

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	14/10/2019 15:19
Date Of Accident	14/10/2019 08:30
Exact Location Of Accident	ALONG AYE TOWARDS ECP CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7645T
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	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	TAN HWEE BOON
NRIC No	S1123315E
Date Of Birth	21/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1973
Driving Experience	46 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993115
Fax Number	
Contact Number	
Email Address	TANHWEETAN9823@GMAIL.COM

Address	141 07-510 BISHAN STREET 12
Postcode	570141
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?	YES
Foreign Vehicle Registration Number	JMJ6844 (MOTORCYCLE)
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)	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]	BISHAN 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	JMJ6844
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

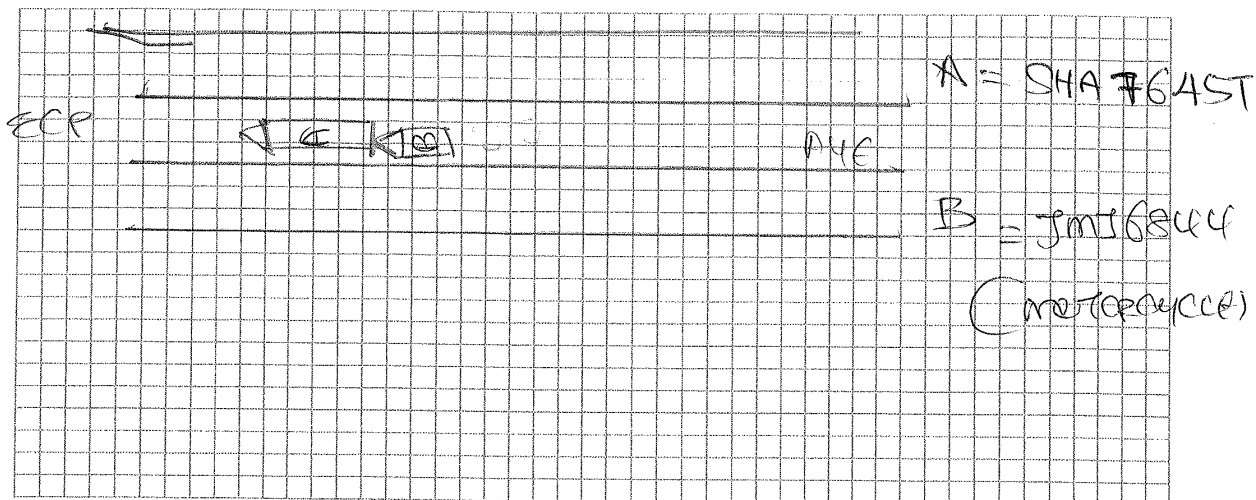
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? JMJ6844
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

I was driving my taxi along AYE towards ECP had one passenger with me. The traffic was heavy at the point of time. I then on my indicator to indicate that I want make a lane change. I checked my mirror and my blind spot before making the lane change.

I then felt an impact coming from the rear. I alighted my taxi and discover that a Malaysian motorcycle.

A while later, Traffic and Ambulance came to assist us.

The traffic police then advise me to lodge a police report.

I wish to inform that the car (SLV2302H, HP 828262-32) behind of the motorcycle came to help. The driver informed that she only saw the motorcycle fall.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO-REG NO. 199304821R
Policyholder's Signature _____
Date & Time: _____
Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Wendy

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

GIARMC SketchPlanForm_V3

14 OCT 2019



**SINGAPORE
POLICE FORCE**



T/20191014/2034

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20191014/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2019 10:45		Vide Report No.: D/20191014/0035		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: TAN HWEE BOON			Address: APT BLK 141 BISHAN STREET 12 #07-510 SINGAPORE 570141		
ID Type / ID No.: NRIC NO / S1123315E			Contact No.: Home/Office: Mobile: 91993115		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 21/03/1955	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards ECP (Changi Airport)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMJ6844	Motorcycle				Slightly Damaged	0
SHA76453T	Taxi				Slightly Damaged	1

Details of Person Involved

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



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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20191014/2034

CONTINUATION OF REPORT

Driver			
Name	TAN HWEE BOON	ID No.	S1123315E
Related Vehicle	SHA76453T (Taxi)	Contact No.	91993115
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 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 above mentioned date and time, I was driving my taxi along AYE towards ECP (Changi Airport). I had one passenger with me. The traffic was heavy at the point of time. I then on my indicator to indicate that I want to make a lane change. I checked my mirror and my blind spot before making the lane change. Once clear, I carried to make a lane change to the right.

I then felt an impact coming from the rear. I alighted my taxi and discover that a Malaysian motorcycle had hit onto the rear portion of my taxi. Passer-by came, assist the rider and called for ambulance. Awhile later, Traffic Police and Ambulance came to assist us. The rider was conveyed by ambulance to the nearby hospital.

The traffic police then advise me to lodge a police report. I also managed to take photo of the accident and the traffic police officer took the SD card of my in-car camera.

I wish to informed that the car (SLV2302H, HP 82826232) behind of the motorcycle came to help. The driver informed that she only saw the motorcycle fall.



**SINGAPORE
POLICE FORCE**



T/20191014/2034

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20191014/2034

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: E / Sgt 3 MUHAMMAD RIDZUAN BIN ABDUL RAHMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2019 10:45
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case: <div data-bbox="901 1848 997 1892" data-label="Text"> <p>SN 061</p> </div>
Authentication Stamp NP168	<div data-bbox="486 1825 997 2027" data-label="Image"> </div>

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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.

COMFORT TRANSPORTATION PTE LTD
POLICY NO. 192304501R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Olivia Wendy

Reporting Centre Personnel's Signature

Name:

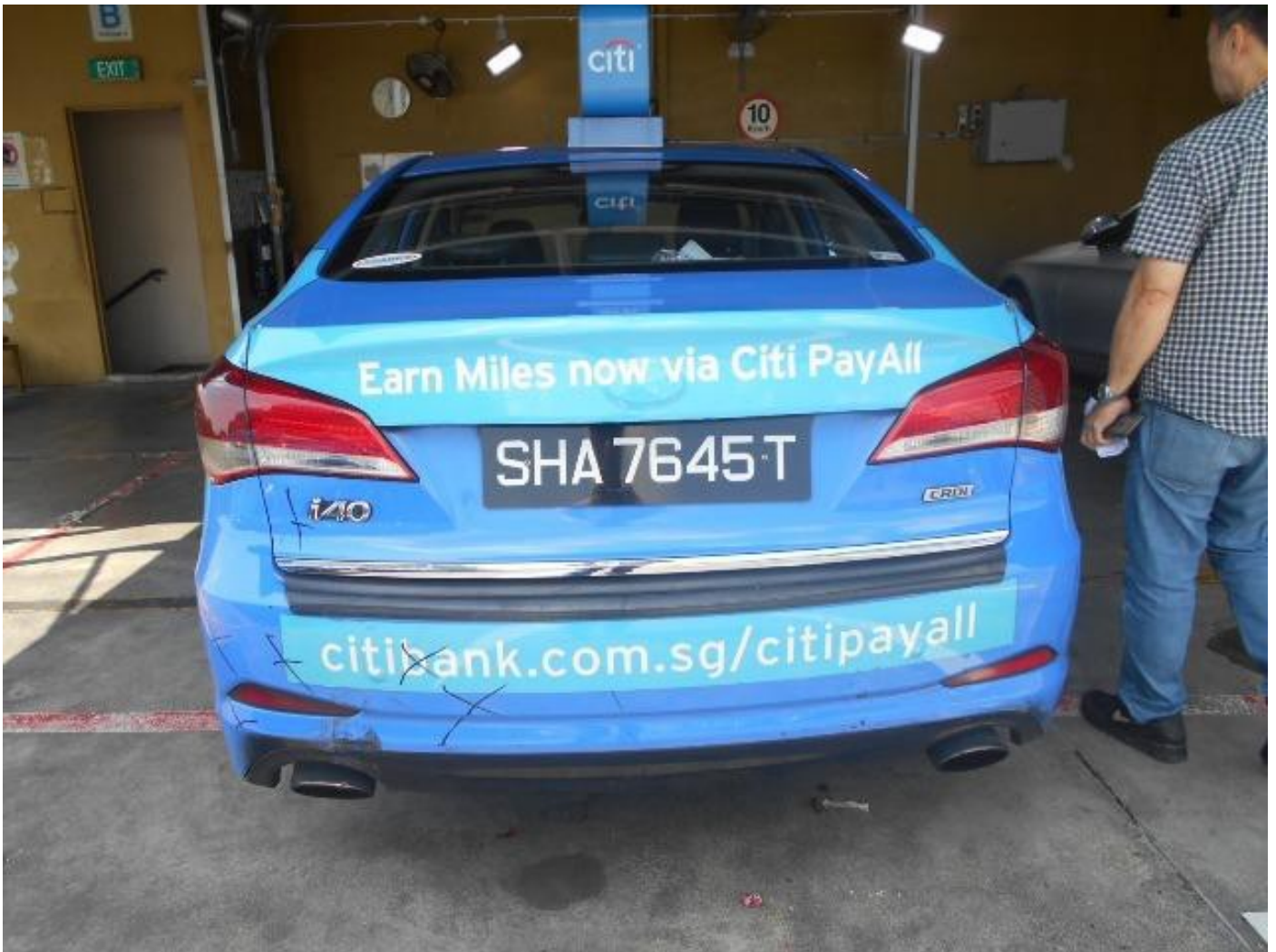
NRIC/FIN No.:

14 OCT 2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : WCD 619136091 Vehicle Registration No: S4A7648 T
Name(as shown in NRIC) : Tan Hwee Ban NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 14/11/19 Time of Accident : 08:00
Place of Accident : A43
Insurance Company: India International Insurance PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TP no was JmJ bap

Policyholder / Driver's Signature
Date: 14/12/19

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