

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 | 28/01/2020 09:22 |
| Date Of Accident | 27/01/2020 08:30 |
| Exact Location Of Accident | AIRLINE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHB4317E |
|-----------------------------|----------|

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 | REPORTING ONLY |
| 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 | CHEW MING YEW |
| NRIC No | S0117550E |
| Date Of Birth | 18/07/1954 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/04/1974 |
| Driving Experience | 45 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98914359 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 210 BOON LAY PLACE #08-93 |
| Postcode | 640210 |
| 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? | NO |
| 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 | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER POLICE REPORT NO: T/20200127/2016

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 | FBG9782G |
| Vehicle Make/Model/Colour | MOTORCYCLE |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| 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 UNKNOWN(RIDER)

Approximate Age

Injuries Sustain HANDS AND LEGS

Injured person in which vehicle? FBG9782G

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

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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.

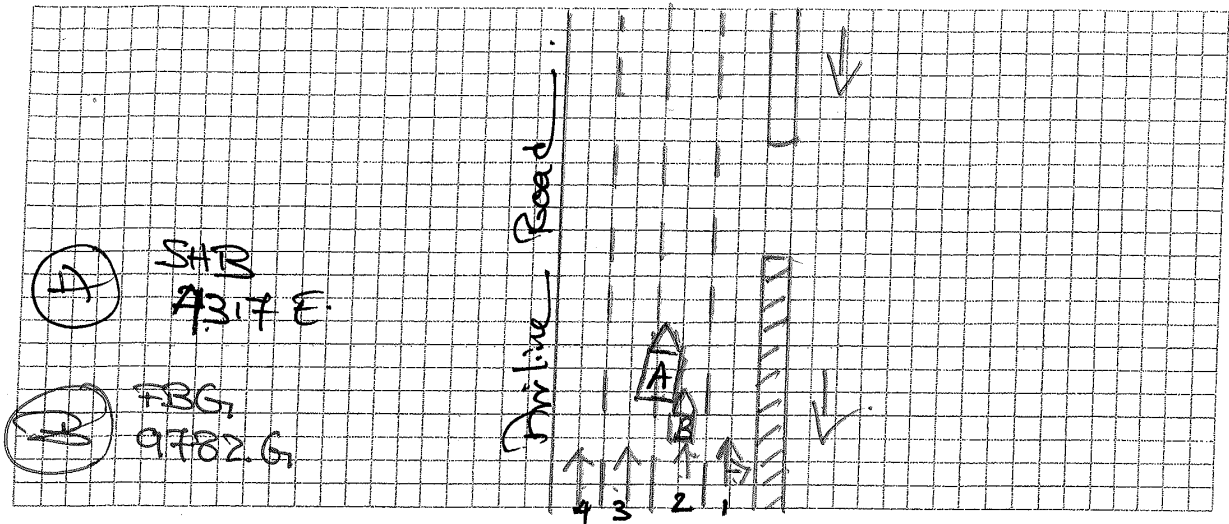
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 119303921R

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 Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to PIR.

T 20200127 2016.

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:

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



**SINGAPORE
POLICE FORCE**



T/20200127/2016

1 of 3

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

Report No. T/20200127/2016

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 27/01/2020 10:32 | | Vide Report No.: P/20200127/0022 | | Station Diary No.: 18 | |
| Informant's Particulars | | | | | |
| Name of Informant: CHEW MING YEW | | | Address: APT BLK 210 BOON LAY PLACE #08-91 SINGAPORE 640210 | | |
| ID Type / ID No.: NRIC NO / S0117550E | | | Contact No.: Home/Office: Mobile: 98914359 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 65 | Date of Birth: 18/07/1954 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 27/01/2020 08:30 | Type of Location: Straight Road |
| Location: AIRLINE ROAD after the ICA building | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|---------|-------|-------|---------------------|-----------------|
| FBG9782G | Motorcycle | YAMAHA | | Red | Slightly Damaged | 0 |
| SHB4317E | Car | HYUNDAI | i40 | Blue | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200127/2016

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/20200127/2016

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------|------------------|---|
| Rider | | | |
| Name | Unknown Rider | | ID No. NIL |
| Related Vehicle | FBG9782G (Motorcycle) | | 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 |
| Driver | | | |
| Name | CHEW MING YEW | | ID No. S0117550E |
| Related Vehicle | SHB4317E (Car) | | Contact No. 0 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 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 the mentioned date and time, I was travelling on the second lane along Airline Road towards Airline House. At the last minute, my passenger told me to turn right into a building. As such, I slowed to switch onto the first lane before making the right turn. Suddenly, I felt an impact from the rear of my taxi. I stopped my taxi and saw that a motorcycle was on the ground and the rider was next to it. The rider complained of pain on his legs and hands and was conveyed to hospital by the ambulance. The passenger and I are not injured.



**SINGAPORE
POLICE FORCE**



T/20200127/2016

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

3 of 3



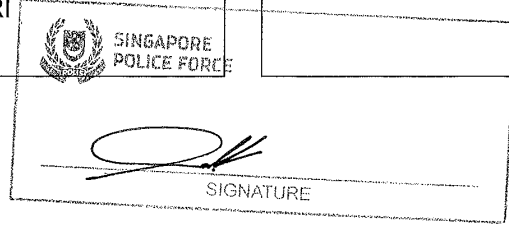
Report No. T/20200127/2016

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 / SI KAMARUZZAMAN BIN MAHMOOD  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 27/01/2020 10:32 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390 | Classification Of Case: |
| Authentication Stamp NP168  | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE



SCENE



SCENE



SCENE

