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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/04/2020 14:46
Date Of Accident	06/04/2020 22:30
Exact Location Of Accident	ALONG SLE B4 MANDAI EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC8517M
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	140
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	LIM CHEE YONG

Name of Driver

NRIC No

S7608346J

Date Of Birth

19/03/1976

Occupation

Outdoor

Date Of Driving Pass

LIM CHEE YON

S7608346J

19/03/1976

OUTDOOR

22/05/2018

Driving Experience 1 YEAR AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90889928

Fax Number

Contact Number

EMail Address LEXLEXIS76@HOTMAIL.COM

BLK 323B SUMANG WALK Address

#17-939

2

NO

YES

NO

1

Postcode 822323

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **DRIZZLING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **PUNGGOL N.P.C**

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

NO

YES

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT NO: T/20200407/2027

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

Remarks/ Reasons:

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties UNKNOWN NA/UNKNOWN Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

UNSURE

No. Of Passenger (Including Driver)

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance 6. Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 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.
- 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 setout 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary invesigations 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 outlisde 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:
 - 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.

COMPORT TRANSFORMATION ELTD CO. REC. NO. 19420382

Policyholder's Signature Date & Time:

May this or the

(If driver is not the policyholder) Date & Time: & Mr Horo

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

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We declare the foregoing particulars are tr	tie in every respect		
	as in every respect.	$\Lambda\Lambda$	

Policyholder's Signature Date & Time:

COMFORT TRATEGORIATION PTE LTD
CO. REG. NO. 199202821R |

Support the state of the state

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

Jan Marin Park Tong

2

Sketch Plan Pg. 3





Date of Expiry:

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

HAWKER AND TAXI DRIVER

Chinese Occupation:

1 of 3 Report No. T/20200407/2027

Date/Time Report Made: 07/04/2020 11:18		Vide Report No.:	Station Diary No.: 20		
Informant	s Particu	lars			
Name of Informant: LIM CHEE YONG		Address: APT BLK 323B SUMANG WALK #17-939 SINGAPORE 822323			
ID Type / ID No.: NRIC NO / S7608346J		Contact No.: Home/Office:	act No.:		
Nationality: SINGAPOR		EN	Email:		
Sex: Male	Age: 44	Date of Birth: 19/03/1976	Type of Informant: Driver	• .	
Race: Chinese		Language: English	Institution / School Name:		

Driving Licence Information:

Class: 3

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/04/2020 22:30	Type of Location Expressway
Location: Along Road 1 SELETAR EX	PRESSWAY		•	
Weather:	ids to Punggol.	Road Surface:	· · · · · · · · · · · · · · · · · · ·	Road Speed Limit:
Raining		Wet	,	rioud opood Elitile.
Traffic Flow: Dual Carriage		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collisi Between Movi	ion: ng Vehicles - Head 1	o Rear		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC8517M	Taxi				Slightly	0
	<u> </u>				Damaged	

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

Sketch Plan Pg. 4



T/20200407/2027

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 2 of 3 Report No. T/20200407/2027

CONTINUATION OF REPORT

Driver					
Name	LIM CHEE YONG		ID No.		S7608346J
Related Vehicle	SHC8517M (Taxi)	 	Contac	ct No.	90889928
Hospital/Clinic	NIL		Class Driving Licenc Expiry	g e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discl	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 06/04/2020 at about 2230hrs, I was travelling along Seletar Expressway when suddenly I collided into the vehicle in front of me. I could not exactly remember what happened after that but when I was sleeping at home, I received a call from Traffic Police (65476223) to inform me that she was from Traffic Police and she has towed away my taxi from my MSCP. She also advised me to proceed to any neighborhood police centre to lodge an traffic accident report. My vehicle has an in-car camera and that has been towed away together with the taxi. That is all.

Sketch Plan Pg. 5





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20200407/2027

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 / Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED RASIT	Signature Of Informant:
Signature Of Interpreter:	Date/ Nime:
Not applicable	07/04/2020 11:18
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 Authentication Stamp	Classification Of Case:
Singapore Police Force	