

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	17/12/2019 13:44
Date Of Accident	16/12/2019 14:40
Exact Location Of Accident	ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9284X
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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	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	THIRD PARTY
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	LAI BENG THONG
NRIC No	S7202925I
Date Of Birth	31/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91725297
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 681 RACE COURSE ROAD #09-301
Postcode	210681
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?	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]	CHANGKAT NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20191216/2165

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	PC5837P
Vehicle Make/Model/Colour	PRIVATE BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	PHEE PENG YEOW
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LAI BENG THONG
Approximate Age	
Injuries Sustain	NECK, LOWER BACK, LEFT SHOULDER SPRAIN
Injured person in which vehicle?	SH9284X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

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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
CO. REG. NO. 193303821R

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

Refer Attachment

A) SH9284X
B) PC5837P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.
T/20191216/2165

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190303821R

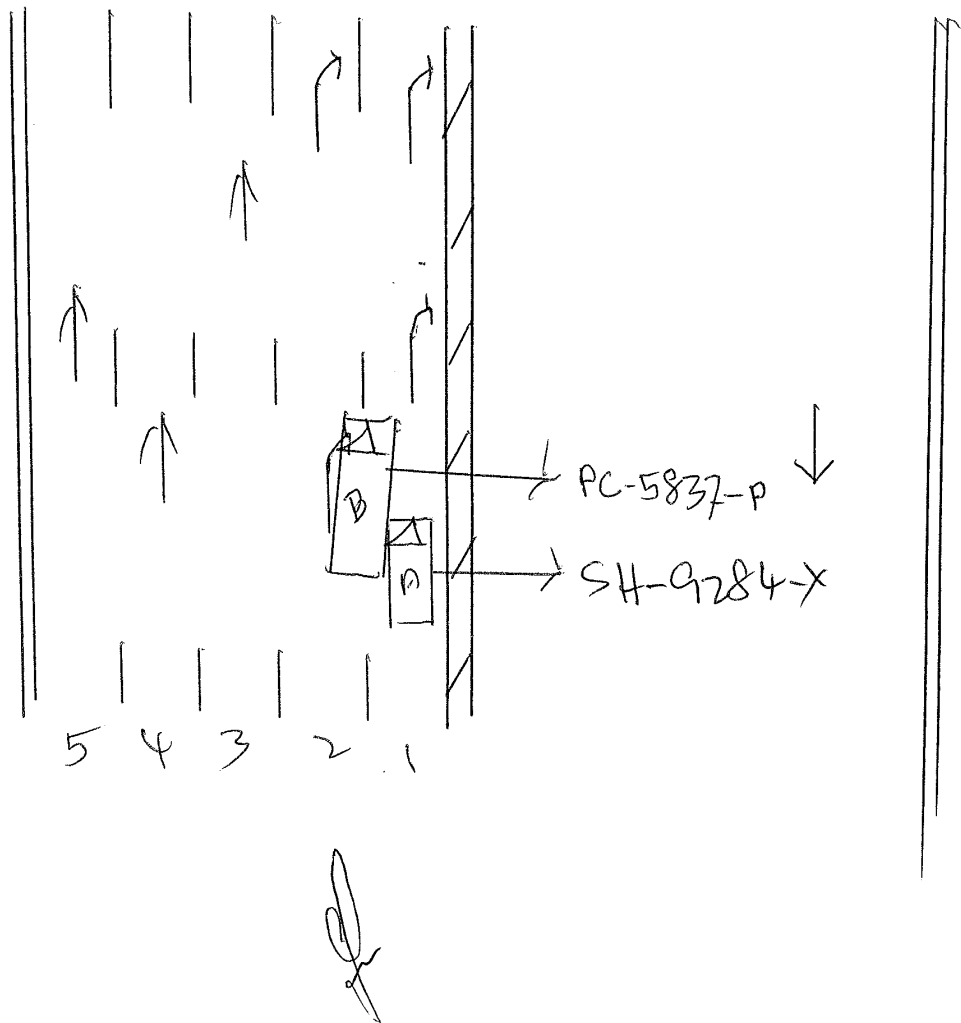
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

S R Moorthy
CSO
17/12/19

Orchard Blvd.



[Signature]
CSO
1-7/12/19



**SINGAPORE
POLICE FORCE**



T/20191216/2165

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20191216/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2019 17:55		Vide Report No.:	Station Diary No.: 37
Informant's Particulars			
Name of Informant: LAI BENG THONG		Address: APT BLK 664A PUNGGOL DRIVE #12-208 SINGAPORE 821664	
ID Type / ID No.: NRIC NO / S72029251		Contact No.: Home/Office: Mobile: 91725297	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 31/01/1972	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 Others	Drink Drive: No	Date/Time of Accident: 16/12/2019 14:40	Type of Location: Straight Road
Location: Along Road 1 ORCHARD BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5837P	Bus/Coach/Mi nibus				No Damage	20
SH9284X	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20191216/2165

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20191216/2165

CONTINUATION OF REPORT

Driver			
Name	PHEE PENG YEOW		ID No. S0121071H
Related Vehicle	PC5837P (Bus/Coach/Minibus)		Contact No. NIL
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	LAI BENG THONG		ID No. S7202925I
Related Vehicle	SH9284X (Car)		Contact No. 91725297
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	16/12/2019	Date Discharge	16/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date time and location, I was driving on the first lane of Orchard Blvd which was right turning only lane. While approaching the junction, there was a minibus(PC5837P) that was approaching closely to me from the second lane behind me. He then tried to take over me from my left and tried to change lane into the first lane. When I noticed this, I slowed my vehicle and warned him with my horn however it was too late and the rear of the minibus ended up scratching against the front side bumper of my taxi.

Subsequently, I stopped my vehicle to alighted and then signaled to the other driver to come down. He reluctantly did and then when i showed him the damages that was caused he refused to acknowledge it and did not cooperate however he did hand his driving license over to me. He then went back up to his vehicle and then drove off. I noticed that his vehicle had a large group of passengers of roughly 20 people. No police or ambulance came to scene.

Following this, I went to see a doctor and was given 3 days of MC (16/12/2019 to 18/12/2019).

I am lodging this for insurance claims against the other driver and also as advice by my Taxi company (Comfort Delgro)



**SINGAPORE
POLICE FORCE**



T/20191216/2165

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Report No. T/20191216/2165

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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 GIDEON LIM KAI-EN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2019 17:55

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE



SCENE



SCENE

