

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	10/06/2019 15:19
Date Of Accident	10/06/2019 09:35
Exact Location Of Accident	ALONG FULLERTON RD TOWARDS NICOLL HWY DIRECTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3244C
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	ONG TIAN HIN
NRIC No	S1428276I
Date Of Birth	09/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/02/1980
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82006533
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 668 JALAN DAMAI #04-71
Postcode	410668
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	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20190610/2085

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	SLQ8767L
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
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 SHB23449
Vehicle Make/Model/Colour CITYCAB
Details Of Properties
Vehicle Category TAXI
Name of Driver UNKNOWN

NRIC/Passport Number
Contact Number

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 SLU1225J
Vehicle Make/Model/Colour HONDA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver UNKNOWN

NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN(DRIVER)

Approximate Age

Injuries Sustain UNSURE

Injured person in which vehicle? SLQ8767L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

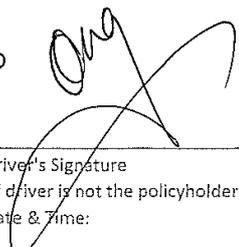
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

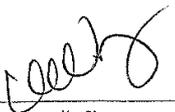
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:



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

Olivia Wendy



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 10 JUN 2019



**SINGAPORE
POLICE FORCE**



T/20190610/2085

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190610/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2019 13:37	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: ONG TIAN HIN		Address: APT BLK 668 JALAN DAMAI #04-71 SINGAPORE 410668	
ID Type / ID No.: NRIC NO / S1428276I		Contact No.:	Mobile: 82006533
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 09/03/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/06/2019 09:35	Type of Location: Straight Road
Location: Along Road 1 FULLERTON ROAD				
Fullerton road towards Nicoll Highway, after Fullerton hotel				
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: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
4 SHD3244C	Car	F			Seriously Damaged	0
3 SLQ8767L	Car	F/R			Seriously Damaged	0

2 SHB234UP (F/R)
(CITY CAB) Toyota
1 SLU1225J ?



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Report No. T/20190610/2085

CONTINUATION OF REPORT

Brief Details.

On 10/06/2019 at about 9.35am, I was travelling along Fullerton Road towards Nicoll Highway in my vehicle SHD3244C. After passing Fullerton Hotel, near the area where there is a bridge, the driver of the vehicle in front of mine (SLQ8767L) applied abrupt brake. Thus, I applied the brakes of my vehicle as well to avoid colliding into his vehicle however to no avail. I then collided into the rear of his vehicle. I wish to state that a total of 4 vehicles were involved in the collision and the collision all happened at the same time based on my observation. I was the last vehicle.

After the collision, only the driver of the vehicle I collided into did not alight from his vehicle to assess the damages and exchange particulars due to his injuries. He was subsequently conveyed to hospital by the ambulance. I wish to inform that traffic police was at scene.

I am not injured from the accident. The damages on my vehicle as a result of the accident was the front portion of my vehicle dented in.

The vehicle registration plate number of the first vehicle is SLU1225J and the contact number of the driver is 90078654. The vehicle registration plate number of the second vehicle is SHB2344P and contact number of the driver is 86065285.



SINGAPORE
POLICE FORCE



T/20190610/2085

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

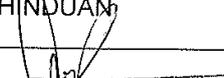
Report No. T/20190610/2085

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 JOYSON NG HAO FAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2019 13:37
Officer In Charge Of Case: TP / GIT / SINGAPORE Sr Staff Sgt SYED ZAYED MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394 Authentication Stamp 	Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



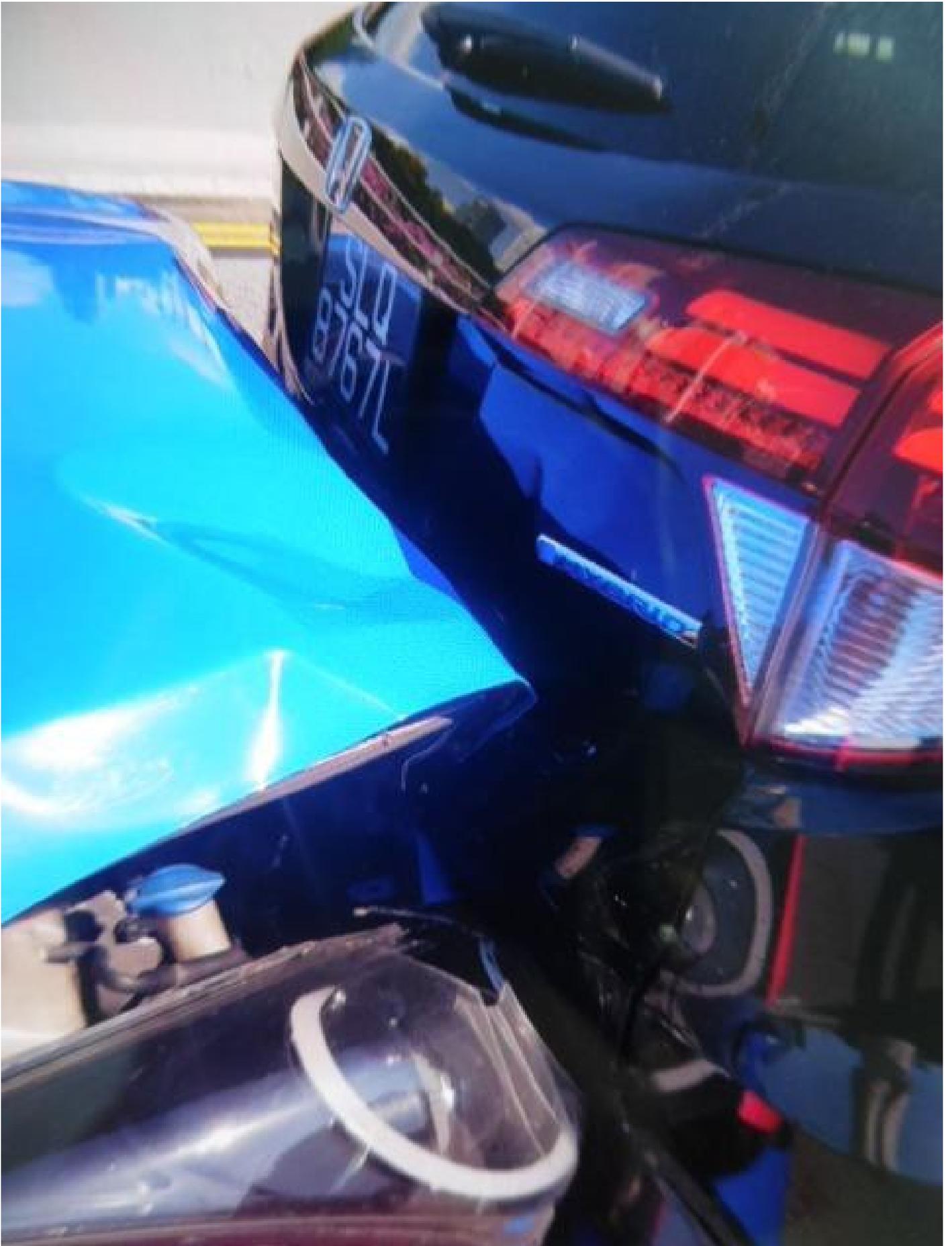
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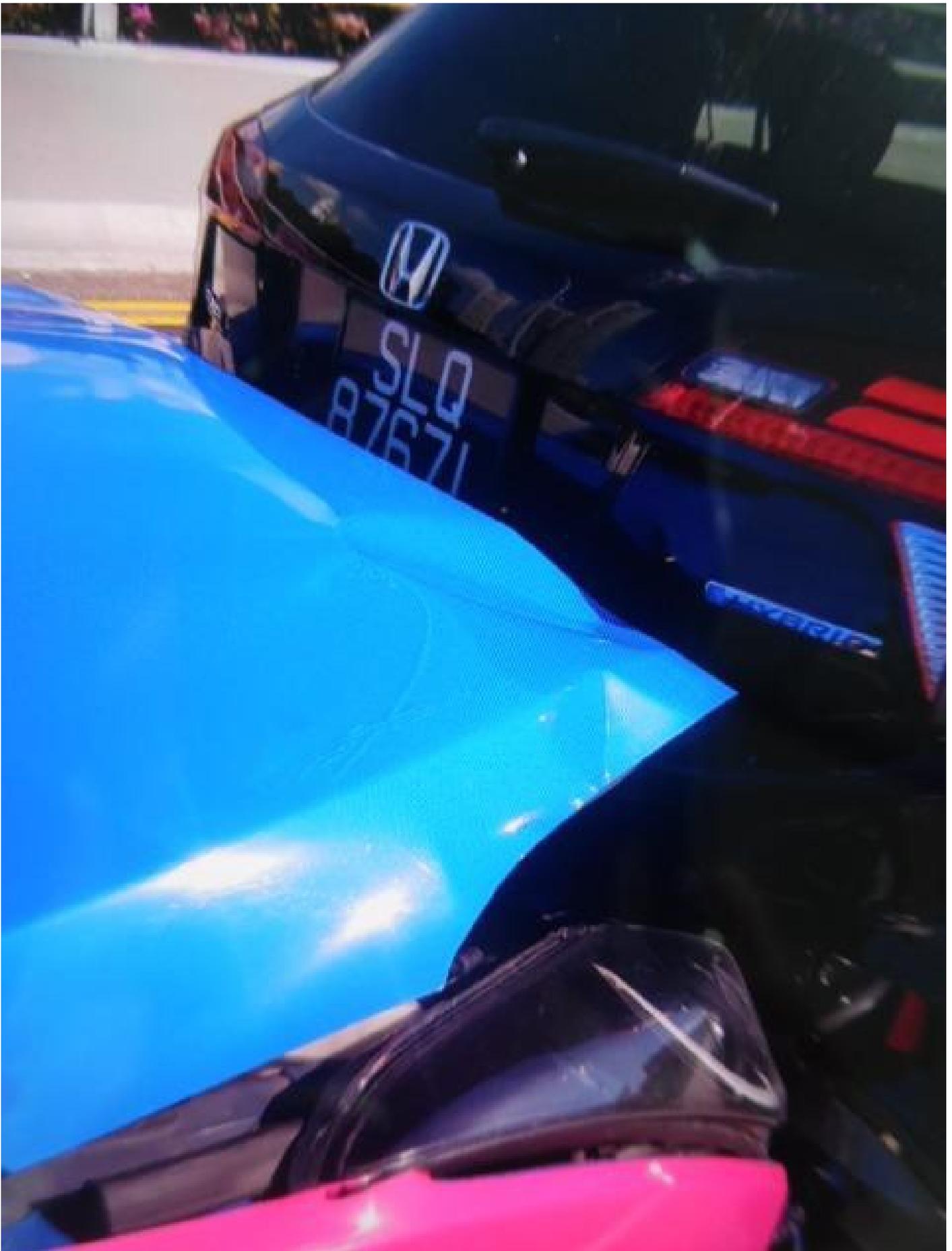
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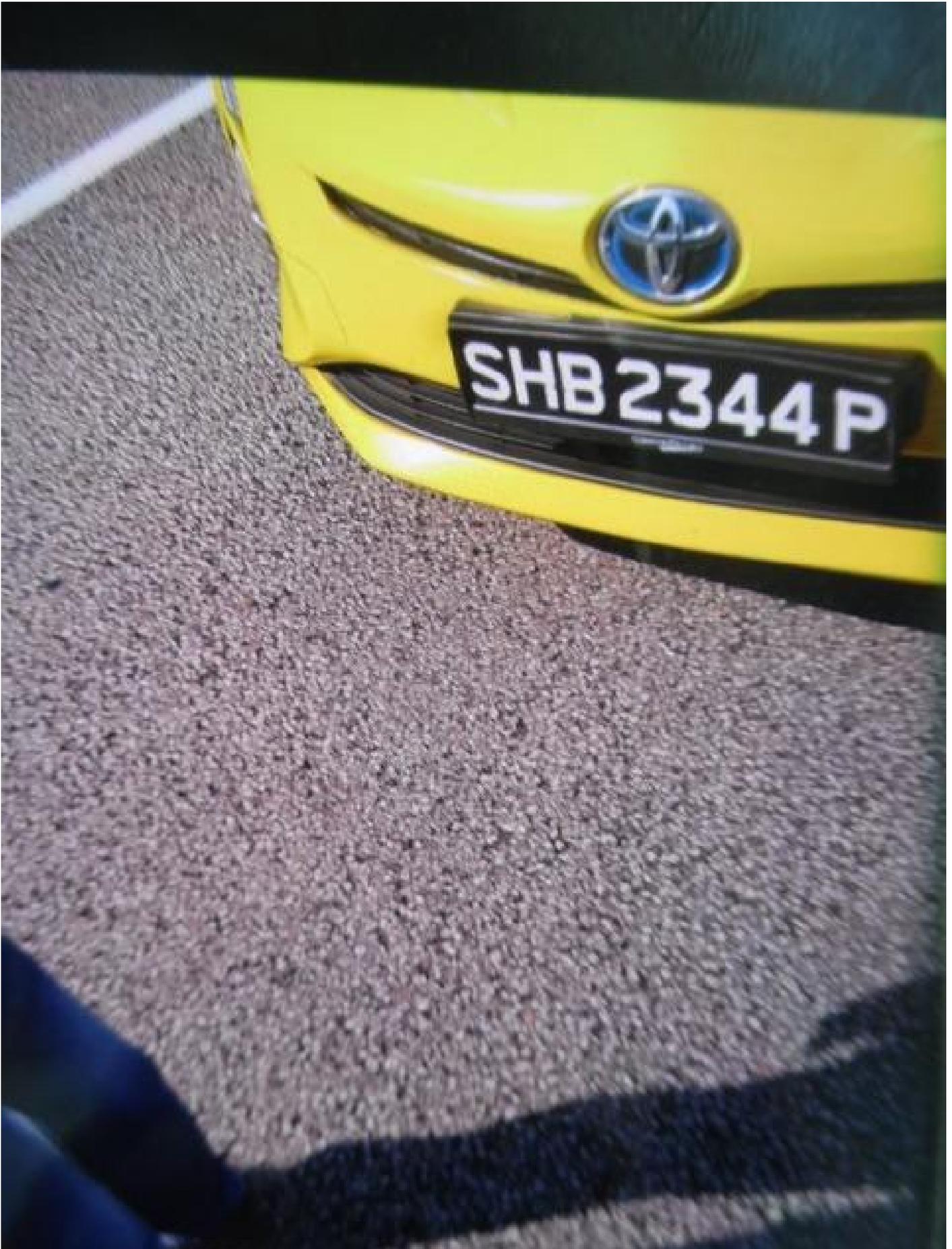
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