

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	19/10/2018 11:28
Date Of Accident	18/10/2018 22:20
Exact Location Of Accident	KANG CHING RD TWDS HDB SERVICE RD TO BLK 354
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4341J
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	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	FOO KHEE MENG
NRIC No	S1176283B
Date Of Birth	08/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96916363
Fax Number	
Contact Number	
Email Address	FOOKHEEMENG@GMAIL.COM

Address	351D 08-279 CANBERRA ROAD
Postcode	754351
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	NO 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?	NO
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]	SEMBAWANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

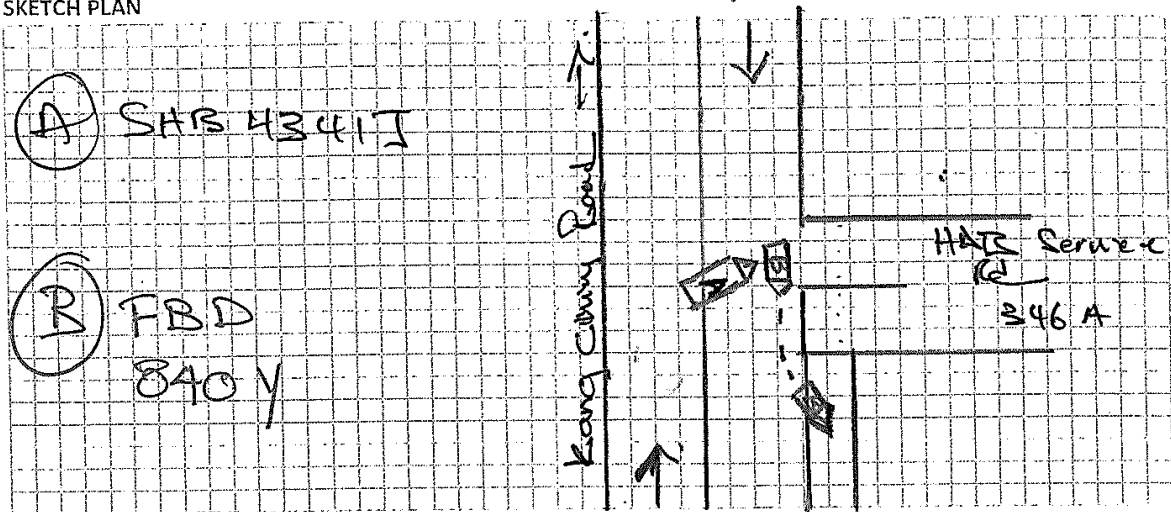
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD840Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NIZAMUDDIN BIN SHAH MOHAMED
NRIC/Passport Number	S9034773Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police

Report: 7/20181019/2022

DECLARATION

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

COMFORT TRANSPORTATION S.E.C.
CO. REG. NO. 1993032156

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.:

N. Han 19/10-



**SINGAPORE
POLICE FORCE**



F/20181019/2032

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POLICE REPORT (NP299)

Report No. F/20181019/2032

Police Station Of Origin
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE 757633
Tel No: 1800-5549999

Date/Time Report Made 19/10/2018 07:43		Vide Report No.		Station Diary No. 19	
Name Of Informant FOO KHEE MENG		Address APT BLK 351D CANBERRA ROAD #08-279 SINGAPORE 754351			
ID Type / ID No. NRIC NO / S1176283B		Contact No. Home/Office Mobile 96916363			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Taxi driver		Sex Male	Age 62	Date of Birth 08/12/1955	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 18/10/2018 22:20		Location Of Incident KANG CHING ROAD SINGAPORE KANG CHING ROAD RIGHT TURNING INTO 346A MSCP			

Brief details.

On the 18/10/2018 at about 2220hrs, I was sending a passenger Mr Jason to Kang Ching Road. I stopped and checked for traffic before turning into the blk.354 cluster. I signaled and check that the oncoming traffic was empty. While making the right turn at a very slow speed into the service road, a motorcycle sped across in front of my vehicle. I was able to stop in time to avoid a collision. The motorbike hit the road curb and went onto the walkway and fell to his left. I believe the rider did not switch

Signature Of Officer Recording The Report: F / Sgt 2 NG YU KIT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2018 07:43
Officer In-Charge Of Case: F / Sembawang N.P.C / Sgt 2 CHAN YUE MIN Contact No.: 65549999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20181019/2032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20181019/2032

on his headlight. I alighted my passenger first before making a check on the rider and he informed that he did not sustain any injuries. I observed no injuries as well and noticed his bike only had some minor scratches. My taxi was not damaged at all. I am lodging this report for insurance purposes

Subjects Involved			
Others			
Person Name	Nizamuddin Bin Shah Mohamed		
ID Type	NRIC NO	ID No	S9034773Z
Gender	Male	Age	28
Nationality	SINGAPORE CITIZEN	Race	Malay
Mobile No	93823975		

Your report is classified as:

- ☐ Lost & found
☒ Insurance Claims
☐ Divorce / Contract / Civil Proceedings
☐ Tenancy Dispute (Contractual)
☐ Others (Please Specify) _____

As these are not criminal matters, no further investigations will be carried out. However, civil remedies may be available. You are advised to consult a qualified legal professional for further advice.

Signature Of Officer Recording The Report:

F / Sgt 2 NG YU KIT

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Sembawang N.P.C /
Sgt 2 CHAN YUE MIN
Contact No.: 65549999

Authentication Stamp

Signature Of Informant:

Date/Time:
19/10/2018 07:43

Classification Of Case:

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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.
CO. REG. NO. 1990038

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

