

## 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	21/05/2019 16:44
Date Of Accident	19/05/2019 18:10
Exact Location Of Accident	VICTORIA ST ( BUGIS TAND STAND DRIVE WAY )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6595U
<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	MERCEDES-BENZ
Model	E220
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	MOK SAN LIH
NRIC No	S8772285F
Date Of Birth	12/03/1987
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81865881
Fax Number	
Contact Number	
E Mail Address	JUSTURMOKSANLIH@GMAIL.COM

Address	BLK 507A YISHUN AVENUE 4 #13-106
Postcode	761507
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGKAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 109 TAMPINES STREET 11 #01-261 , <b>POSTCODE:</b> 521109 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7819999 - <b>FAX NO:</b> 67832722
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER POLICE REPORT NO: T/20190521/2060

### 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	SHF717P
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Vehicle Make/Model/Colour	TRANSCAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	97410527
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MOK SAN LIH
Approximate Age	
Injuries Sustain	BACK NUMBNESS ,LEFT HAND AND LEFT LEG
Injured person in which vehicle?	SHD6595U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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. 199303821R

Policyholder's Signature  
Date & Time:

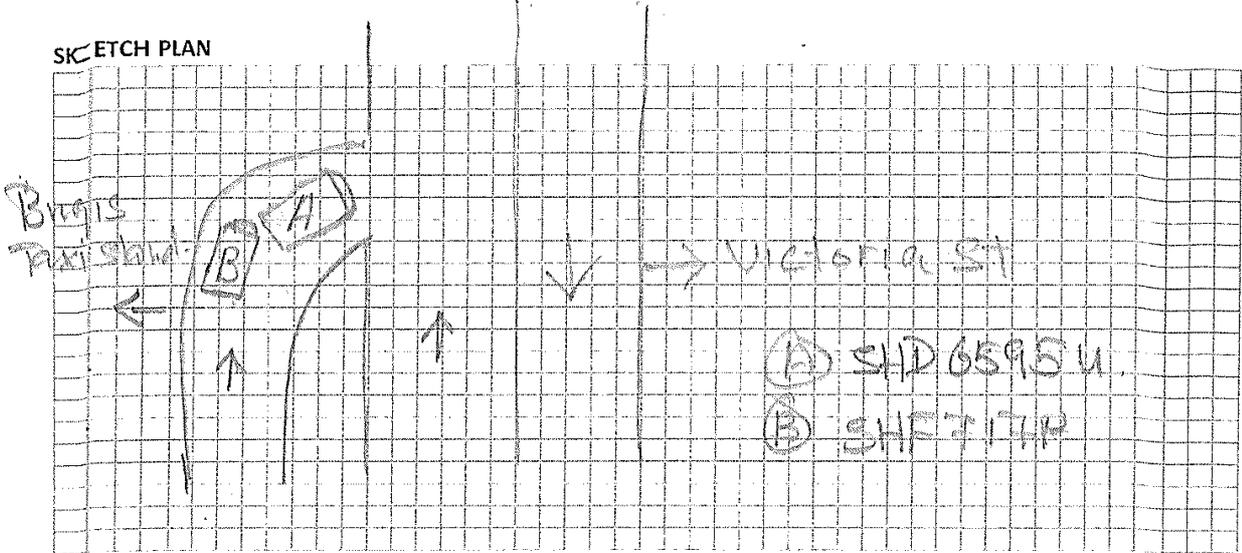
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 21 May 2019

21/5/19  
Jackson Heng  
CSO

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer - Police Report attached.

T/20190521/2060

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: 21 May 2019

21/5/19

Jackson Heng JACKSON  
CSO

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190521/2060

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

1 of 3

Report No. T/20190521/2060

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/05/2019 12:37		Vide Report No.:		Station Diary No: 10	
<b>Informant's Particulars</b>					
Name of Informant: MOK SAN LIH			Address: APT BLK 507A YISHUN AVENUE 4 #13-106 SINGAPORE 761507		
ID Type / ID No.: NRIC NO / S8772285F			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 91865881 81865881
Sex: Male			Age: 32		Date of Birth: 12/03/1987
Face: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

**Changkat NPP**  
Block 109 Tampines Str  
#01-261 Singapore 52  
Tel: 1800-7819999

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/05/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 VICTORIA STREET				
At the bugis junction taxi stand B18				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passengers
SHD6595U	TAXI	MERCEDES BENZ	E220 BLUETEC	White	Slightly Damaged	3
SHF717P	taxi	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190521/2060

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 5211109  
Tel No. 1800-7819999

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Report No. T/20190521/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOK SAN LIH	ID No.	S8772285F
Related Vehicle	SHD6595U (TAXI)	Contact No.	91865881 <del>87865881</del>
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3 <sup>Changkat NPP</sup> Date of Expiry: <sup>Block 109 Tampines Street</sup> <sup>Singapore 5211</sup> <sup>Tel: 1800-7819999</sup>
Date Treatment	21/05/2019	Date Discharge	21/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/05/2019 at about 1810hrs, I was at Bugis Junction Taxi Stand B18 picking up 3 passengers. When the passengers boarded in my taxi vehicle (SHD 6595U) and I wanted drove off from the taxi stand. Suddenly I felt an impact coming from the rear and I went out to make a check. The I saw another taxi vehicle (SHF 717P) was behind of my vehicle and we did not exchange particular.  
Due to the accident, there were damages at the left taillight, left bumper and the bumper clip came off. After the accident, I carry on with my journey and dropped off the 3 passengers at Geylang Lor 14. After that I went home to take a rest as I felt pain on my back and numbness on my left hand and leg. The pain was bearable as such I went to for doctor consultation on 21/05/2019 at Street 11 Clinic and was given 3 days of medical leave.  
In car camera was installed at the front vehicle and I do not have particulars for the 3 passengers



SINGAPORE  
POLICE FORCE



T/20190521/2060

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109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20190521/2060

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 CHEE KIT YING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2019 12:37
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case: 

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



SCENE



SCENE



SCENE



SCENE



SCENE

