

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	08/04/2020 14:25
Date Of Accident	07/04/2020 15:20
Exact Location Of Accident	ALONG CHIN BEE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4037C
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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	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 AH TECK
NRIC No	S1633858C
Date Of Birth	25/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1986
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97335825
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 154 ANG MO KIO AVENUE 5 #07-3118
Postcode	560154
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?	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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SKN4667X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	WHOLE LH SIDE
No. Of Passenger (Including Driver)	

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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, 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.

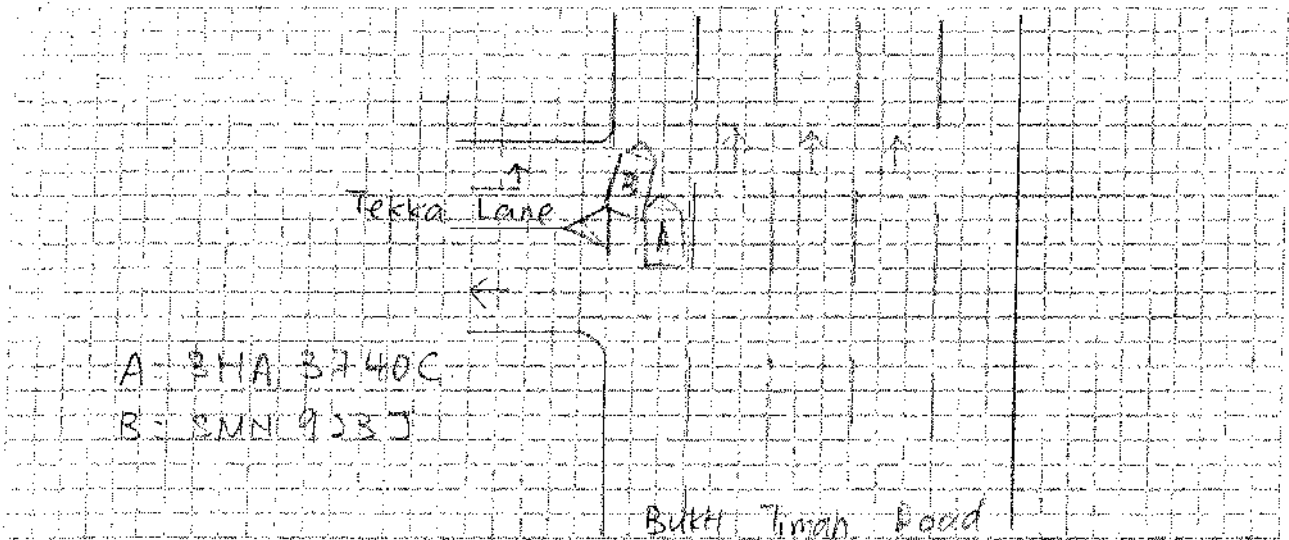
COMPLETED BY: [Signature]
DATE: 7/4/2020

Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.

7/2020040

DECLARATION

We declare the foregoing particulars are true in every respect.

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.:


7/4/2020
Loka Wai Yiang

Sketch Plan Pg. 3

4/8/2020

Mail - CDGE Taxi_Accident - Outlook


T/20200407/2086
1 of 3
Report No. T/20200407/2086


SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000


REPORT OF A TRAFFIC ACCIDENT		Vide Report No.:	Station Diary No.:
Date/Time Report Made: 07/04/2020 17:35			
Name of Informant: TAN SHIWEI		Address: 10A BENDEMEER ROAD #40-111 BENDEMEER LIGHT SINGAPORE 331010	
ID Type / ID No.: NRIC NO / S8126553D		Contact No.:	Mobile: 88910889
Nationality: SINGAPORE CITIZEN		Home/Office:	
		Email:	
Sex: Male	Age: 38	Date of Birth: 05/09/1981	Type of Informant: Driver
		Language: English	Institution / School Name:
		Driving Licence Information: Class:	
		Date of Expiry:	


Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/04/2020 13:30	Type of Location:
Location: Along Road 1 BUKIT TIMAH ROAD JUNCTION OF TEKKA LANE			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate	
Type of Collision:		Anyone conveyed by ambulance: No	

Sketch Plan Pg. 4

4/8/2020

Mail - CDGE Taxi_Accident - Outlook


T/20200407/2086
Report No. T/20200407/2086


SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Name	TAN SHIWEI	ID No.	S8126553D
Related Vehicle	SHA3740C (Car)	Contact No.	88910889
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	NIL

Brief Details:
On the above mentioned date time and location,

I was at the mentioned location, driving my passenger. Out of a sudden, a vehicle, which was driving recklessly. The vehicle was from my rear, overtake me and wanted to enter to a small road on the left. Instead, the vehicle came to a stop slowly and went back ahead of me into my lane. I had to brake immediately and bumped at the vehicle and I felt a small impact on the front bumper of my vehicle. My passenger were already shouting inside my vehicle. Ahead was another lane and the driver went into it. I brake and stop at the right driverside and told him to stop. He was rude and showed me rude gesture and he was not happy with my vehicle. I decided to drive off.

I am a taxi driver and I am willing to help and would like to aid with the investigation.

4/8/2020

Sketch Plan Pg. 5

Mail - CDGE Taxi_Accident - Outlook

**SINGAPORE
POLICE FORCE**

Station Of Origin:
Singapore Police
100 Upper Avenue 3 SINGAPORE 408865
Tel No: 65470000


Barcode: T/20200407/2086

3 of 3
Report No. T/20200407/2086

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 68474866 stating the report number as reference.

Signature Of Officer Recording The Report P. JAMES ZULKIFLI BIN MUHAMMAD HAIRI	Signature Of Informant 
Date/Time 07/04/2020 17:35	Date/Time 07/04/2020 17:35

Sent from my iPhone

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE



SCENE



SCENE

