

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	27/02/2020 14:37
Date Of Accident	26/02/2020 13:30
Exact Location Of Accident	CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8906Z
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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	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	CHAN HWANG KER
NRIC No	S1208566D
Date Of Birth	28/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1974
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98167566
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	577 05-1889 ANG MO KIO AVENUE 10
Postcode	560577
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	2
Was any body injured in the Accident?	NO
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)	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 [OTHER]	AMK S 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	
Vehicle Make/Model/Colour	
Details Of Properties	DIVIDER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage MODERATE

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLW4061J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG SAY BOON

NRIC/Passport Number

Contact Number

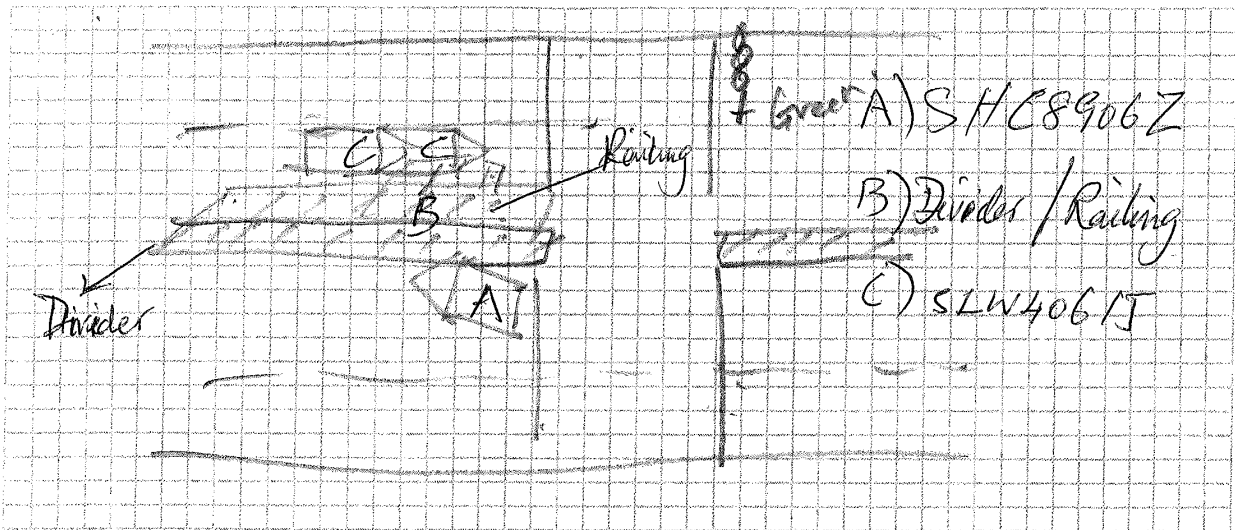
Address

Postcode

Insurance Company Name

Nature Of Damage RHT DOORS

No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report with amendments.

1/20200226/2155

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE.
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/20200226/2155

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20200226/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2020 21:46	Vide Report No.: J/20200226/0078	Station Diary No.: 189
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Informant's Particulars

Name of Informant: CHAN HWANG KER			Address: APT BLK 577 ANG MO KIO AVENUE 10 #05-1889 SINGAPORE 560577		
ID Type / ID No.: NRIC NO / S1208566D			Contact No.: Home/Office: Mobile: 98167566		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 28/08/1956	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:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/02/2020 13:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8906Z	Car	HYUNDAI		Blue	Totally Damaged	1
SLW4061J	Car	HONDA		Grey	Slightly Damaged	0

Details of Person Involved

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



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T/20200226/2155

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569929
Tel No: 1800-4519999

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Report No. T/20200226/2155

CONTINUATION OF REPORT

Driver			
Name	CHAN HWANG KER		ID No. S1208566D
Related Vehicle	SHC8906Z (Car)		Contact No. 98167566
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
Driver			
Name	NG SAY BOON		ID No. S7807030G
Related Vehicle	SLW4061J (Car)		Contact No. 90730037
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 26/02/2020 at about 01.30pm, I was driving my vehicle bearing registration number SHC8906Z along Choa Chu Kang Drive towards Choa Chu Kang Crescent. Suddenly, I blanked out and the next moment I realized that I had collided into the middle road divider causing some of the fragments from the road divider to hit onto the vehicle (SLW4061J) at the on coming lane. I then came out my vehicle, called for the police and exchanged particulars with the said vehicle's driver. Traffic police came to scene. No one was injured.

I wish to state that I have an in car camera installed, the memory card was handed over to the traffic police. I am lodging this report as requested by the traffic police.



**SINGAPORE
POLICE FORCE**



T/20200226/2155

Police Station Of Origin:
Ang Mo Kio South N.P.C
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569929
Tel No: 1800-4519999

3 of 3



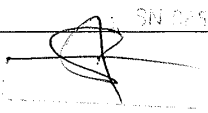
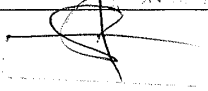
Report No. T/20200226/2155

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 3 JORY POH SHOU REN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2020 21:46
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437 	Classification Of Case:
Authentication Stamp NP168  Singapore Police Force	

Sketch Plan Pg. 5

Officer- In -Charge
Investigation Section
Traffic Police

10 Ubi Avenue 3
Singapore 408865

Name : Chan Hwang Ker
NRIC : S1208566D
Add: B/577 Ang Mo Kio Ave 10
#05-1889
Hp: 98167566

Dear Sir

ACCIDENT INVOLVING SHC8906Z and SLW4061J ALONG Choa Chu Kang Drive
ON 26/02/2020 AT 1330hrs

With reference to the above, I have on 26/02/2020 (date) at 2146hrs (time) make a police report at Ang Mo Kio South NPC (Name of police station / NPP) in NP 168 / T/20200226/2155

2 On 27/02/2020 (date), at 1339hrs (time), at Pasir Ris NPC, I make the following amendments to the above report.

I like to add further facts/amendments vide the previous report:

The Date and Time of accident is 26/02/2020 at 1330hrs.

Suddenly, I blanked out after checking my MDT and looking forward the glaring sun and the next moment I realized that I had collided into the middle road divider causing some of the fragments from the road divider to hit onto the vehicle (SLW4061J) at the on coming lane.

Yours faithfully



Signature

If a police officer records this amendment, please complete the following;	
Name / Rank No: SSSgt T06280 Wong Ting Chien	Station Diary No. 32 & 33
Signature	

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5852999

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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.
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, investigation, 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:

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

