

## 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	18/10/2019 10:50
Date Of Accident	17/10/2019 14:25
Exact Location Of Accident	UPPER SERANGOON VIEW
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3081X
<b>Insured/Policyholder</b>	
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	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	LIM AH KUAN
NRIC No	S1182505B
Date Of Birth	13/03/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96354662
Fax Number	
Contact Number	
EEmail Address	SANDYLIMAK@GMAIL.COM

Address	BLK 299A COMPASSVALE STREET #14-148
Postcode	541299
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	RAINING
Road Surface	WET

#### 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)	2
Passenger 1	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]	TAMPINES NORTH NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20191017/2128 \* TYPE OF ACCIDENT :- HEAD TO SIDE

#### 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	SMN9767J
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO ZHENYU (LIANG ZHENYU)
NRIC/Passport Number	S8113128G
Contact Number	88777920
Address	
Postcode	

Insurance Company Name

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LIM AH KUAN

Approximate Age

Injuries Sustain

HEAD, SHOULDER AND BACK

Injured person in which vehicle?

SHA3081X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

**SKETCH PLAN**

**IMPORTANT NOTICE**

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6. The 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 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: 18.10.2019  
@ 10:30 hrs

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

### SKETCH PLAN

A - SHA 3081X  
B - SMN 9767J

Refer to attachment

## Along Upper Serangoon View

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report T/20191017/2128

## DECLARATION

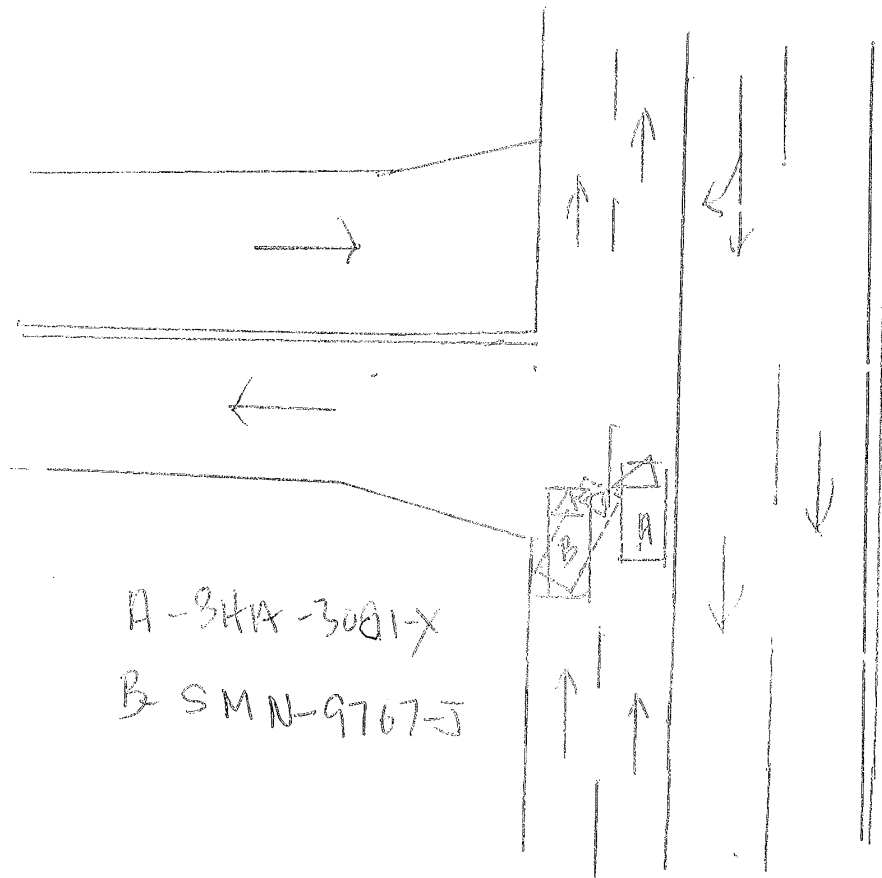
I/We declare the foregoing particulars are true in every respect.  
COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18.10.2019  
@ 10:30 hrs

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

upper Serangoon view



A-SHA-3081-X  
B-SMN-9767-J

Lim HH KUAN

18/10/19



**SINGAPORE  
POLICE FORCE**



T/20191017/2128

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20191017/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2019 16:58	Vide Report No.:	Station Diary No.: 35
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Informant's Particulars			
Name of Informant: LIM AH KUAN		Address: APT BLK 299A COMPASSVALE STREET #14-148 SINGAPORE 541299	
ID Type / ID No.: NRIC NO / S1182505B		Contact No.: Home/Office:                      Mobile: 96354662	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 03/03/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 17/10/2019 14:25	Type of Location: Bend
Location: Along Road 1 UPPER SERANGOON VIEW				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3091X	M/Taxi				Slightly Damaged	1
SMN9767J	Car				Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20191017/2128

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

2 of 3

Report No. T/20191017/2128

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM AH KUAN		ID No. S1182505B
Related Vehicle	SHA3091X (M/Taxi)		Contact No. 96354662
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	17/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	<del>NO ZHENYU</del> NEO ZHENYU (LIANG ZHENYU)		ID No. S8113128G
Related Vehicle	SMN9767J (Car)		Contact No. 88777920
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 17/10/2019 @ 1430 hrs, I was travelling in my M/Taxi SHA3091X with one passenger on board along Upper Serangoon View on lane 1 when suddenly, another vehicle SMN9767J on lane 2 of the two lane road, made an illegal u turn and ended up hitting the left portion of my M/Taxi.

I sustained pain on my head, shoulders and back and was given 3 days MC.

I have an in car camera on board my taxi.

My taxi sustained damages on the front left portion of the passenger door.





**SINGAPORE  
POLICE FORCE**



T/20191017/2128

Police Station Of Origin:  
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461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 of 3

Report No. T/20191017/2128

**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.

<p>Signature Of Officer Recording The Report: G / Sr Staff Sgt MOHAMMAD ABDULGHANI BIN MOHD ADNAN</p>	<p>Signature Of Informant:</p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 17/10/2019 16:58</p>
<p>Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414</p>	<p>Classification Of Case:</p>
<p>Authentication Stamp NP168</p>	<p>SIGNATURE</p>

Sketch Plan Pg. 7

Officer- In -Charge  
Investigation Section  
Traffic Police  
No. 10 Ubi Avenue 3  
Singapore 408865

Name : Lim Ah Kuan  
NRIC :S1182505B  
Address:Blk 299A Compassvale Rd  
#14-148  
Singapore ( 541299 )  
Tel : 96354662

**NP 168 AMMENDMENT TRAFFIC ACCIDENT REPORT**


ACCIDENT INVOLVING **SHA3081X**

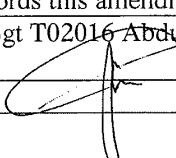
ALONG Upper Serangoon View  
ON 17/10/2019 @ 1430hrs

With reference to the above, I have on **17/10/2019** (date) at 1658hrs (time) make an Amendment Traffic accident report police report at **Tampines North NPP** (Name of police station / NPP) vide T/20191017/2128.

**Amendment:**

Correction to Taxi Registration plate number SHA3081X

  
Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No:SSSgt T02016 Abdul Ghani	Station Diary No. 36
Signature 	

**Tampines North NPP**  
Block 461 Tampines St 44  
#01-56 Singapore 520461  
Tel: 1800-7818999

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

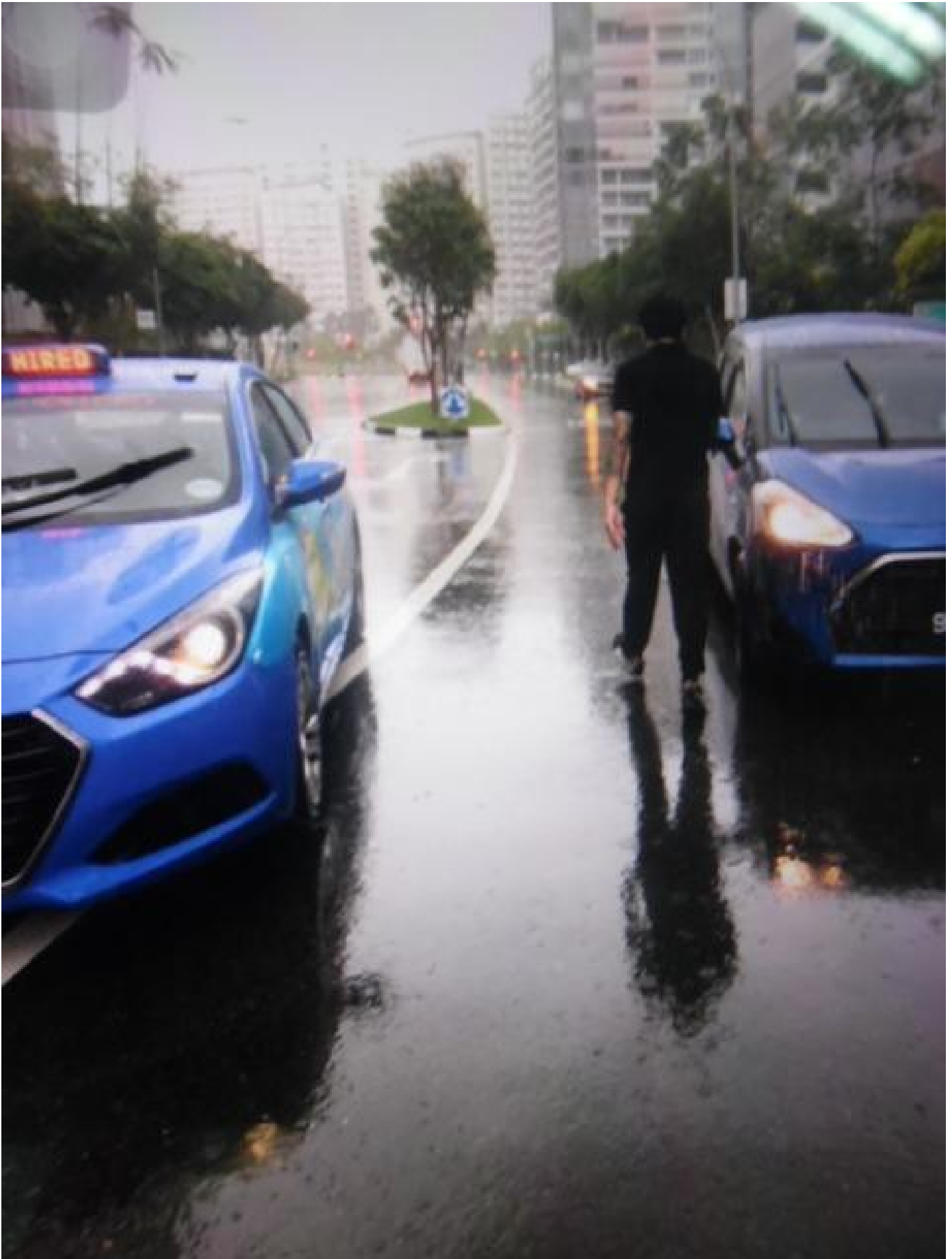




SCENE



## SCENE



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