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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/06/2019 09:28
Date Of Accident	01/06/2019 14:30
Exact Location Of Accident	PIE TWDS TUAS BEFORE ENG NEO EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD4793C
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	140
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	

Driver

Name of Driver NEO HAN HYONG(LIANG HANXIONG)

 NRIC No
 \$7922711J

 Date Of Birth
 07/08/1979

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/07/2017

Driving Experience 1 YEAR AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97750461

Fax Number
Contact Number

EMail Address XENTRON777@HOTMAIL.COM

Address BLK 151 ANG MO KIO AVENUE 5

#09-3028

Postcode 560151

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

-

4

NO

NO

4

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: :

GENDER: : MALE

Passenger 2 NAME:

GENDER: : FEMALE

: FEMALE

Passenger 3 NAME: : -

17 17 2

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

GENDER:

Police Station Address ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4849999 - **FAX NO**: 62181399

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: F/20190601/2117

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 SFY9780U

Vehicle Make/Model/Colour TOYOTA

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver GOH LEE HONG

NRIC/Passport Number

Contact Number 97602557

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 SGP9446X
Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of DriverISMAILNRIC/Passport NumberS8233588IContact Number90023817

Address Postcode

Insurance Company Name

Nature Of Damage FRONT AND REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLQ5517L

Vehicle Make/Model/Colour MITSUBISHI

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHIA CHYE KWEE

NRIC/Passport Number

Contact Number 97547201

Address Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN(PAX)

Approximate Age

Injuries Sustain MINOR BRUISE ON LEG

Injured person in which vehicle? SHD4793C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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	TRAN	1SPC	DRTATION	PTE	LTD
co.	REG.	NO.	19930382	1R	

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Loke Wai Yieng

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

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B 1 8 F M 9 7 180 W				
C:2GP9446V				
CI FOR THY 6X	╎			
D: \$4 Q 551 A L				
DESCRIBE CIRCUMSTANCES OF TI	HE ACCIDENT			
1	tracted police rep	ort		
	F/20190601/21	17.		
Attacked police report F 20190601 2117.				
	, , , , , , , , , , , , , , , , , , , ,			
101.01				
DECLARATION				
I/We declare the foregoing particulars a	re true in every respect.	1		
gnelY isW short 189303821R				
Policyholder's Signature				
Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:		
GIADNAC Charalter - Company	Date & Time:	NRIC/FIN No.: 26114		
GIARMC SketchPlanForm_V3		2		





1 of 2

Report No. F/20190601/2117

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

Date/Time Report Made	Vide Re	Vide Report No.		Station Diary No.	
01/06/2019 20:26					
Name Of Informant	Address	3			
NEO HAN HYONG	APT BL	APT BLK 151 ANG MO KIO AVENUE 5 #09-3028 SINGAPORE 560151			
	SINGAF				
ID Type / ID No.	Contact No.				
RIC NO / S7922711J Home/Off		ffice	Mobile		
			97750461		
Nationality	Email Address				
SINGAPORE CITIZEN					
Occupation	Sex	Age	Date of Birth	Race	
TAXI DRIVER (RELIEF)	Male	39	07/08/1979	Chinese	
Institution/School Name	Languag	Language			
	English				
Date/Time Of Incident	Location	Location Of Incident			
01/06/2019 15:00	PAN-ISLAND EXPRESSWAY SINGAPORE				
	towards	towards Tuas (Before Eng Neo Exit 22)			
Duine disease					

Brief details.

On 1/6/2019 at 2.33pm whilst I was driving my taxi (SHD4793C, Hyundai i40, Blue, Comfort), I was sending 3 passengers (unknown) from Blk 81 Bedok North Road to 50 Jalán Lekar. On the same day at about 3pm, I was driving along lane 2 (of 5 lanes) at PIE towards Tuas. The traffic condition was heavy and vehicles were slow moving. Before Eng Neo (exit 22), I was changing lane to left from lane 2 to lane 3, my taxi collided onto the front car (SFY9780U, Toyota Vios, Blue) at lane 2 involving a chain collision onto two other cars ahead which are SGP9446X (Honda Civic, Grey) and SLQ5517L (Mitsubishi Lancer,

Signature Of Officer Recording The Report:	Signature Of Informant:
F/SI BALA MURUGAN S/O KALIAPPAN	(. Haystons
Signature Of Interpreter: Not applicable	Date/Time: 01/06/2019 20:26
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Staff Sgt ZED CHANG POH CHUAN Contact No.: 64849999	Classification Of Case:
Authentication Stamp	

Sketch Plan Pg. 4





190601/2117 2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190601/2117

White).

40

Authentication Stamp

I did not sustain any injury but one of my passengers sustained minor bruise on her leg. No ambulance or police attended. Front right corner of my taxi's bonnet is slightly out of shape. Rear left side bumper of SFY9780U was dislodged. My taxi is installed with in-car camera. The particulars of my passengers may be obtained from Comfort as the passenger did a booking. I am unsure if any passengers from other vehicles have sought medical. I am lodging this report for Comfort taxi company and insurance claim.

Signature Of Officer Recording The Report:

F / SI BALA MURUGAN S/O KALIAPPAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Staff Sgt ZED CHANG POH CHUAN
Contact No.: 64849999

Signature Of Informant:

Date/Time:
01/06/2019 20:26

Classification Of Case:

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Accident Photo



Accident Photo



















