

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	19/11/2019 14:14
Date Of Accident	14/11/2019 22:05
Exact Location Of Accident	CLEMENTI TWDS WEST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4155E
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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	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	LIM CHEE MENG
NRIC No	S7070040I
Date Of Birth	23/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1991
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91018592
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	5 02-38 UPPER ALJUNIED LANE
Postcode	360005
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?	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]	TRAFFIC POLICE
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	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM CHEE MENG

Approximate Age 49

Injuries Sustain FACE

Injured person in which vehicle? SHB4155E

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PAX

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? SHB4155E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name DRIVER

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? UNKNOWN

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name PAX

Approximate Age

Injuries Sustain NOT SURE

Injured person in which vehicle? UNKNOWN

Were seat belts worn?

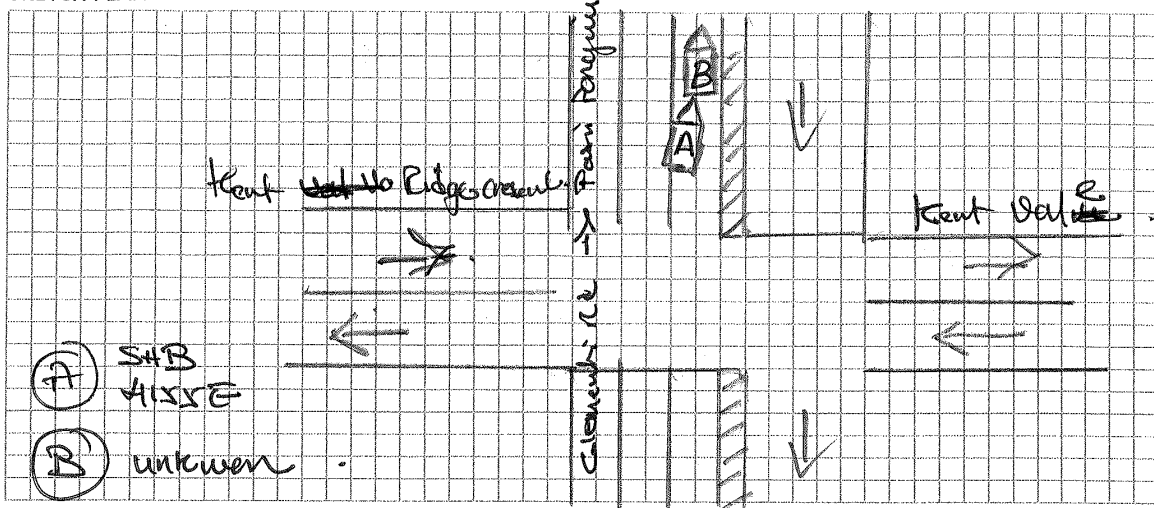
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police
Report.
1/20191118/2122.

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:

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



**SINGAPORE
POLICE FORCE**



T/20191118/2122

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191118/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2019 15:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM CHEE MENG			Address: APT BLK 5 UPPER ALJUNIED LANE #02-38 JOO SENG GREEN SINGAPORE 360005		
ID Type / ID No.: NRIC NO / S70700401			Contact No.: Home/Office: Mobile: 91018592		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 23/08/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 3,4A,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/11/2019 22:05	Type of Location:
Location: Along Road 1 CLEMENTI ROAD WEST COAST ROAD CLEMENTI ROAD TWDS WEST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4155E	Car				Totally Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHB4155E	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
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T/20191118/2122

Police Station Of Origin:
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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20191118/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHEE MENG	ID No.	S7070040I
Related Vehicle	SHB4155E (Car)	Contact No.	91018592
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4A,4 Date of Expiry: NIL
Date Treatment	14/11/2019	Date Discharge	16/11/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS TRAVELLING FROM AYE TOWARDS CLEMENTI ROAD THEN TOWARDS WEST COAST ROAD ON THE SECOND LANE, AT THE TRAFFIC LIGHT OF KENT RIDGE CRESCENT. THE LIGHT IS SHOWN RED, WHEN THE LIGHT TURNS GREEN I DECIDE TO CHANGE MY LANE TO THE RIGHT. WHEN I WAS CHANGING TO THE 1ST LANE I DID NOT SEE A LORRY STATIONARY AT THE 1ST LANE BECAUSE IT WAS UNDER THE OVERHEAD BRIDGE AND IT WAS VERY DARK, THEREFORE BEFORE COMPLETING THE LANE CHANGE I HIT THE LORRY. MY VEHICLE THEN CAME TO A STOP, I CHECKED ON MY PASSENGER TO SEE IF SHE WAS OKAY, AND THEN I REALIZED THAT I WAS BLEEDING HEAVILY. BOTH ME AND THE PASSENGER WAS INJURED. WE WERE THEN CONVEYED TO NATIONAL UNIVERSITY HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20191118/2122

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20191118/2122

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:
TP /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:

Lim

Date/Time:
18/11/2019 15:30

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

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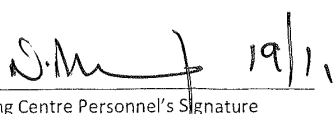
8. Consent under the Personal Data Protection Act (PDPA)

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.

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.:



Identification Card



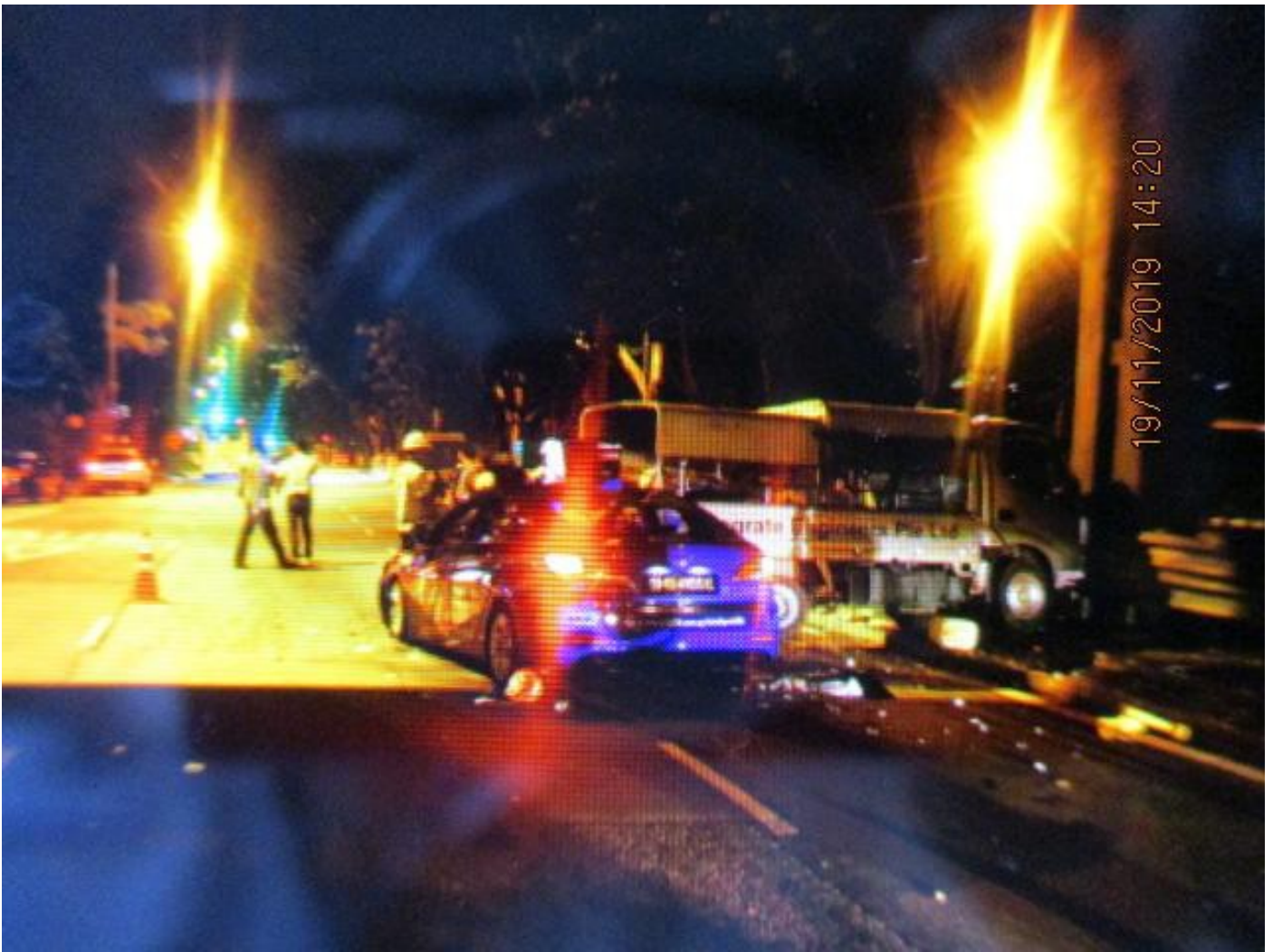
Accident Photo



Accident Photo



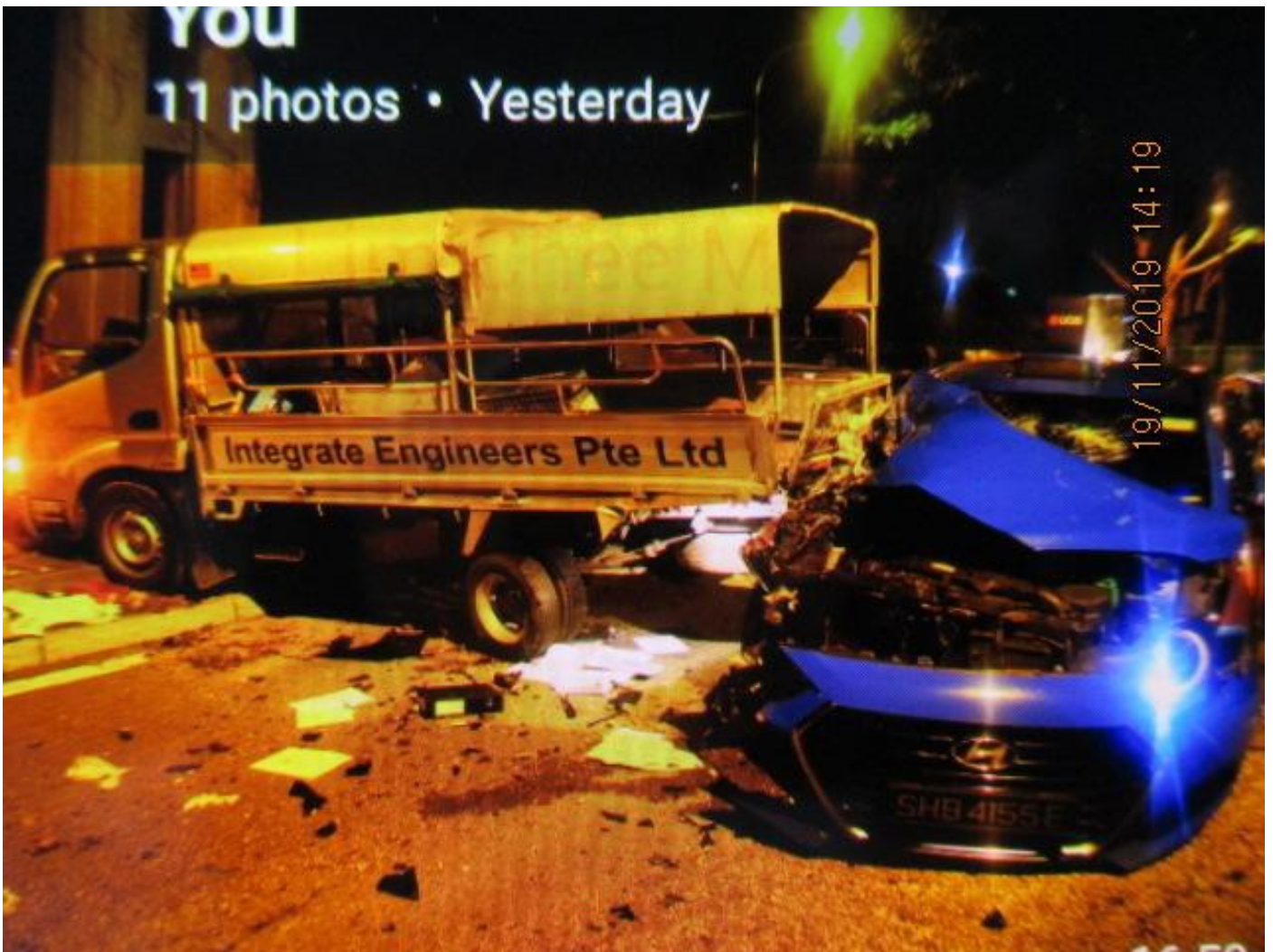
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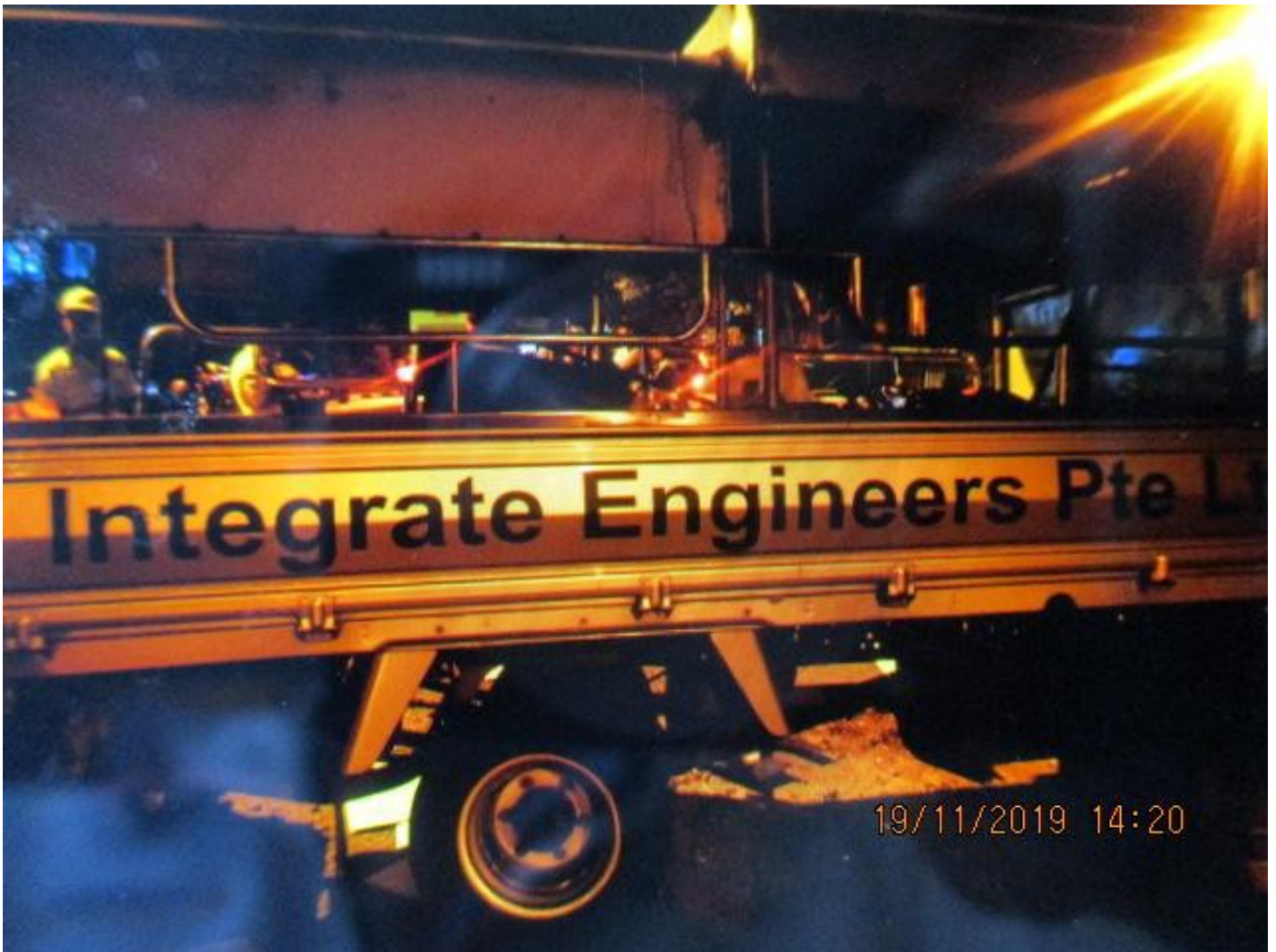
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