

## 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	19/12/2019 14:19
Date Of Accident	18/12/2019 23:30
Exact Location Of Accident	AIRPORD BLVD >> ECP(CITY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9816L
<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	IONIQ
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	JOHAN BIN ALI
NRIC No	S1314083I
Date Of Birth	18/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/02/1990
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84355645
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 45 TELOK BLANGAH DRIVE #10-177
Postcode	100045
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	4
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TAMPINES N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20191219/2079

#### 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	SLU7983P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HELME BIN AHMAD
NRIC/Passport Number	
Contact Number	91541751
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	GBE2222M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR FOO
NRIC/Passport Number	
Contact Number	97325279
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR AND FRT
No. Of Passenger (Including Driver)	

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SHC5285B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MR LEE
NRIC/Passport Number	
Contact Number	87862646
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	JOHAN BIN ALI
Approximate Age	61
Injuries Sustain	NECK PAIN. ON 3 DAYS MC.
Injured person in which vehicle?	SH9816L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

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2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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5. **Any false reporting may be referred to the Police for investigation.**
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

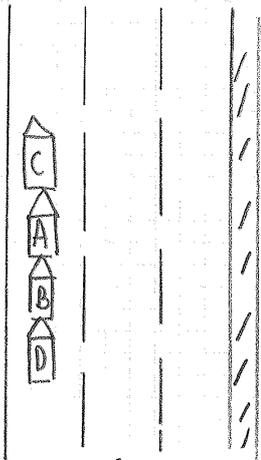
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19.12.2019  
@ 11:30 hrs

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

Sketch Plan Pg. 2

SKETCH PLAN



- A - SH 9816L
- B - SLU 7983P
- C - GBE 2222M
- D - SHC 5285B ( Transcab )

Along Airport BLVD TWDS <sup>ECPCity</sup>  
 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18.12.2019 at about 23:30 hours I was travelling along Airport BLVD TWDS <sup>ECPCity</sup> with no
Passenger onboard .
While travelling on the extreme left lane , I see Veh C ( GBE 2222M ) slowed down and stop
I followed too . Suddenly I felt an impact from my taxi A - Rear Portion causing my taxi A to
Surgred forward and collided into Veh C .
After the accident my taxi sustain damages on both front and rear portion .
After the accident I suffered pain at my neck area , will consult doctor later on .
I have company video and photos at scene to support my claims .
Veh B ( SLU 7983P ) - Mr Saya Pun H/P : 9154 1751
Veh C ( GBE 2222M ) - Mr Foo H/P : 9732 5279
Veh D ( SHC 5285B ) - Mr Lee H/P : 8786 2646

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: 19.12.2019  
 @ 11:30 hrs

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





**SINGAPORE  
POLICE FORCE**



T/20191219/2079

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 4

Report No. T/20191219/2079

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MR FOO	ID No.	NIL
Related Vehicle	GBE2222M (Van)	Contact No.	97325279
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	JOHAN BIN ALI	ID No.	S13140831
Related Vehicle	SH9816L	Contact No.	84355645
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/12/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MR LEE	ID No.	NIL
Related Vehicle	SHC5285B (Car)	Contact No.	87862646
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



**SINGAPORE  
POLICE FORCE**



T/20191219/2079

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 4

Report No. T/20191219/2079

**CONTINUATION OF REPORT**

Driver			
Name	MR HELME BIN AHMAD	ID No.	NIL
Related Vehicle	SLU7983P (Car)	Contact No.	91541751
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 the 18/12/2019 at about 2330hrs, I was driving my Taxi (V3: SH9816L) along Airport Boulevard towards city. I was driving on the most left lane and I recall there was heavy traffic flow. There was no passenger in my taxi.

While travelling on the most left lane, I observed that the car (V2: GBE2222M) in front of me slowed down and stop. Thus, I stopped my car behind V2. Suddenly I felt an impact from the back. The car (V4: SLU7983P) behind me collided onto the rear of my car which cause a chain of collision. Between V1 - V4. V1: SHC5285B was in front of V2.

After the incident, I went for medical check-up due to pain and I was given 3 days of MC.

I wish to state that I have in-car camera in my car.



SINGAPORE  
POLICE FORCE



T/20191219/2079

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

4 of 4

Report No. T/20191219/2079

CONTINUATION OF REPORT

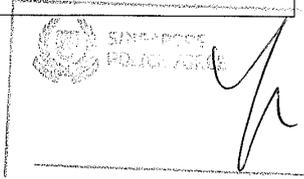
**Sketch Plan**

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.

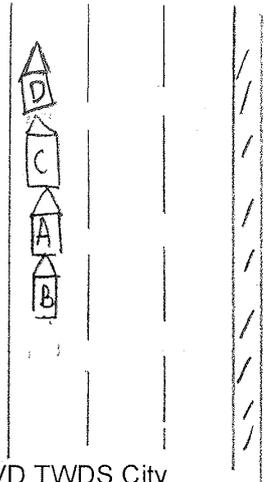
Signature Of Officer Recording The Report: G / Sgt 2 LIM YA HUI	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 19/12/2019 14:09
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp  
NP168



Individual Statement Pg. 1

S KETCH PLAN



*Amended on 19.12.19.*

- A - SH 9816L
- B - SLU 7983P
- C - GBE 2222M
- D - SHC 5285B ( Transcab )

Along Airport BLVD TWDS City

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Passenger onboard .
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I followed too . Suddenly I felt an impact from my taxi A - Rear Portion causing my taxi A to
Surgred forward and collided into Veh C .
After the accident my taxi sustain damages on both front and rear portion .
After the accident I suffered pain at my neck area , will consult doctor later on .
I have company video and photos at scene to support my claims .
<i>Mr Helme Bin Ahmad</i>
Veh B ( SLU 7983P ) - <del>Mr Saya Pun</del> H/P : 9154 1751
Veh C ( GBE 2222M ) - Mr Foo H/P : 9732 5279
Veh D ( SHC 5285B ) - Mr Lee H/P : 8786 2646

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:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 19.12.2019  
@ 11:30 hrs

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



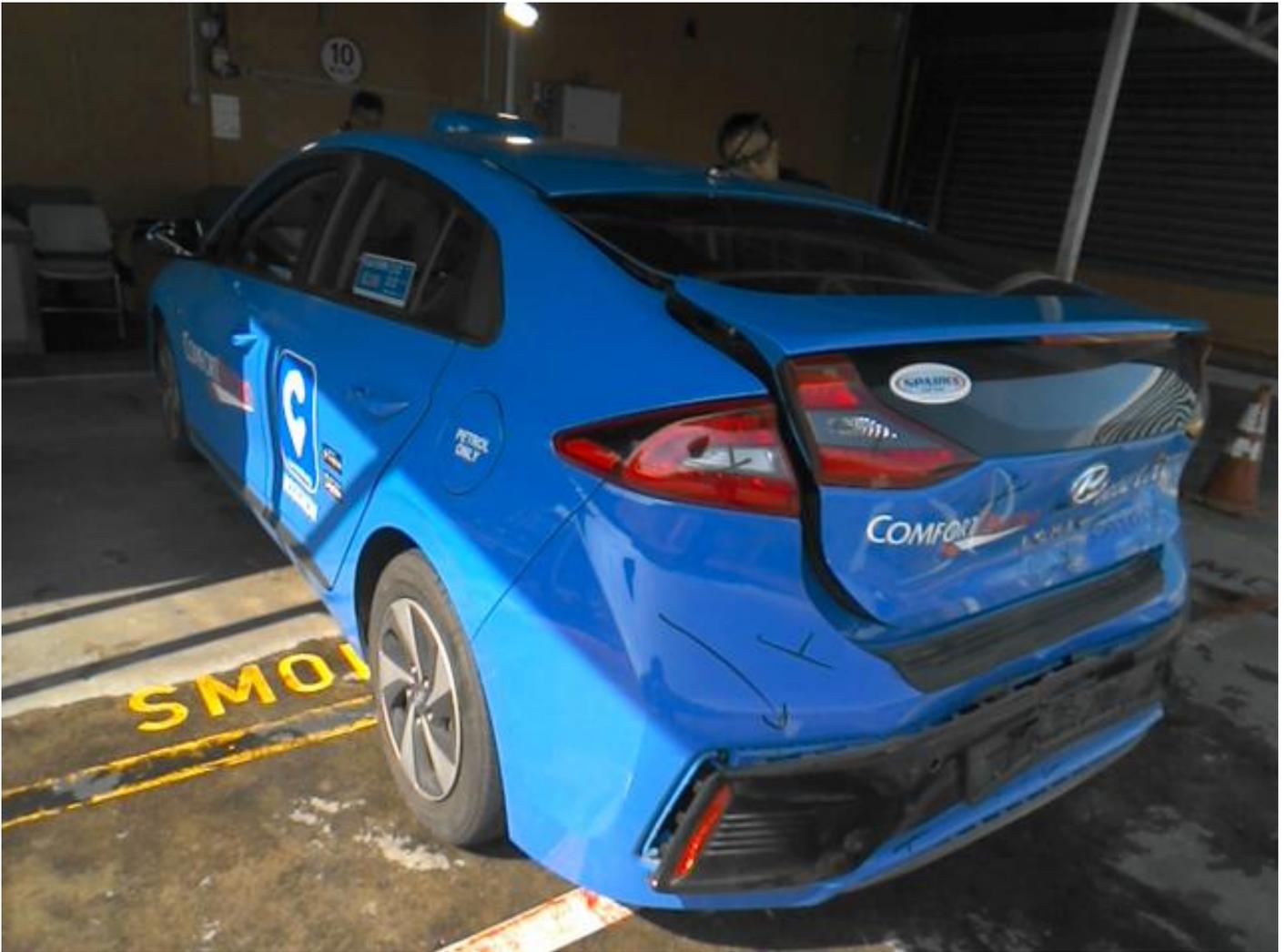
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



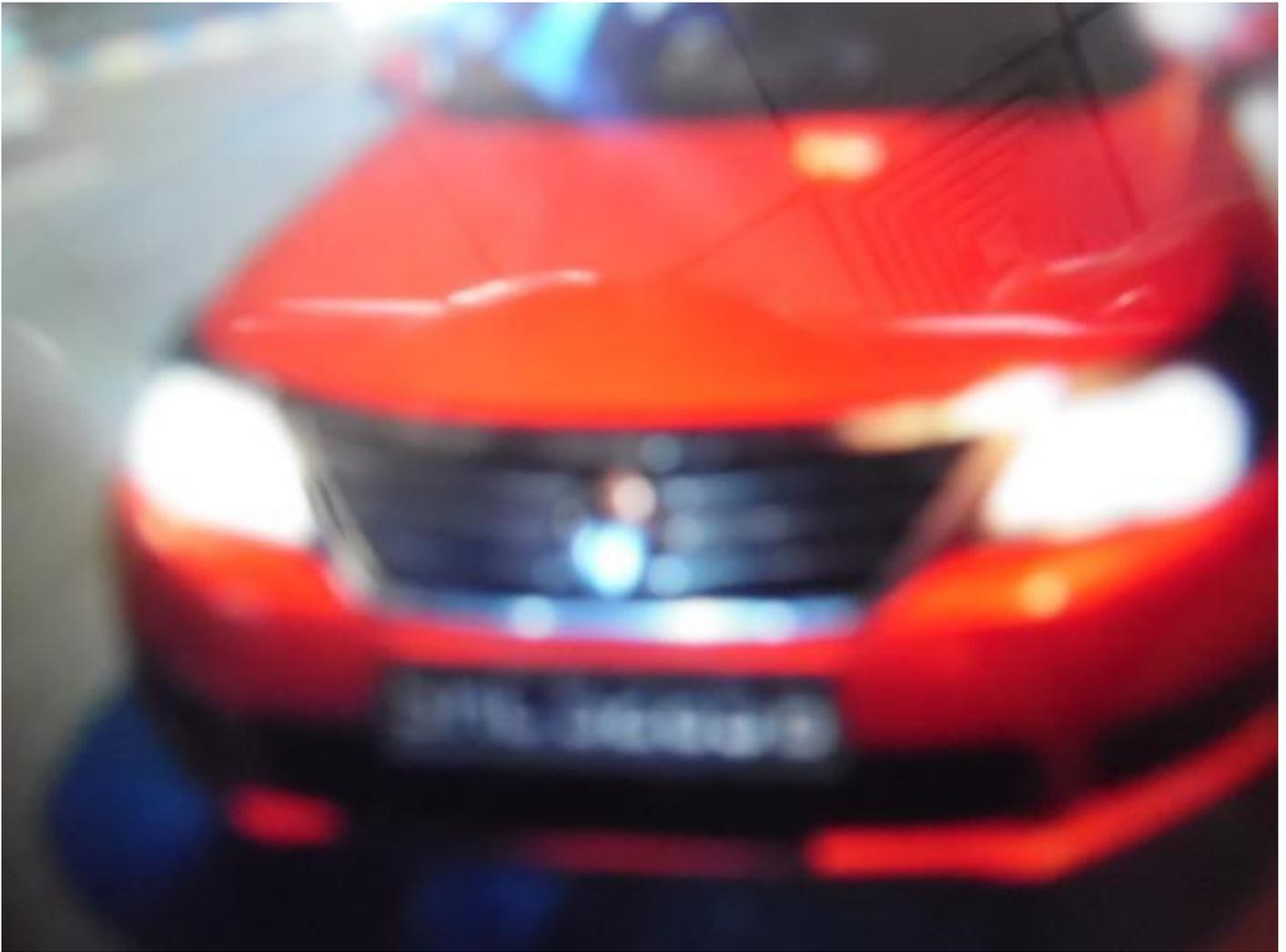
Accident Photo



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: S665S0020G / 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 : MCD619167029 Vehicle Registration No: SH9816L
Name (as shown in NRIC) : Johan Bin Ali NRIC/FIN/Passport No : SXXXX083I
(\*Vehicle Driver / Vehicle Owner) (\*Please delete as appropriate)
Address : Blk 45, Telok Blangah Drive #10-177 Singapore (100045)
Contact (Tel) : 4355645 Mobile No.:
Email Address :
Date of Accident : 18-12-19 Time of Accident : 23:30
Place of Accident : Airport Boulevard towards City
Insurance Company: MS First Capital Insurance 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:

- 1) I wish to addendum the position of the vehicles.
The vehicle D should be in front of vehicle C
2) I wish to enclose my Police Report T/20191219/2079
Dated 19/12/2019 @ 14:09.
3) I wish to enclose and inform, I was injured with
3 days of Medical Certificate.
(Ym Chan Clinic & Spg Surgery
Block 406 Tampines at Bl. # 01-31 S 520 46
Tel: 6783 1806
4) Veh B driver name is Mr Helme Bin Ahmad

Policyholder / Driver's Signature
Date:

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