

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	16/03/2020 16:00
Date Of Accident	16/03/2020 09:00
Exact Location Of Accident	RAFFLES BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3350D
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
Email Address	FLEETSAFETY@CDGETAXI.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	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	TAN CHIN TECK
NRIC No	SXXXX541C
Date Of Birth	20/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1983
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98137573
Fax Number	
Contact Number	
Email Address	ANGELINEKOH76@HOTMAIL.COM

Address	BLK 103 ALJUNIED CRESCENT #08-291
Postcode	380103
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	TAMPINES NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 461 TAMPINES STREET 44 #01-56 , POSTCODE: 520461 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7818999 - FAX NO: 67838603
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200316/2037

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	YP5615M
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIANG ZUOQUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

RH FRONT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN CHIN TECK

Approximate Age

Injuries Sustain

NECK AND BACK

Injured person in which vehicle?

SHD3350D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

IMPORTANT NOTICE

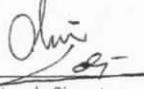
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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. 199303821R

Policyholder's Signature
Date & Time:


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

 16/3/2020
Reporting Centre Personnel's Signature
Name: **Loka Wei Yieng**
NRIC/FIN No.:

SKETCH PLAN

As per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report
T/20200316/2037

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

[Signature]

[Signature] 16/3/2020

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200316/2037

1 of 3

Report No. T/20200316/2037

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2020 12:23	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: TAN CHIN TECK		Address: APT BLK 103 ALJUNIED CRESCENT #08-291 SINGAPORE 380103	
ID Type / ID No.: NRIC NO / S1549541C		Contact No.: Home/Office: Mobile: 98137573	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 20/06/1962	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 Others	Drink Drive: No	Date/Time of Accident: 16/03/2020 09:10	Type of Location: X-Junction
Location: RAFFLES BOULEVARD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3350D	Car	HYUNDAI	i40	Blue		0
YP5615M	Lorry			White		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200316/2037

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Report No. T/20200316/2037

• Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver			
Name	TAN CHIN TECK		ID No. S1549541C
Related Vehicle	SHD3350D (Car)		Contact No. 98137573
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	16/03/2020	Date Discharge	16/03/2020
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 5th lane of a 5 lane road. As I approached the x-junction of Raffles Boulevard and Bayfront Avenue, V2 and I turned right. I was on the 1st lane and V2 was on the 2nd lane. V2 did not turn according to his lane and had cut into my lane while turning, collided into the front left bumper of my vehicle.

The damages to my vehicle are dented left side. I have camera on my vehicle. Police and Ambulance were not at scene.

V1: SHD3350D
V2: YP5615M



**SINGAPORE
POLICE FORCE**



T/20200316/2037

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Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

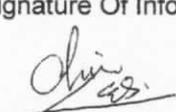
Report No. T/20200316/2037

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 NURFAIZ BIN NOORDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2020 12:23
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	



Sketch Plan Pg. 6

