

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	23/12/2019 15:05
Date Of Accident	23/12/2019 06:00
Exact Location Of Accident	MERCHANT RD X NEW BRIDGE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6387P
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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	MERCEDES-BENZ
Model	MERC

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
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If No, Please state action to be taken	REPORTING ONLY
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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	KOK CHEA HENG
NRIC No	S6982080H
Date Of Birth	05/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83324941
Fax Number	
Contact Number	
Email Address	ALANKOKCH@YAHOO.COM.SG

Address	180A #07-680 BOON LAY DRIVE
Postcode	641180
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 - CROSS JUNCTION
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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]	PASIR RIS 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	SHA9104A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PAX

Approximate Age

Injuries Sustain DIZZINESS

Injured person in which vehicle? SHB6387P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PAX

Approximate Age

Injuries Sustain DIZZINESS

Injured person in which vehicle? SHB6387P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name PAX

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SHA9104A

Were seat belts worn?

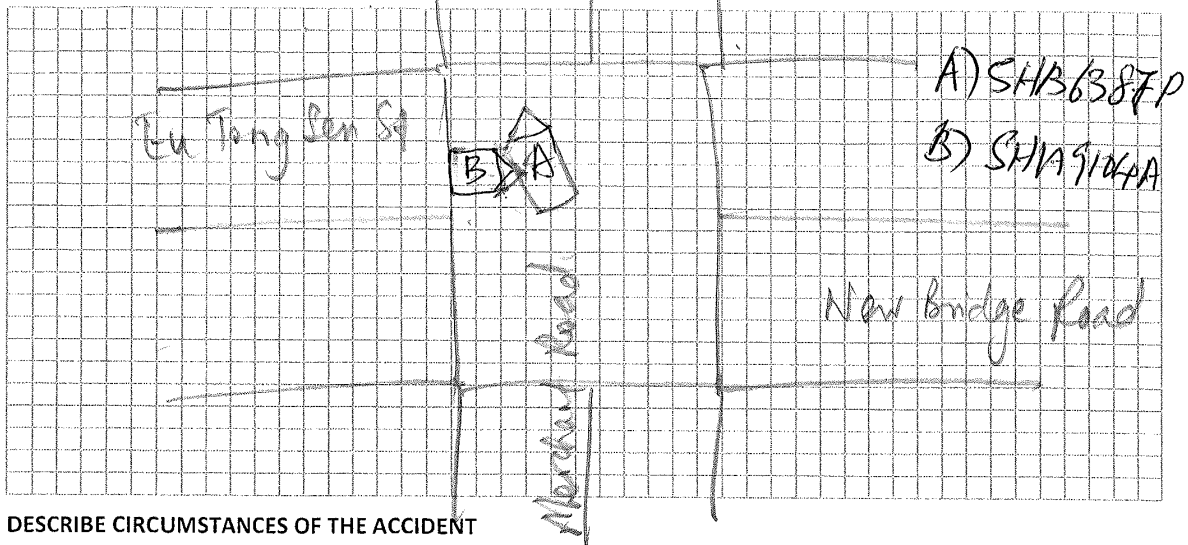
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20191223/2042

DECLARATION

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

Policyholder's Signature
Date & Time: CO. REG. NO. 199303821R

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

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

6101 1401 Street, Singapore, 110140



**SINGAPORE
POLICE FORCE**



T/20191223/2042

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20191223/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 12:07	Vide Report No.: A/20191223/0023	Station Diary No.: 35
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Informant's Particulars

Name of Informant: KOK CHEA HENG			Address: APT BLK 180A BOON LAY DRIVE #07-680 SINGAPORE 641180		
ID Type / ID No.: NRIC NO / S6982080H			Contact No.: Home/Office: Mobile: 83324941		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 05/09/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/12/2019 06:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MERCHANT ROAD NEW BRIDGE ROAD Junction of New bridge Road and Merchant Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA9104A	TAXI	TOYOTA		Yellow	Seriously Damaged	0
SHB6387P	TAXI	MERCEDES BENZ		White	Seriously Damaged	2

Details of Person Involved

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



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Tel No: 1800-5852999

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Report No. T/20191223/2042

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SHA9104A (TAXI)		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	Serious
Driver			
Name	KOK CHEA HENG		ID No. S6982080H
Related Vehicle	SHB6387P (TAXI)		Contact No. 83324941
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	Unknown Passenger		ID No. NIL
Related Vehicle	SHB6387P (TAXI)		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	Slight
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SHB6387P (TAXI)		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	Slight



SINGAPORE
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Report No. T/20191223/2042

CONTINUATION OF REPORT

Brief Details.

On the 23/12/2019 at about 6:00Am, I was travelling in taxi SHB6387P along North Bridge Road and I picked 2 passengers up along North Bridge Road. After I picked up the passengers, I then wanted to turn right into Merchant Road. The traffic light was green and I positioned my taxi slightly outside the pocket intending to turn right. As I checked for oncoming vehicles and was clear, I then proceeded to turn right. As I was turning right, suddenly, a taxi collided into my taxi on the left. I was shocked and I immediately braked.

I then checked with my passengers and they complained of dizziness. They remained in my taxi and I alighted my taxi. I then met up with the other taxi driver of SHA9104A.. He sked me about my passengers and he then made a call to our taxi company. He did not show any physical injuries. We both took photos of the scene and videos of the damages. I was busy making calls and there was one driver who stopped and rendered assistance to my passengers in my taxi. They then offered to take my passengers to the hospital and they left.

About 15 minutes later, the ambulance came and asked me whether any other person was injured. I was not injured but the driver of SHA9104A. complained of back pains from the collision. he was then conveyed by ambulance. I was left at the scene and I waited for the Traffic Police to arrive. The traffic Police reached and they interviewed me. They seized my camer a SD card and told me to go make a Police report about the accident.

My taxi had a deep dent on the left passenger door and my taxi rear had a dent on the left rear bumper. The other taxi front bonnet was dented and subsequently, my taxi was towed to the workshop in Loyang.



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T/20191223/2042

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Report No. T/20191223/2042

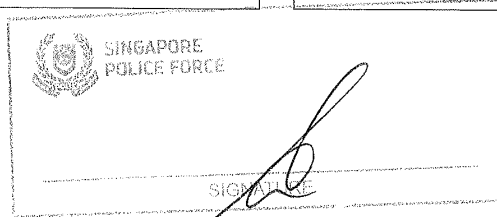
CONTINUATION OF REPORT**Sketch Plan**

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 / Staff Sgt MUHAMMAD AMINULLAH BIN MOHD YUSOF	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2019 12:07
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476195	Classification Of Case:

Authentication Stamp
NP168



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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: 199303621R

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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