

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	20/09/2019 15:05
Date Of Accident	19/09/2019 20:05
Exact Location Of Accident	HOLLAND AVE TWDS HOLAND VALLEY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9525B
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
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	KANG TECK KIM
NRIC No	S1344361J
Date Of Birth	20/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1999
Driving Experience	20 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98814376
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	117 11-205 BUKIT MERAH VIEW
Postcode	151117
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	COLLIDED INTO MOTORCYCLIST
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?	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 [OTHER]	BT MERAH W 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

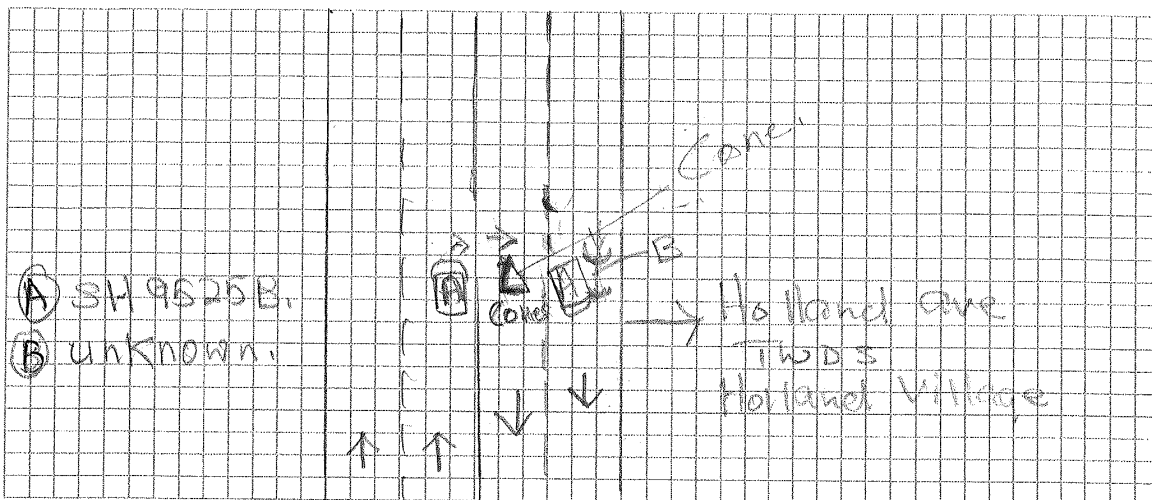
Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

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

Policyholder's Signature
Date & Time:

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

20/9/19
Jackson Heng
CSO

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

GIARMC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20190920/2001

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190920/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2019 00:34	Vide Report No.: E/20190919/0102	Station Diary No.: 6
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Informant's Particulars

Name of Informant: KANG TECK KIM			Address: APT BLK 117 BUKIT MERAH VIEW #11-205 SINGAPORE 151117		
ID Type / ID No.: NRIC NO / S1344361J			Contact No.: Home/Office: Mobile: 98814376		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 20/02/1959	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

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2019 20:05	Type of Location:
Location: Along Road 1 HOLLAND AVENUE				
Lamp Post Number: 20A				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9525B	Car	HYUNDAI	Sonata	Blue	Seriously 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/20190920/2001

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20190920/2001

CONTINUATION OF REPORT

Driver			
Name	KANG TECK KIM	ID No.	S1344361J
Related Vehicle	SH9525B (Car)	Contact No.	98814376
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 19/09/2019 at about 2005hrs, I was driving along Holland Avenue. I then wanted to make a U-Turn to the taxi stand at B/10, Holland Avenue. After checking the blind spots and everything was clear, I then proceeded to make a U-Turn. I had made a U-Turn when suddenly, a motorist from the left most lane, collided onto the front left side of my taxi. After which, I alighted from the taxi to help the motorist. The said motorist was injured. Subsequently, ambulance arrived and conveyed the said motorist to the hospital. Traffic Police also arrived and issued me a case card - E20190919/0102 and advised me to lodge a Traffic Accident Report.

I wished to state that I am not injured. My taxi was seriously damaged. I wished to state that there were road works being conducted on the road that I was U-Turning into and there were 2 cones being placed on the leftmost lane where the said motorist appeared from. I also wished to add that I did not manage to get any details of the motorist as well as his vehicle registration number.



**SINGAPORE
POLICE FORCE**



T/20190920/2001

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500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20190920/2001

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:
D /
Staff Sgt KHAIRUL ANUAR BIN ABU BAKAR

Signature Of Informant:

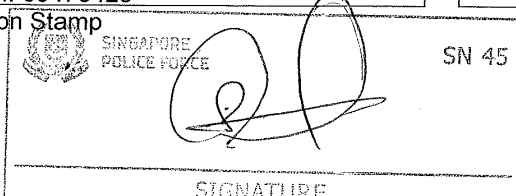
Signature Of Interpreter:
Not applicable

Date/Time:
20/09/2019 00:34

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR HIDAYU BINTE ABDUL
SAMAD
Contact No.: 65476423

Classification Of Case:

Authentication Stamp
NP168



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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.

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

Policyholder's Signature
Date & Time:

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

20/6/19
Jackson Heng
CEO
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

