

## 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	27/07/2019 10:48
Date Of Accident	26/07/2019 21:25
Exact Location Of Accident	PIE(AIRPORT) BF EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4445T
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#### 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	PHUA BING BOON
NRIC No	S0174738Z
Date Of Birth	05/03/1954
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1977
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91458889
Fax Number	
Contact Number	
Email Address	PHUABINGBOON@YAHOO.COM.SG

Address	826 10-560 YISHUN STREET 81
Postcode	760826
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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 S 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	SJS6149Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IZHAR
NRIC/Passport Number	
Contact Number	96974147

Address

Postcode

Insurance Company Name

Nature Of Damage REAR

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name KELLY

Approximate Age

Injuries Sustain LEFT TEMPLE PAINFUL

Injured person in which vehicle? SHB4445T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

11/01/2017/2009

Police Report Attached.

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: \_\_\_\_\_

S R Moorthy  
 CSO  
 Reporting Centre Personnel's Signature \_\_\_\_\_  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20190727/2009

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20190727/2009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2019 01:15	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars			
Name of Informant: PHUA BING BOON		Address: APT BLK 826 YISHUN STREET 81 #10-560 SINGAPORE 760826	
ID Type / ID No.: NRIC NO / S0174738Z		Contact No.: Home/Office: Mobile: 91458889	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 05/03/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2019 21:25	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY  Along PIE towards Changi Airport before Eunos Flyover.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4445T	TAXI				Slightly Damaged	2
SJS6149Y	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20190727/2009

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Tel No: 1800-8522999

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Report No. T/20190727/2009

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	PHUA BING BOON		ID No. S0174738Z
Related Vehicle	NIL		Contact No. 91458889
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 26 July 2019 at 2125hrs, I was driving my taxi bearing plate number SHB 4445T (Blue color Comfort) at the extreme right lane along Pan Island Expressway towards Changi as my 2 passenger wanted to go to Chai Chee. As I was approaching Eunos Flyover, a car bearing plate number SJS 6149Y did a jam brake thus I failed to stop in time and hit onto the rear of the car. The driver of the said car alighted from his car and we then exchanges particular. I did a check on my car and only plate number drop and the front bumper abit dented. As for the car, his rear was badly dented. As there was no injury, we exchange our particular and left the place. After I continued my journey, my female passenger complaint of left temple abit painful. I then advise her boyfriend to bring her to the clinic.

I would like state that I will be proceeding to Loyang to report to the reporting accident centre.

The driver particular: Izhar hp: 96974147  
Passenger particular: Kelly hp: 91917727



**SINGAPORE  
POLICE FORCE**



T/20190727/2009

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20190727/2009

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 /  
Sgt 3 MOHAMMED HAYQAL BIN SAMSURI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

SN 130

Authentication Stamp  
NP1



Signature:

Signature Of Informant:

Date/Time:  
27/07/2019 01:15

Classification Of Case:

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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. 199303021R

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

