

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	05/12/2019 09:03
Date Of Accident	03/12/2019 06:00
Exact Location Of Accident	AIRPORT BLVD >TERMINAL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3076B
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Insured/Policyholder

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	MERCEDES-BENZ
Model	E220

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
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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	DOMINIC SOH WEI WEN
NRIC No	S7721674Z
Date Of Birth	02/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/11/2000
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86860444
Fax Number	
Contact Number	
Email Address	DOMINIC.SOH@HOTMAIL.COM

Address	BLK 43 JALAN TIGA #04-20
Postcode	390043
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)	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]	GEYLANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191203/2113

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	FBE4950G
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 NOT SURE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RIDER

Approximate Age

Injuries Sustain SHOULDER AND HAND

Injured person in which vehicle? FBE4950G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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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:

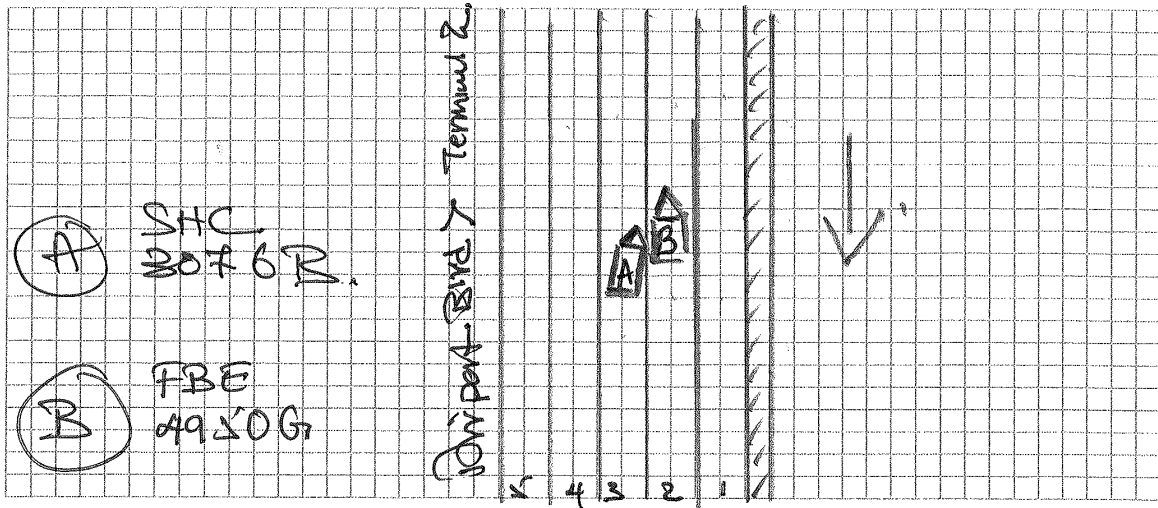
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report -
T/20191203/2113.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD

Policyholder's Signature: 10630382TR

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/20191203/2113

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20191203/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2019 16:27	Vide Report No.: P/20191203/0007	Station Diary No.: 53
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Informant's Particulars

Name of Informant: DOMINIC SOH WEI WEN			Address: APT BLK 43 JALAN TIGA #04-20 SINGAPORE 390043		
ID Type / ID No.: NRIC NO / S7721674Z			Contact No.: Home/Office: Mobile: 86860444		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 02/08/1977	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2019 06:00	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FBE4950G	Motorcycle				Slightly Damaged	0
SHC3076B	Car				No Damage	1

Details of Person Involved

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



**SINGAPORE
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T/20191203/2113

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Tel No: 1800-8486999

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Report No. T/20191203/2113

CONTINUATION OF REPORT

Driver			
Name	DOMINIC SOH WEI WEN	ID No.	S7721674Z
Related Vehicle	SHC3076B (Car)	Contact No.	86860444
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/12/2019 at about 0600hrs, I was driving my taxi bearing registration number SHC3076B along Airport Boulevard heading towards Terminal 2. I was driving along lane three and was about to switch and enter lane two when I accidentally hit onto a motorcyclist who was riding along lane 2. I did not see the motorcyclist travelling in the lane before I switched lane. The impact had caused the rider to fall off his bike. I immediately stop my taxi and went to assist the motorcyclist. I could see that he was injured and I called for the ambulance. The rider was seen to be bleeding on his hand and he complains of pain on his shoulder. The ambulance came and he was conveyed to the hospital. Traffic police came to the scene as well. I had one passenger in my taxi and she was taken by another taxi to the terminal. Both my passenger and I are not injured. There is no damages on my taxi. Both the rider and I did not managed to exchange our particulars as the rider was injured.



**SINGAPORE
POLICE FORCE**



T/20191203/2113

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20191203/2113

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 ABDUL SARHAN BIN ABDUL RIFFIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/12/2019 16:27

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

