

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	06/07/2020 09:26
Date Of Accident	03/07/2020 23:55
Exact Location Of Accident	TIONG BAHRU RD >> LOWER DELTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7543L
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXX821R
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	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	WONG ZHONG WEI
NRIC No	SXXXX458I
Date Of Birth	20/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2006
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98799342
Fax Number	
Contact Number	
Email Address	DARKSLAYER85@HOTMAIL.COM

Address
Postcode BLK 48 LENGKOK BAHRU #03-167
151048
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CHANGI N.P.C
Police Station Address ROAD: 9 SIMEI STREET 2, POSTCODE: 529914, COUNTRY:
SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20200704/2028

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 SLD7911L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SOH CHIEA HEE
NRIC/Passport Number
Contact Number 83189391
Address
Postcode
Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1:

Name

WONG ZHONG WEI

Approximate Age

35

Injuries Sustain

NECK , LOWER BACK INJURED - 5 DAYS MC

Injured person in which vehicle?

SH7543L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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. 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 to interested parties.
7. By the lodging 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, 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.
CO. REG. NO. 199303821K

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

SKETCH PLAN

Refer Attachment

AKH 7543L
B7SLD7911L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/7/20 at about 2355hr - Refer Police Report
T/ 2020.0704/2028

DECLARATION

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 199303821R

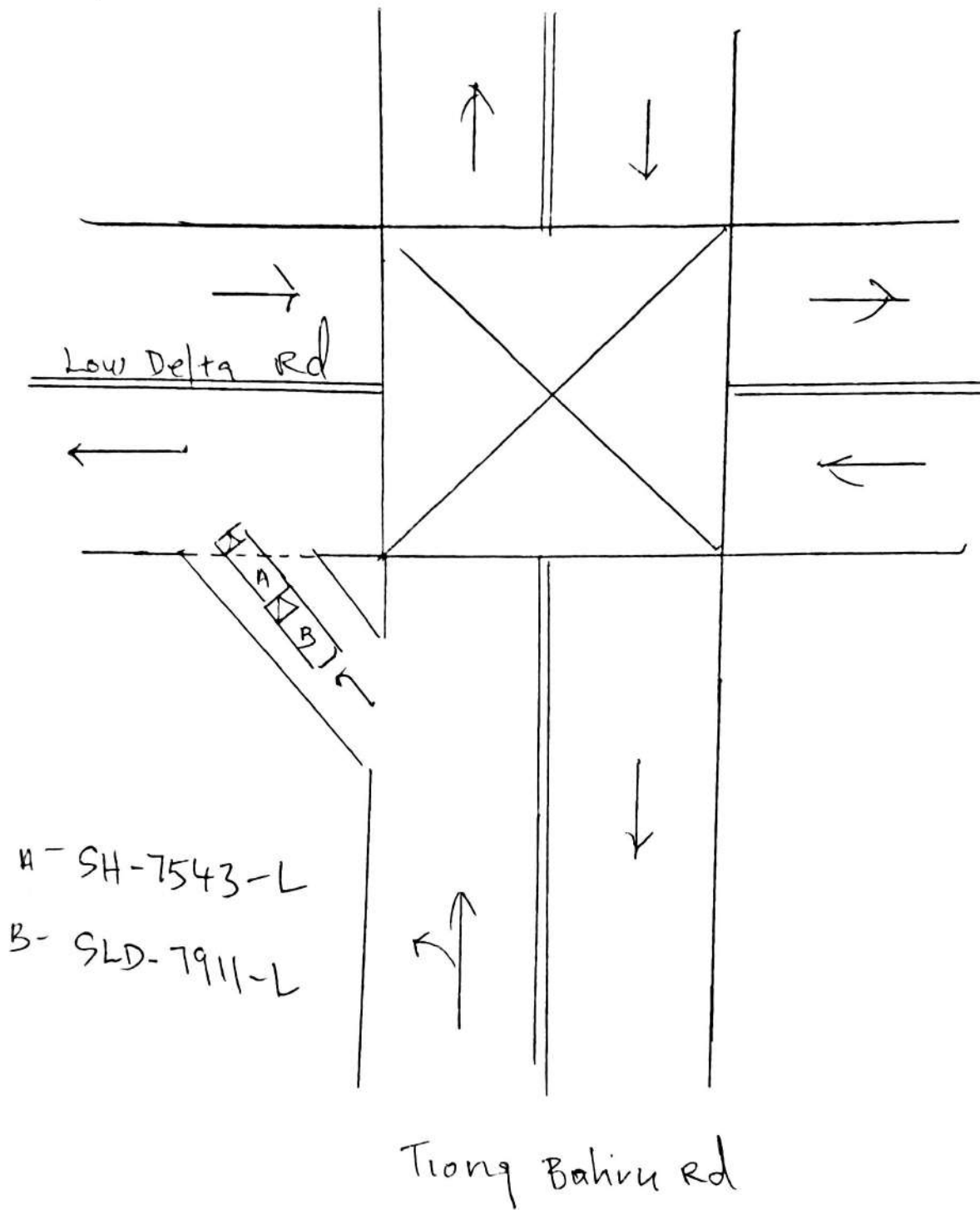
Policyholder's Signature
& Time

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

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

CSO 4/7/20

Sketch Plan Pg. 3





**SINGAPORE
POLICE FORCE**



T/20200704/2028

Police Station Of Origin:
Changi N P C
9 Simei Street 2 SINGAPORE 529914
Tel No 1800-5872999

1 of 3

Report No. T/20200704/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2020 11:27	Vide Report No.:	Station Diary No.: 21
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ONG ZHONG WEI	Address: APT BLK 48 LENGKOK BAHRU #03-167 SINGAPORE 151048		
ID Type / ID No.: NRIC NO / S85164581	Contact No.: Home/Office: Mobile: 9879 9342		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 35	Date of Birth: 20/05/1985	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: Taxi driver	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2020 23:55	Type of Location: Filter lane
Location: Along Road 1 Traveling Toward Road 2 TIONG BAHRU ROAD LOWER DELTA ROAD the filter lane along Tiong Bahru Road turning left into Lower Delta Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7543L	Taxi	HYUNDAI	I40	Blue	Slightly Damaged	0
SLD7911L	Car	TOYOTA	Corolla	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SH7543L	INDIA INTERNATIONAL INSURANCE PTE LTD	MCOM0015	01/01/2018	31/12/2020



**SINGAPORE
POLICE FORCE**



T/20200704/2028

2 of 3

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No T/20200704/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG ZHONG WEI	ID No.	S8516458I
Related Vehicle	SH7543L (Taxi)	Contact No.	9879 9342
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/07/2020	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	SOH CHIEA HEE (SEE ZHENGXI)	ID No.	S7211942H
Related Vehicle	SLD7911L (Car)	Contact No.	8318 9391
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 03/07/2020 between 2350hrs to 2359hrs, I was driving my taxi along Tiong Bahru Road and I made a left turn into a filter lane to go to Lower Delta Road. After driving past the pedestrian crossing, I slowly inched out my taxi along the filter lane to check for incoming vehicles from the right side of Lower Delta Road. While doing so, I felt a sudden hit from the rear of my taxi. I alighted from my taxi to make a check and realized that the front bumper of a silver coloured car had collided onto the rear bumper of my taxi. I met up with the driver of the said silver car. We exchanged contact details and took photos of the damages to our respective vehicles. We subsequently drove off from the scene.

Later that morning at about 0100hrs just before I fell asleep, I felt pain on the back of my neck and lower back which I believe was sustained from collision earlier. I sought medical treatment that morning at Sunshine Clinic and Family Practice & Surgery. I was then issued with 05 days of medical leave from 04/07/2020 to 08/07/2020.

Due to the collision, there were damages such as graze marks and dents on the rear bumper of my taxi.



**SINGAPORE
POLICE FORCE**



T/20200704/2028

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No: T/20200704/2028

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:

U /

Sariff Sgt MUZAINAH BINTE LATIFF

anf

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

04/07/2020 11:27

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

anf