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 witholding 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	06/12/2019 16:20
Date Of Accident	06/12/2019 08:05
Exact Location Of Accident	TPE TOWARDS SLE AFTER PUNGGOL EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA1666Y
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	TOYOTA
Model	PRIUS
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	TENG KING GUAN
NRIC No	S7119182F
Date Of Birth	04/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81111870
Fax Number	
Contact Number	
EMail Address	MAILBOXSG@YAHOO.COM

Address	813A 10-4413 YISHUN RING ROAD
Postcode	761813
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	CHAIN COLLISION
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	5
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]	HOUGANG 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	SDL139Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANDY
NRIC/Passport Number	
Contact Number	96684263
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL8136J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADELINE
NRIC/Passport Number	
Contact Number	98779358
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJV6128S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TRINA
NRIC/Passport Number	
Contact Number	91286960
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT & REAR
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SJN825U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

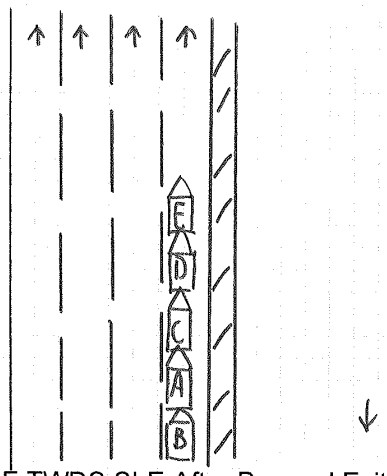
Name	THAMARAI D/O VETHAMANIKAM
Approximate Age	
Injuries Sustain	BACK,SHOULDER,RHT KNEE
Injured person in which vehicle?	SHA1666Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	

Postcode

DETAILS OF INJURED PERSON 2

Name	TENG KING GUAN
Approximate Age	48
Injuries Sustain	BACK,SHOULDER,LEFT HAND
Injured person in which vehicle?	SHA1666Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



A - SHA 1666Y
B - SDL 139Z
C - SLL 8136J
D - SJV 6128S
E - SJN 825U

Along TPE TWDS SLE After Punggol Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20191206/2077

DECLARATION

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

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time: 06.12.2019 @ 15:00 hrs	NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20191206/2077

Report No. T/20191206/2077

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/12/2019 13:32		110

Informant's Particulars

Name of Informant: TENG KING GUAN			Address: APT BLK 813A YISHUN RING ROAD #10-4413 SINGAPORE 761813	
ID Type / ID No.: NRIC NO / S7119182F			Contact No.: Home/Office: Mobile: 90609178	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 04/06/1971	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2019 08:05	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY Towards SLE, near lamp post:566				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDL139Z	Car	TOYOTA		Black		0
SHA1666Y	Car	TOYOTA		Blue	Seriously Damaged	0
SJN825U	Car	OPEL		Silver		0
SJV6128S	Car	BMW		Blue		0
SLL8136J	Car	MAZDA		Blue		0

SINGAPORE POLICE FORCE

T/20191206/2077

Report No. T/20191206/2077

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	ANDY			ID No.	NIL
Related Vehicle	SDL139Z (Car)			Contact No.	96684263
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	
Passenger					
Name	THAMARAI D/O VETHAMANIKAM			ID No.	S9448767F
Related Vehicle	SHA1666Y (Car)			Contact No.	87154197
Hospital/Clinic	A LIFE CLINIC PTE LTD			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/12/2019		Date Discharge	06/12/2019	
No. of Days granted Medical Leave	07		Degree of Injury	Slight	
Driver					
Name	TENG KING GUAN			ID No.	S7119182F
Related Vehicle	SHA1666Y (Car)			Contact No.	90609178
Hospital/Clinic	A LIFE CLINIC PTE LTD			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2019		Date Discharge	06/12/2019	
No. of Days granted Medical Leave	07		Degree of Injury	Slight	

SINGAPORE POLICE FORCE

T/20191206/2077

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191206/2077

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJN825U (Car)	Contact No.	98573147
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

Driver			
Name	TRINA	ID No.	NIL
Related Vehicle	SJV6128S (Car)	Contact No.	91286960
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

Driver			
Name	ADELINE	ID No.	NIL
Related Vehicle	SLL8136J (Car)	Contact No.	98779358
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 06/12/2019 at about 0805hrs, I was driving my taxi on lane 1, along TPE towards SLE when the car in front of me suddenly stopped and I managed to stop in time to avoid colliding into the front car. A few seconds later, I felt an impact at the rear of my taxi, which caused both my passenger and I to swing forward and backward. Both of us immediately suffered backaches and shoulder aches, while my last 3 fingers on my left hand felt numb and my passenger suffered a small cut on her right knee by a small piece of glass. The impact also caused the front of my taxi to hit onto the rear of the front vehicle.

After alighting, I discovered that my taxi was involved in a chain collision, involving the following cars, in order:
1) SJN825U
2) SJV6128S

SINGAPORE POLICE FORCE

T/20191206/2077

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20191206/2077

CONTINUATION OF REPORT

3) SLL8136J
4) SHA1666Y
5) SDL139Z

All of us drivers exchanged our contact details, while an ambulance was at scene to check on us. However, no one was conveyed to the hospital. There was also a traffic police officer at scene.

I wish to state that my taxi had a dash camera installed at the time of the accident. I am therefore lodging this report for insurance claim purposes.

SINGAPORE POLICE FORCE

T/20191206/2077

Report No. T/20191206/2077

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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: F / Sgt 3 ANNA ANTHONY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2019 13:32
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:

Authentication Stamp
NP168

SKETCH PLAN

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. 199303821R

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 06.12.2019 @ 15:00 hrs	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo

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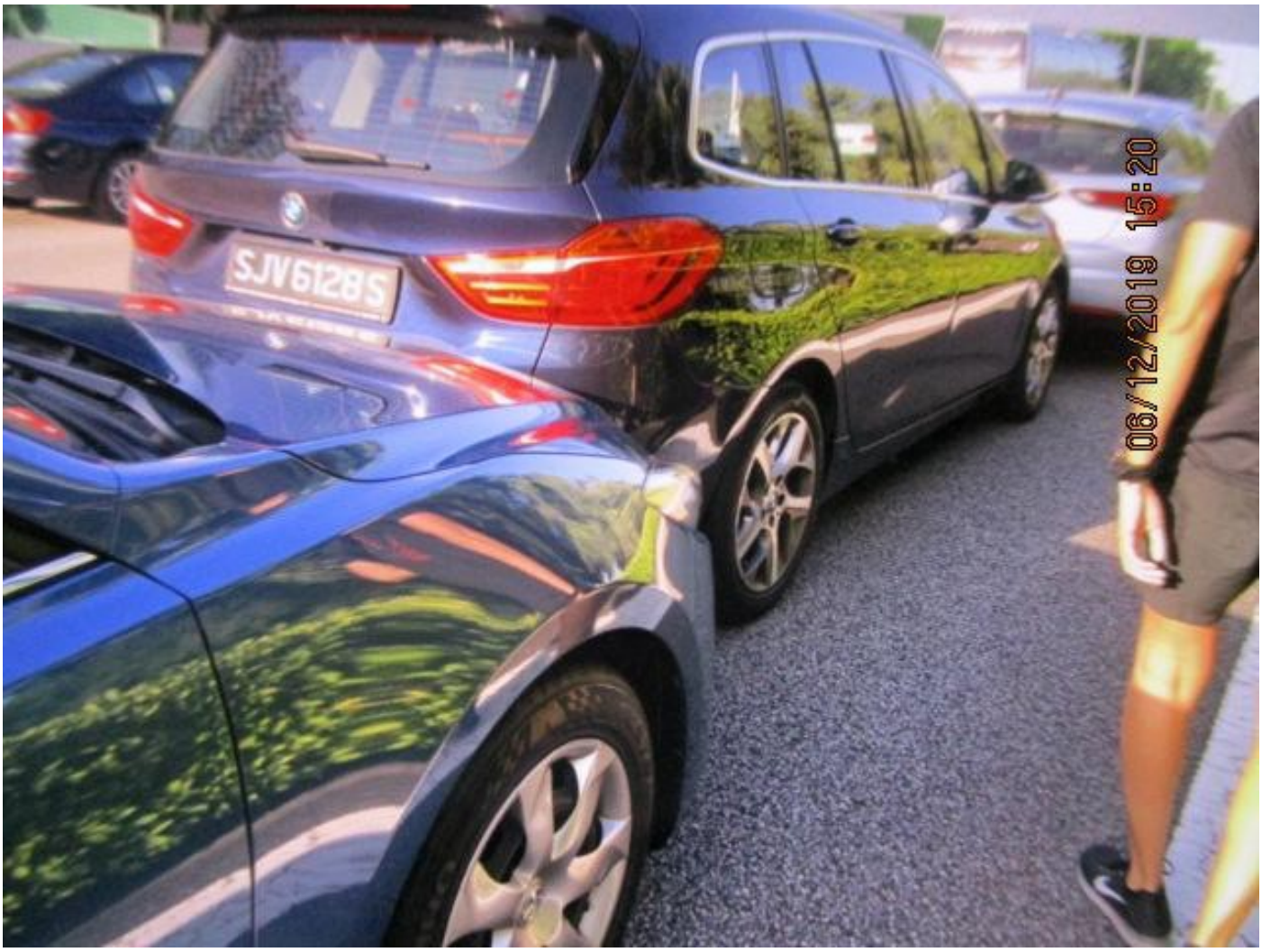

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