

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	21/05/2020 10:40
Date Of Accident	20/05/2020 15:20
Exact Location Of Accident	89 HOUGANG AVE 4 HOUGANG POLYCLINIC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8847D
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	NEO CHWEE CHUA
NRIC No	S0009824H
Date Of Birth	11/11/1951
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94682156
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	9 05-01 EVERITT ROAD NORTH
Postcode	428522
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG 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

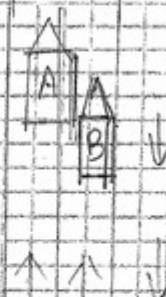
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA2153U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIN XUEDENG
NRIC/Passport Number	
Contact Number	96432229
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE
No. Of Passenger (Including Driver)	

Sketch Plan

A: SH 8847D

B: SMA 2153U



Huanggang Ave 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached Police report: #/20200520/2042

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192303P21R

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.:

Hongzean/Leak / 21/5/2020



**SINGAPORE
POLICE FORCE**



F/20200520/2042

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200520/2042

Subjects Involved			
Others			
Person Name	LIN XUEDENG		
ID Type	NRIC NO	ID No	S6982478A
Gender	Male	Age	41
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	Mandarin	Address Type	Apt Blk
Address	APT BLK 601A PUNGGOL CENTRAL #15-622 SINGAPORE 621601		Mobile No 96432229

"Your report is classified as.

- | | |
|-------|--|
| [] | Lost & found |
| [X] | Insurance Claims |
| [] | Divorce / Contract / Civil Proceedings |
| [] | Tenancy Dispute (Contractual) |
| [] | Others (Please Specify) _____ |

As these are not criminal matters, no further investigations will be carried out. However, civil remedies may be available. You are advised to consult a legal professional for further advice".

Signature Of Officer Recording The Report:

F / Staff Sgt TEO HENG HENG, ROBIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sgt 2 CHONG TECK WEI, JEFFREY
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
20/05/2020 15:53

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20200520/2042

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POLICE REPORT (NP299)

Report No. F/20200520/2042

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 20/05/2020 15:53	Vide Report No.	Station Diary No. 59
Name Of Informant NEO CHWEE CHUA	Address 9 EVERITT ROAD NORTH #05-01 SINGAPORE 428522	
ID Type / ID No. NRIC NO / S0009824H	Contact No. Home/Office Mobile 94682156	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 68
	Date of Birth 11/11/1951	Race Chinese
Institution/School Name	Language Mandarin	
Date/Time Of Incident 20/05/2020 15:20 - 20/05/2020 15:20	Location Of Incident 89 HOUGANG AVENUE 4 HOUGANG POLYCLINIC SINGAPORE 538829	

Brief details.

On 20/05/2020 at about 1520 hours, my Blue Hyundai I40 Comfort Taxi registration plate SH8847D was travelling along Hougang Avenue 4 towards Hougang Central. Suddenly, I felt an impact from the rear. I alighted from my taxi and exchanged my details with the male driver. My car right rear has scratches. We left the scene as no one was injured.

This report is for my company insurance. My taxi has an front in-car camera. I do not know if the other car has an in-car camera. There is no LTA camera at the location.

Signature Of Officer Recording The Report: F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2020 15:53
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 CHONG TECK WEI, JEFFREY Contact No.: 64890999	Classification Of Case: no offence disclosed

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20200520/2050

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POLICE REPORT (NP299)

Report No. F/20200520/2050

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 20/05/2020 16:24	Vide Report No. F/20200520/2042	Station Diary No. 72
Name Of Informant NEO CHWEE CHUA	Address 9 EVERITT ROAD NORTH #05-01 SINGAPORE 428522	
ID Type / ID No. NRIC NO / S0009824H	Contact No. Home/Office Mobile 94682156	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 68
	Date of Birth 11/11/1951	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 20/05/2020 15:20 - 20/05/2020 15:20	Location Of Incident 89 HOUGANG AVENUE 4 HOUGANG POLYCLINIC SINGAPORE 538829	

Brief details.

The other car is a Grey Mazda registration plate is SMA2153U. That is all.

Signature Of Officer Recording The Report: F / Staff Sgt TEO HENG HENG, ROBIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/05/2020 16:24
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 2 CHONG TECK WEI, JEFFREY Contact No.: 64890999	Classification Of Case:
Authentication Stamp 	

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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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 182091R21R

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

