

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	03/01/2020 15:39
Date Of Accident	01/01/2020 00:45
Exact Location Of Accident	BUKIT PANJANG RD TOWARDS BUKIT PANJANG RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7691S
-----------------------------	---------

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	TOYOTA
Model	PRIUS HYBRID 4G
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

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	TAN KUI SING
NRIC No	S1444112C
Date Of Birth	07/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/07/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96333177
Fax Number	
Contact Number	
Email Address	WILLTKS@ICLOUD.COM

Address	BLK 563 HOUGANG STREET 51 #15-422
Postcode	530563
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 - HEAD TO REAR
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]	HOUGANG NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200102/2168 * TYPE OF ACCIDENT :- HEaD TO SIDE

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	SHB3L
Vehicle Make/Model/Colour	SMRT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage FRONT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KUI SING
Approximate Age
Injuries Sustain CHEST PAIN
Injured person in which vehicle? SH7691S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN(PAX-1)
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SH7691S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN(PAX-2)
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SH7691S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name UNKNOWN (DRIVER)
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SHB3L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 5

Name UNKNOWN (PAX)
Approximate Age
Injuries Sustain UNSURE
Injured person in which vehicle? SHB3L
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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. 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. 19000821R

Policyholder's Signature
Date & Time:

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

Olivia Wendy

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

Sketch Plan Pg. 2

SKETCH PLAN

SKETCH PLAN

A = SH 76912

B = SHB3L
(TOYOTA)
SMART TAXI

PENDING
RD

BURM PANG
RING RD

Hand-drawn sketch plan on grid paper showing a road layout. A main road runs vertically on the right, labeled 'BURM PANG RING RD'. A road branches off to the left, labeled 'PENDING RD'. A triangular area is marked with a dashed line and labeled 'A = SH 76912'. A rectangular area is marked with a dashed line and labeled 'B = SHB3L (TOYOTA) SMART TAXI'. A curved line is drawn near the bottom left, and a signature is written below it.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BUKIT PANJANG RD

statement as per Police Report

② 7 | 20200102 | 2.66

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 105203021R

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.:

GIAEMC SketchPlanForm_V3

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200102/2166

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

1 of 3

Report No. T/20200102/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2020 21:44		Vide Report No.:		Station Diary No.: 160	
Informant's Particulars					
Name of Informant: TAN KUI SING			Address: APT BLK 563 HOUGANG STREET 51 #15-422 SINGAPORE 530563		
ID Type / ID No.: NRIC NO / S1444112C			Contact No.: Home/Office: Mobile: 96333177		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 07/01/1960	Type of Informant: Driver		
Race: Chinese			Language: Chinese		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: 01/12/2019 00:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BUKIT PANJANG RING ROAD PENDING ROAD Cross-junction of Bukit Panjang Ring Road and Pending Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SH7691S	Car				Seriously Damaged	2
SHB3L	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20200102/2166

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

2 of 3

Report No. T/20200102/2166

CONTINUATION OF REPORT

Brief Details.

On 01/01/2020 at about 0045hrs, I was driving ComfortDelgro taxi (SH7691S) at the cross junction of Bukit Panjang Ring Road and Pending Road.

I was at the pocket ready to turn right into Bukit Panjang Ring Road. As I saw from far there was a taxi that was on the extreme left lane of the oncoming road, I assume that he would turn left. As such, I proceeded to turn right and the next moment, I felt an impact from the front of my vehicle. I was feeling chest pain at that time and my two passengers (one male and one female) had minor pains as well. Shortly after, Traffic Police and ambulance were at scene and all five of us, including the other driver and his passenger, were conveyed to Ng Teng Fong Hospital. I was granted outpatient sick leave for three (3) days from 01/01/2020 to 03/01/2020.

There is dashcam installed in my taxi and it had recorded the incident. Both our taxis were seriously damaged.



**SINGAPORE
POLICE FORCE**



T/20200102/2166

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

3 of 3

Report No. T/20200102/2166

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 2 LIM ENJIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2020 21:44
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN Contact No. 65476206	Classification Of Case:
Authentication Stamp NP168	

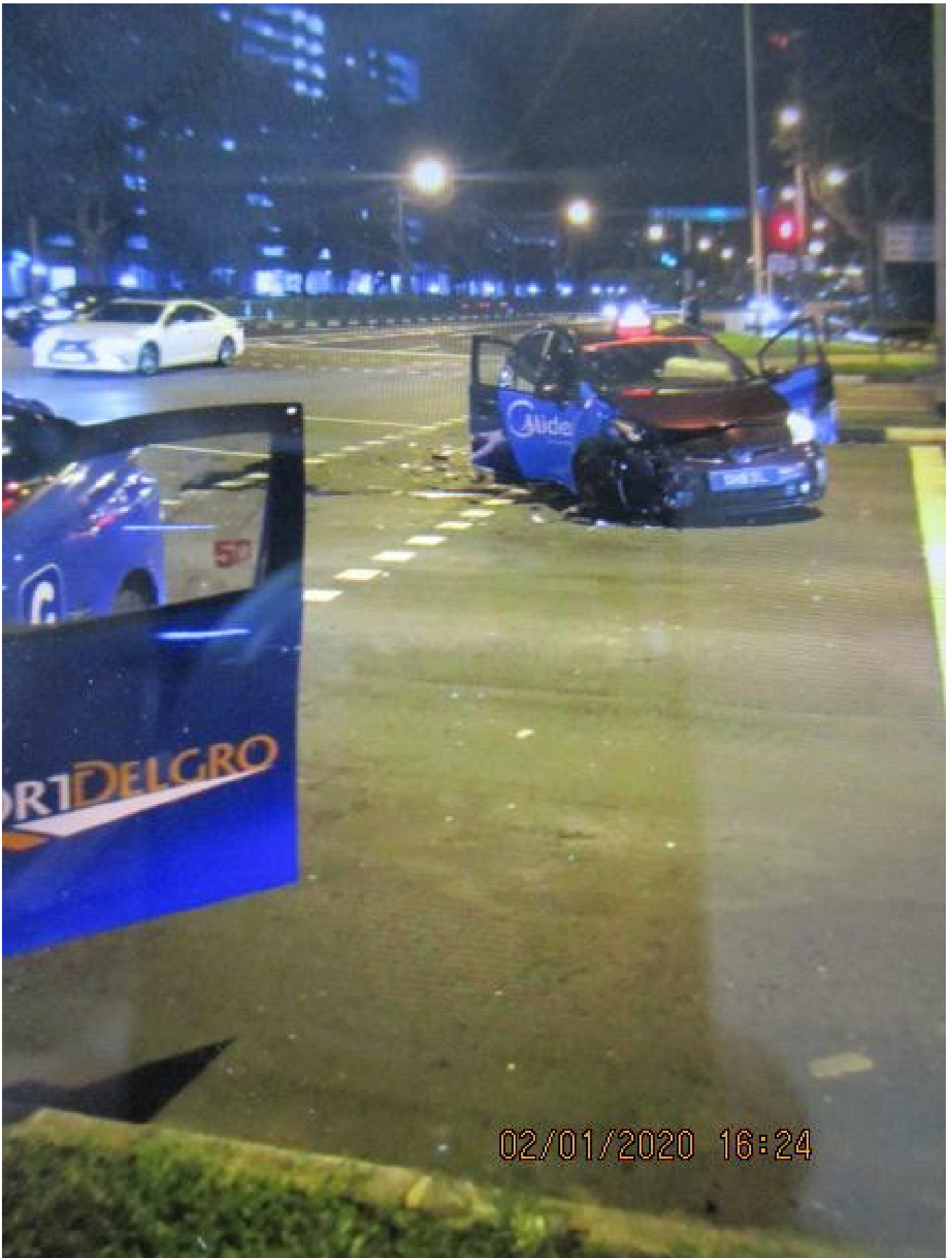
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

