

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	04/06/2019 10:32
Date Of Accident	03/06/2019 18:10
Exact Location Of Accident	WOODLANDS CENTRE RD - TRAIN STN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6829X
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	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	CHUA JOONG KHUAN
NRIC No	S6844523Z
Date Of Birth	18/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1989
Driving Experience	30 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94525303
Fax Number	
Contact Number	
Email Address	RAYCHUAJY@GMAIL.COM

Address	409 11-1795 YISHUN RING ROAD
Postcode	760409
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	4
Passenger 1	NAME: : - GENDER: : MALE
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 [OTHER]	YISHUN N 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	SJS5321Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRT RHT

DETAILS OF OTHER VEHICLE PROPERTY 2

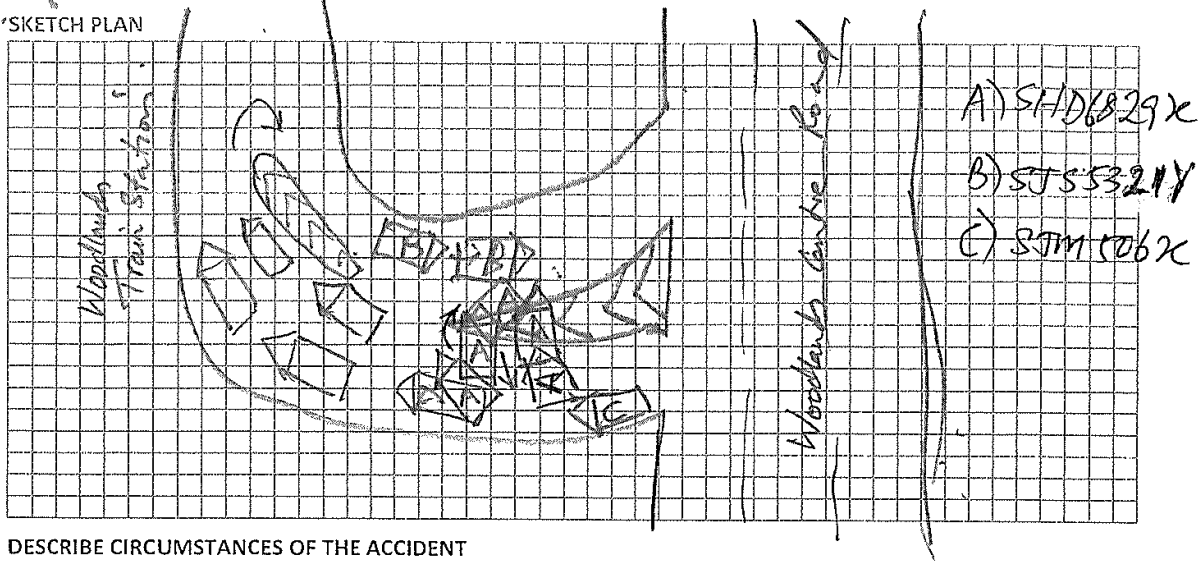
Vehicle Registration Number
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SJM506X

PRIVATE CAR
MR LEE
S9428811H

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - T/20190604/2002

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:



**SINGAPORE
POLICE FORCE**



T/20190604/2002

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 4

Report No. T/20190604/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2019 00:11		Vide Report No.:		Station Diary No.: 2	
Informant's Particulars					
Name of Informant: CHUA JOONG KHUAN			Address: APT BLK 409 YISHUN RING ROAD #11-1795 SINGAPORE 760409		
ID Type / ID No.: NRIC NO / S6844523Z			Contact No.: Home/Office: Mobile: 94525303		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 18/11/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: COMFORT TAXI DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/06/2019 18:10	Type of Location: Taxi Stand U-turn area	
Location: Along Road 1 WOODLANDS CENTRE ROAD Woodlands Centre Road (Taxi stand area)					
Weather: Clear		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Chain accident				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6829X	COMFORT TAXI	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	3
SJM506X	Grab car vehicle	TOYOTA	COROLLA AXIO 1.5X A	Silver	Slightly Damaged	0
SJS5321Y	Grab car vehicle	MITSUBISHI	LANCER 1.5 MIVEC GLS	Grey	Slightly Damaged	1



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T/20190604/2002

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Tel No: 1800-8529999

2 of 4

Report No. T/20190604/2002

CONTINUATION OF REPORT

Brief Details.

1. On 2 June 2019 at about 1810 hrs, I was driving my blue comfort taxi registration No: SHD 6829X at the Woodlands Centre Road (Taxi stand area). I then picked up three passengers (female & male, infant of Malay race) at the taxi stand located at Woodlands Centre Road through booking. The passengers sat the rear side of my taxi.

2. I then made a U-turn at the roundabout located at Woodlands Centre Road and when I was negotiating the U-turn at the roundabout a vehicle registration No: SJS5321Y traveling on the left side front part of this vehicle collided onto my vehicle front left side. While I was still inside my taxi the driver of vehicle registration No: SJS5321Y (a male/Indian/ age unknown/wearing green short sleeve t-shirt and blue jeans) alighted and he was expressing unhappiness towards me and was taking loudly.

3. At this moment to avoid traffic obstruction, I reversed my taxi and suddenly another vehicle registration No: SJM506X front part of this vehicle collided on the rear side of my vehicle.

4. I then lighted and requested my passengers to take another taxi and they agreed and left. My passengers did not have any visible injuries and they also did not complain of any injuries. The driver of the vehicle registration No: SJS5321Y was at this point of time standing about one step beside my vehicle.

5. As I turned to face the driver of the other vehicle registration No: SJM 506X and was speaking to him, I suddenly heard a crack sound and when I turned to look, I noticed that the left front windscreen of my vehicle was cracked. I then asked the driver of vehicle registration No: SJS5321Y why he had damage my taxi, he did not reply. He then asked my contact number and I gave it to him but when I asked him his particular he did not give it to me and he then boarded his vehicle together with his female Indian passenger and drove off. I did not notice any visible injuries to this driver and his female passengers and he also did not mention any injuries.

6. I then exchange particular with the other driver of vehicle registration No: SJM 506X and we drove off. No ambulance or Police was called in. No government property was damaged.

7. I believed strongly that the driver of vehicle registration No: SJS5321Y had damaged my vehicle windscreen regarding the crack although I did not witness it. The driver of vehicle registration No: SJM 506X also did not witness it also and this driver also did not complain of any injury and this driver had no passengers inside his vehicle.

8. My taxi is installed with a in-car camera but I am unable to view it as I had sent it to the workshop.

Particular as follow:

SHD 6829X

- Slight damage to the front and rear due to the accident collision
- Crack windscreen damage, estimate cost of repair unknown at the moment

Passenger contact: 86923240

SJS5321Y (other party)

- Slight damage to the front

SJM 506X (other party)

Name: Mr Lee



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POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
1 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20190604/2002

3 of 4

Report No. T/20190604/2002

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190604/2002

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31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

4 of 4

Report No. T/20190604/2002

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: L / SSI ANDY LUCAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2019 00:11
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case: SN 005
Authentication Stamp NP168	[Signature]

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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.

PORT 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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



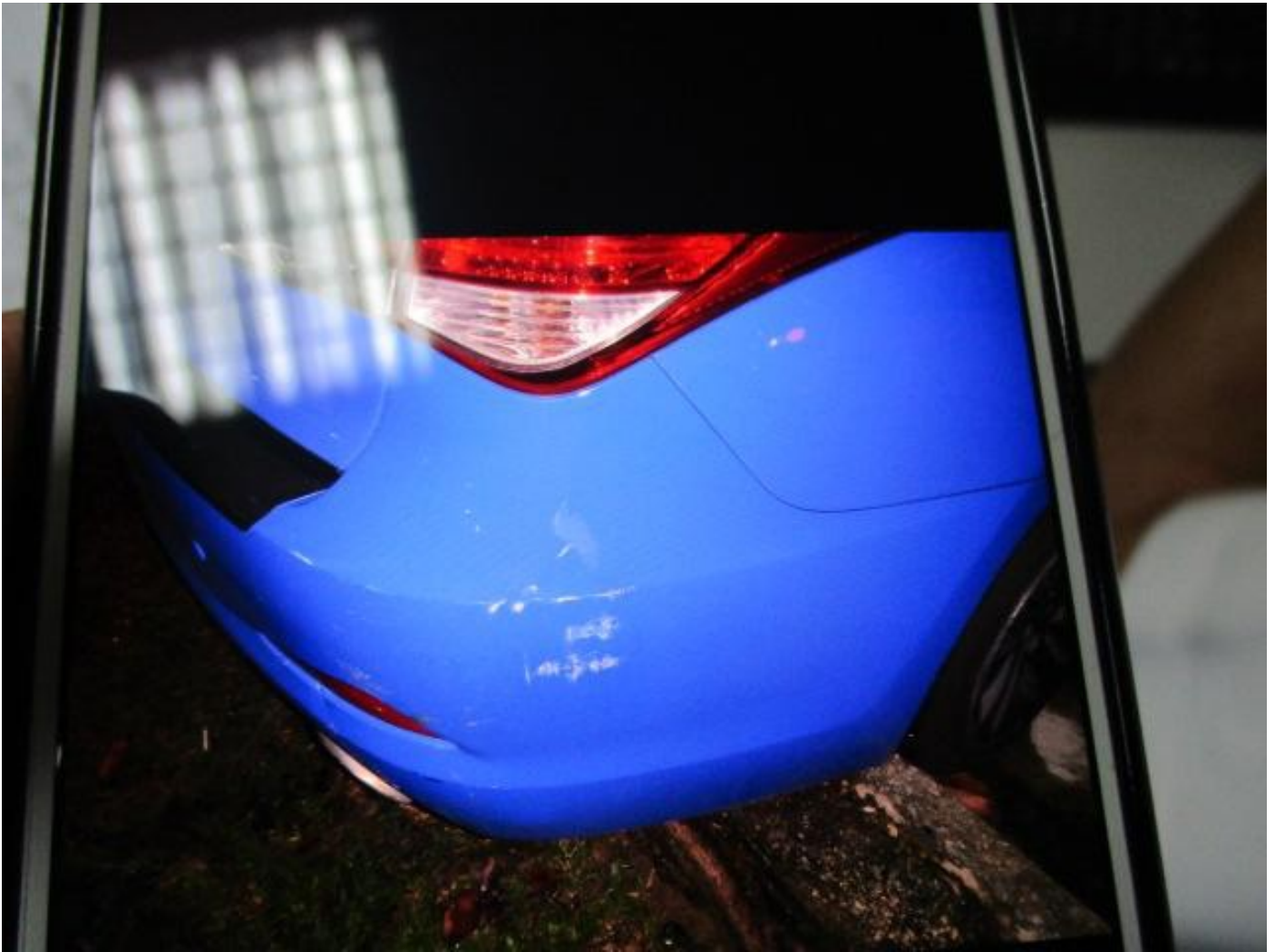
Accident Photo



Accident Photo



Accident Photo



Accident Photo

