

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 06/04/2020 14:17
 Date Of Accident 05/04/2020 11:50
 Exact Location Of Accident BUKIT HO SWEE LINK BESIDE TIONG BAHRU PLAZA
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2454A
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 IONIQ
 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 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 ONG SWEE HOE
 NRIC No SXXXX358I
 Date Of Birth 19/08/1964
 Occupation OUTDOOR
 Date Of Driving Pass 16/01/1985
 Driving Experience 35 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-94507378
 Fax Number
 Contact Number
 EMail Address SWEEHOE1964@GMAIL.COM

BLK 246 SERANGOON AVENUE 3
#03-212

550246

Postcode

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? 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 TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20200406/2027

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 SBR989D

Vehicle Make/Model/Colour MERCEDES

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LILY YEO CHEOK LANG

NRIC/Passport Number

Fact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

FRONT

DETAILS OF INJURED PERSON 1:

Name
ONG SWEE HOE
Approximate Age
Injures Sustain
BACK AND NECK
Injured person in which vehicle?
SHC2454A
Were seat belts worn?
YES
Was this injured conveyed to hospital by
ambulance?
NO
Address
Postcode

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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
200, TELUK ANSON ROAD, #01-01

Policyholder's Signature
Date & Time:

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

6/4/2020

Reporting Centre Personnel's Signature
Name: Loke Wei Yung
NRIC/FIN No: 900123456789

SKETCH PLAN

As per attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

T/20200406/2027.

DECLARATION

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

COMPANY: [illegible]
CO. REG. NO. 199103521R

Policyholder's Signature
Date & Time:

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

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

6/4/2020



**SINGAPORE
POLICE FORCE**



T/20200406/2027

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200406/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2020 12:06	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: ONG SWEE HOE	Address: APT BLK 246 SERANGOON AVENUE 3 #03-212 SINGAPORE 550246		
ID Type / ID No.: NRIC NO / S16273581	Contact No.:	Mobile: 94507378	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 55	Date of Birth: 19/08/1964	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2020 11:50	Type of Location: Straight Road
Location: Along Road 1 BUKIT HO SWEE LINK				
along Bukit Ho Swee Link beside Tiong Bahru Plaza near the Zebra crossing connected to the Tiong Bahru plaza				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Pedestrian Crossing		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBR989D	Car	MERCEDES BENZ			Slightly Damaged	0
SHC2454A	Car	HYUNDAI	IONIX	Blue	Slightly Damaged	1



**SINGAPORE
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T/20200406/2027

2 of 3

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Tel No: 1800-5871999

Report No. T/20200406/2027

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location. I was dropping off a passenger at Tiong Bahru Plaza when I was at the zebra crossing waiting for a car in front of me to move off after the pedestrians have crossed. When the car moved off, I then moved forward. As I was moving forward, a car from the back had collided on the rear of my taxi. My taxi had dents and scratches at the rear boot and the other party's car had damaged its front car number plate.

I then came out to exchange particulars with the lady (Lily Yeo Cheok Lang, S2053373J). My company informed me to lodge a police report. I have a footage of the incident recorded by my in-car camera. I went to the doctor at Care Medical Pte Ltd located at Blk 683 Hougang Ave 8 #01-931 and was given 5 days of MC.

10/200
10/200

