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 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.	
	ACCIDENT STATEMENT
Date Of Report	18/06/2019 15:41
Date Of Accident	17/06/2019 19:55
Exact Location Of Accident	ALONG AIRPORT BLVD TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH8873C
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	IONIQ HYBRID
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 CHENG HIAP

NRIC No S1580075E Date Of Birth 09/05/1963 Occupation **OUTDOOR Date Of Driving Pass** 18/04/1984

Driving Experience 35 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96365407

Fax Number **Contact Number**

EMail Address ONGCHENGHIAP@SINGNET.COM.SG Address 704 09-3628 BEDOK RESERVOIR ROAD

Postcode 470704

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 CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRK6627 (PRIVATE CAR)

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?

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

YES NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] PASIR RIS NPC

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Remarks/ Reasons:

Was there any audio recorded?

YES -

YES

ecorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JRK6627

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LIAU SU WEI NRIC/Passport Number 7210311255

Contact Number

Address Postcode Insurance Company Name

Nature Of Damage FRT & REAR

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD7263X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

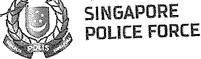
SKETCH PLAN		city
A = SHEE =	F3C	14141414111
25 101		
B= JRK		
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C= SHOF	263K	
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	TORT TAXIMA	, i i i i i i i i i i i i i i i i i i i
	Line of	The state of the s
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	AIRPORT BLVD
Claterner	st as per Pc	place Report (2)
7 2019	0618/2012	
1 2011	001810973	
DECLARATION I/We declare the foregoing partic	ulars are true in every respect	Λ
	A ai .	Olivia Wendy
MFORT TRANSPORTAT	3321R / 19	
Policyholder's Signature Date & Time:	Driver's Signatūre (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: 18 JUN 2019 NRIC/FIN No.:





1 of 3

Report No. T/20190618/2073



Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDEN	DEDORT	OF A	TRAFFIC	ACCIDENT
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REPORT OF	TRAFFIC	ACCIDENT	List Donat No.	Station Diary No.:	
Date/Time Report Made: 18/06/2019 14:24			Vide Report No.:	69	
Informant'	s Particul	ars			
Name of Informant: ONG CHENG HIAP ID Type / ID No.: NRIC NO / S1580075E			Address: APT BLK 704 BEDOK RESERVOIR ROAD #09-3628 SINGAPORE 470704		
			Contact No.: Home/Office:	Mobile: 96365407	
Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 56 09/05/1963 Race: Chinese Occupation: TAXI DRIVER			Email:		
		Date of Birth:	Type of Informant: Driver	1.1.1	
		100,000	Language:	Institution / School Name:	
			Driving Licence Information: Class: 2B,3	Date of Expiry:	

ieneral Informat	ion of the Accident	Drini		Date/Time of	0.11	Type of Location
Type of Accident:	Non-Injury Foreign Vehicle	Drive No	•	Accident: 17/06/2019 07:55		Straight Road
AIRPORT BOUL CENTRAL EXPI AIRPORT BOUL	aveling Toward Road EVARD RESSWAY <u>EVARD TOWARDS</u>		ce:		Road	d Speed Limit:
Weather: Clear Traffic Flow:		Dry Traffic Cont Not Control	rol:			īc Volume: erate
One Way Type of Collision Between Moving	n: g Vehicles - Head To l					one conveyed by ulance:

Details of Vo		Make	Model	Color	Condition	No of Passenger	
Vehicle No.	Type	STOLESCO. BUTTON CONTRACTOR AND CONT	And the second s	Silver	Slightly	0	
JRK6627	Car	Car TOYOTA Innova Silver		Silvei	Damaged		
	- Indiana logic	Ionic	Blue	Slightly	1		
SH8873C Car HYUNDAI		HYUNDAI	TOTIC	Bido	Damaged		
	TOYOTA	Prius	Blue	Slightly	1		
SHD7263X Car		TOYOTA	Filas	15.20	Damaged		





2 01

Report No. T/20190618/20.

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Perso	n Involved			
Any Pedestrian I	nvolved: No			
No. of Pedestria	ns Injured: NIL	Use of Pe	destrian Cros	sing: NA
Driver				*
Name	LIAU SU WEI		ID No.	721031125595
Related Vehicle	JRK6627 (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discl		
		Degree of		
Driver			, , , ,	
Name	ONG CHENG HIAP		ID No.	S1580075E
Related Vehicle	SH8873C (Car)		Contact No.	96365407
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	777	300 7000 300 7000
No. of Days grant	ed Medical Leave NIL	Degree of		

Brief Details.

On the 17/6/2019 at about 7.55pm, I was driving on the 3rd lane of the 5 lane road along airport boulevard. As such there was a Malaysian vehicle bearing plate number JRK6627 driving along the 2nd lane and had switched in to my lane. About 1-2 seconds later, the Malaysian vehicle jammed brake and as such I braked and collided on to its rear. I got down and checked that the Malaysian vehicle also had collided on to the another taxi vehicle bearing plate number SHD7263X which was in front of him. No TP and ambulance at scene. No injuries at scene. My vehicle has a small dent at the front bumper. The Malaysian vehicle has a small dent at the rear bumper. The taxi vehicle has some dents at the rear bumper.

Photos of the incident was taken. I exchanged particulars with the drivers involved. I have on board CCTV in my vehicle that captured the incident which happened. My vehicle and the Malaysian vehicle were towed away as I did not want to further damage the vehicle.





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

3 of 3 Report No. T/20190618/2073

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 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2019 14:24
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AND POLICE FORCE	Classification Of Case:
Contact No.: 65472076	
Authentication Stamp NP168 GRATURE	And the control of th

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.

OMFORT TRANSPORTATION PTE 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.:

18 JUN 2019

