

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	19/09/2019 16:42
Date Of Accident	19/09/2019 12:10
Exact Location Of Accident	BENDEMEER RD TOWARDS JLN BESAR AFTER BOON KENG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3383P
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	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	THIRD PARTY
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	MUTHIAH JAYA RAMESH
NRIC No	S7184355F
Date Of Birth	22/03/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98530040
Fax Number	
Contact Number	
Email Address	MUTHIAHJAYARAMESH@YAHOO.COM.SG

Address	34 06-390 CIRCUIT ROAD
Postcode	370034
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	SIDE SWIPE
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]	PASIR RIS 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

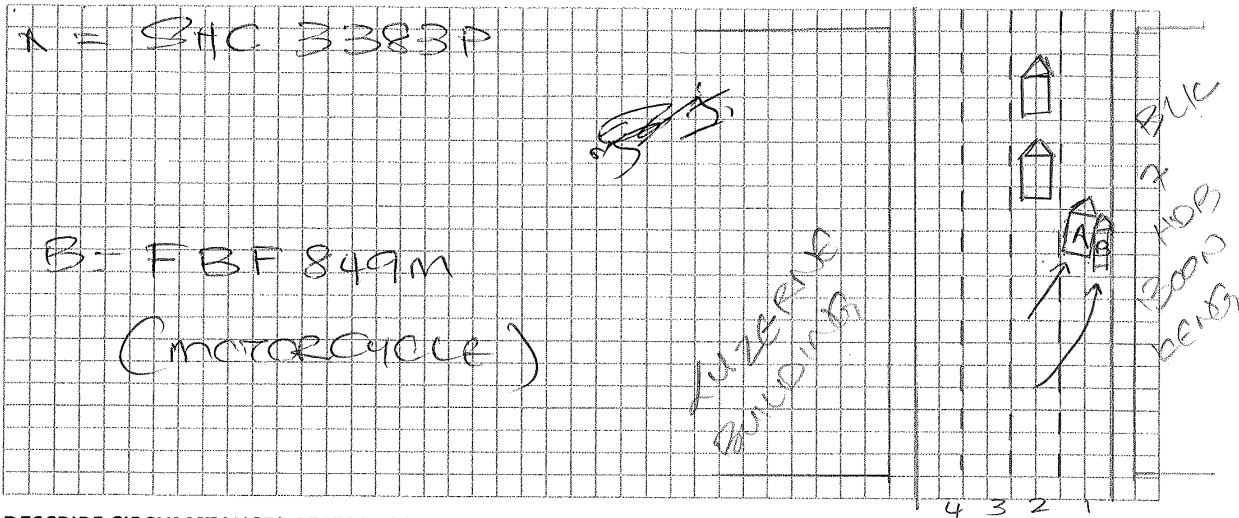
Vehicle Registration Number	FBF849M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	FBF849M
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

Statement as per Police Report

T12019091912098

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:

Olivia Wendy

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

19 SEP 2019



**SINGAPORE
POLICE FORCE**



T/20190919/2098

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/20190919/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2019 15:27	Vide Report No.: A/20190919/0055	Station Diary No.: 84
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Informant's Particulars

Name of Informant: MUTHIAH JAYA RAMESH			Address: APT BLK 34 CIRCUIT ROAD #06-390 SINGAPORE 370034	
ID Type / ID No.: NRIC NO / S7184355F			Contact No.: Home/Office: Mobile: 98530040	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 22/03/1971	Type of Informant: Driver	
Race: Indian			Language: English	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:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2019 12:10	Type of Location: Straight Road
Location: Along Road 1 BENDEMEER ROAD				
ALONG BENDEMEER ROAD TOWARDS JALAN BESAR AFTER BOOK KENG ROAD, OPPOSITE 70 BENDEMEER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF849M	Motorcycle					0
SHC3383P	Car	HYUNDAI	I40	Blue	Slightly Damaged	0

Details of Person Involved

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



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T/20190919/2098

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

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Report No. T/20190919/2098

CONTINUATION OF REPORT

Driver			
Name	MUTHIAH JAYA RAMESH		ID No. S7184355F
Related Vehicle	SHC3383P (Car)		Contact No. 98530040
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 12:10pm, i was alone driving in a Comfort Delgro's taxi bearing the registration number: SHC3383P. I was driving along Bendemeer Road towards Jalan Besar after Boon Keng Road. I was driving on the second from the right lane of the four lanes road. I wanted to filter right most lane. I signaled my right signal lights, check for traffic on the right lane through my mirrors and blindspot. When i check my rear view mirror, i noticed there was a 'SingPost' motorcycle exactly behind me. There was no traffic on coming on the right most lane, so i gradually filter to the right most lane.

Suddenly, the said 'SingPost' motorcycle sped up and tried to over take me from my right side. Upon Seeing this, i tried to brake to avoid a collision however to no avail. We side swiped at the front right portion of my vehicle. At the point of time, my vehicle was stationary. I then came out my vehicle and made a check on the rider.

I noticed the rider had fallen on the road. I enquired with the said rider if he require any medical attention and he informed that his leg was in pain. I believed someone call the ambulance for assistance. The rider was riding a motorcycle bearing the registration number: FBF849M.

Shortly, the ambulance and traffic police arrived. The traffic police officer then advised to me lodge a traffic accident report to the said accident, A/20190918/0055. As i had an in-vehicle camera installed, the officer also took the memory card for investigation purposes. I was not injured during the accident however the rider was conveyed to hospital by ambulance.

The damages to my taxi is the whole front bumper had been dislodged, some minor scratches and some dents on the front right side.



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T/20190919/2098

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

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Report No. T/20190919/2098

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 3 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/09/2019 15:27

Officer In Charge Of Case:

TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

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. 190303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Person's Signature

Name:

NRIC/Fin No:

19 SEP 2019

GIA/IRC SketchPlanForm_V3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

