
| GBH6809D    | Van  |         |       |       | Slightly Damaged | 0               |
| SH9244L     | Car  | HYUNDAI |       | Blue  | Slightly Damaged | 1               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**

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



T/20190215/2063

2 of 3

Report No. T/20190215/2063

CONTINUATION OF REPORT

|                                   |                               |                  |   |
|-----------------------------------|-------------------------------|------------------|---|
| <b>Driver</b>                     |                               |                  |   |
| Name                              | SAREMAN BIN SARKAWI           |                  | ID No. S1315672G  |
| Related Vehicle                   | SH9244L (Car)                 |                  | Contact No. 93527417  |
| Hospital/Clinic                   | HAMID FAMILY CLINIC & SURGERY |                  | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3,4,5<br>Date of Expiry: NIL |
| Date Treatment                    | 15/02/2019                    | Date Discharge   | 15/02/2019  |
| No. of Days granted Medical Leave | 05                            | Degree of Injury | Slight  |
| <b>Driver</b>                     |                               |                  |   |
| Name                              | Saravanan Srinivasan          |                  | ID No. S9731286I  |
| Related Vehicle                   | NIL                           |                  | Contact No. 98315858  |
| Hospital/Clinic                   | NIL                           |                  | Class of Driving Licence & Expiry Date<br>Class: NIL<br>Date of Expiry: NIL           |
| Date Treatment                    | NIL                           | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL                           | Degree of Injury | NIL   |

**Brief Details.**

On 15/02/2019 at 0820hrs, I was driving my taxi along AYE toward city near to Ayer Rajah with one passenger sitting behind the passenger seat. I was driving along 60km/hour on lane 3 of the road. After which, I then felt a bang from behind and discovered that a van had hit me from the back. The van then drove forward to my vehicle and stop at the side. We came down and exchange particulars. I alighted my passenger first at Bukit Merah Centre before going to the clinic to see the doctor.

No traffic police and ambulance were at scene. No government property damage. There is in-car camera and it recorded the accident.

I am lodging this report for record purpose.



**SINGAPORE  
POLICE FORCE**



T/20190215/2063

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

3 of 3





Report No. T/20190215/2063

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:<br>G /<br>Staff Sgt KOH SIEN KHAI, KELVIN                          | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>15/02/2019 12:37  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>Sr Staff Sgt STEPHANIE CHEUNG TSZ YING<br>Contact No.: 90020518  | Classification Of Case:   |
| Authentication Stamp<br>NP168   |   |
| SIGNATURE  |   |

