

## 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	12/06/2020 12:10
Date Of Accident	12/06/2020 08:50
Exact Location Of Accident	ALONG BISHAN ST 22 TOWARDS BISHAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7177K
<b>Insured/Policyholder</b>	
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	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	SIM BENG HUAT
NRIC No	S1178369D
Date Of Birth	21/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/01/1978
Driving Experience	42 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91514343
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 236 BISHAN STREET 22 #12-156
Postcode	570236
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 ON COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JTX716 (MOTORCYCLE)
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20200612/2017

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTX716
Vehicle Make/Model/Colour	MOTORCYCLE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	

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

DETAILS OF INJURED PERSON 1

Name UNKNOWN(RIDER)  
Approximate Age  
Injuries Sustain RIGHT ARM AND STOMACH  
Injured person in which vehicle? JTX716  
Were seat belts worn? NO  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### IMPORTANT NOTICE

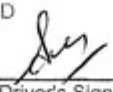
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

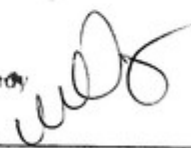
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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. 199303821R

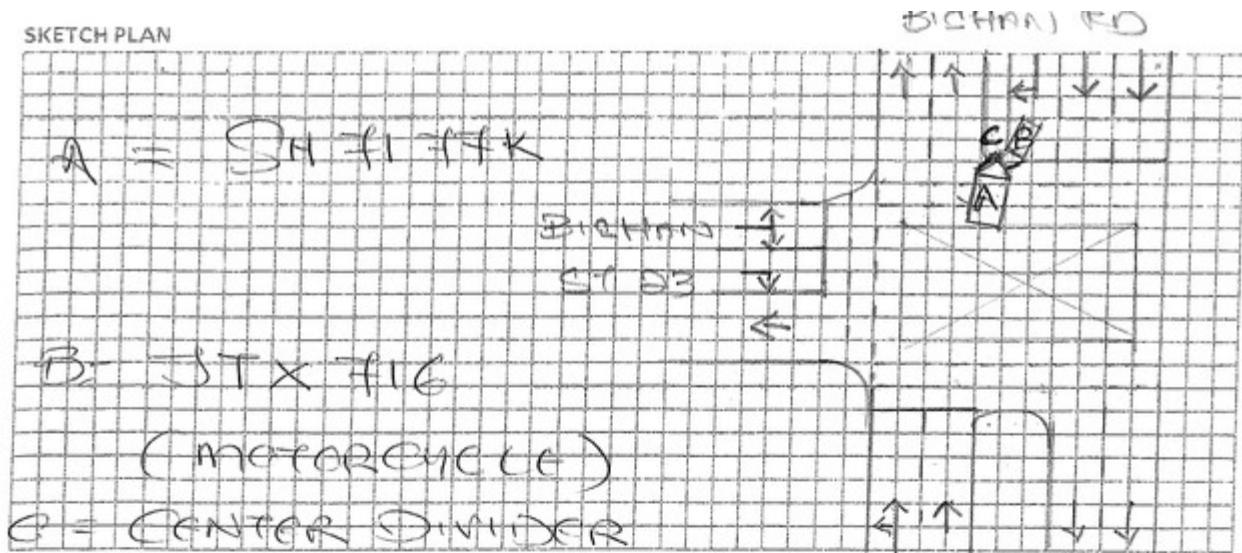
Policyholder's Signature  
Date & Time:

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

Olivia Wendy

  
Reporting Centre Personnel's Signature  
Name: 12 JUN 2020  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BICHAN ST 22

Statement as per Police Report

② T1 20200612 12017

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303021R

Olivia Wong

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: 12 JUN 2020  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20200612/2017

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20200612/2017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/06/2020 10:27		Vide Report No.: E/20200612/0035		Station Diary No.: 30	
<b>Informant's Particulars</b>					
Name of Informant: SIM BENG HUAT			Address: APT BLK 236 BISHAN STREET 22 #12-156 SINGAPORE 570236		
ID Type / ID No.: NRIC NO / S1178369D			Contact No.: Home/Office: Mobile: 91514343		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 21/05/1956	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/06/2020 08:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BISHAN STREET 22 BISHAN STREET 23 At the Junction of Bishan St 22 and Bishan St 23				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
JTX716	Motorcycle				Slightly Damaged	0
SH7177K	Car	HYUNDAI	Ioniq	Blue	Slightly Damaged	1

**Details of Person Involved**

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



SINGAPORE  
POLICE FORCE



T/20200612/2017

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20200612/2017

CONTINUATION OF REPORT

Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	JTX716 (Motorcycle)		Contact No.	87761909
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	Slight
Driver				
Name	SIM BENG HUAT		ID No.	S1178369D
Related Vehicle	SH7177K (Car)		Contact No.	91514343
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

**Brief Details.**

On 12/06/2020, I was driving my Vehicle (SH7177K) Along Bishan St 22 towards Bishan Rd in the rightmost lane at around 20-30 kmh. While approaching the Junction of Bishan St 22 and Bishan St 23, it suddenly rained heavily. This caused my windscreen to be wet and thus I was unable to see clearly the road ahead.

While passing through the junction, my windscreen cleared and I noticed a stationary motorbike (JTX 716) preparing to turn in, in the right turning lane along Bishan St 22, at the Junction of Bishan St 22 and Bishan St 23. However, I was unable to brake in time to avoid the motorcycle and I collided with the center of the motorcycle, causing the rider to fall over. I then called for Police to attend.

The resulting impact caused damage to the center part of my front bumper and caused my license plate to crack. I am unsure what was exactly the damage to the motorcycle.

I am uninjured in the collision. The rider's right arm and stomach area were slightly scratched, however he refused to be sent to the hospital.

I did not manage to get the rider's name or IC number but he left me his brother's contact number(87761909).



SINGAPORE  
POLICE FORCE



T/20200612/2017

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20200612/2017

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:

E /

SCSGT(1) LIM XING YU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/06/2020 10:27

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MUHAMMAD NOOR BIN ABDUL  
RAHMAN

Contact No.: 65476201

Classification Of Case:

Authentication Stamp  
NP168



SN-061



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



SCENE



SCENE





# SCENE

