

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	26/06/2020 14:36
Date Of Accident	25/06/2020 11:25
Exact Location Of Accident	ALONG PASIR RIS DR 8 AND PASIR RIS DR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4733B
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	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	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	LAM AH HA
NRIC No	S2000636F
Date Of Birth	04/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	16/09/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91466607
Fax Number	
Contact Number	
Email Address	TANANDY2908@HOTMAIL.COM

Address	119 09-195 BEDOK NORTH ROAD
Postcode	460119
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	CHAIN COLLISION
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	7
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 [OTHER]	PASIR RIS 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	SLB2779X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage OVERALL BODYWORK

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBL4371R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver SITI LIYANG BTE MOHD ISMAIL
NRIC/Passport Number
Contact Number 91809154
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBC7174X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MARAH
NRIC/Passport Number
Contact Number 83584724
Address
Postcode
Insurance Company Name
Nature Of Damage FRT & REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKV7927J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LAU LGEE SENG
NRIC/Passport Number
Contact Number 94893988
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLB619M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PHUA JIONG LENG
NRIC/Passport Number
Contact Number 93876848

Address
Postcode
Insurance Company Name
Nature Of Damage LEFT SIDE
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number SLZ114U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN ENG SENG
NRIC/Passport Number
Contact Number 98351948
Address
Postcode
Insurance Company Name
Nature Of Damage REAR LEFT
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name DRIVER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SLB2779X
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

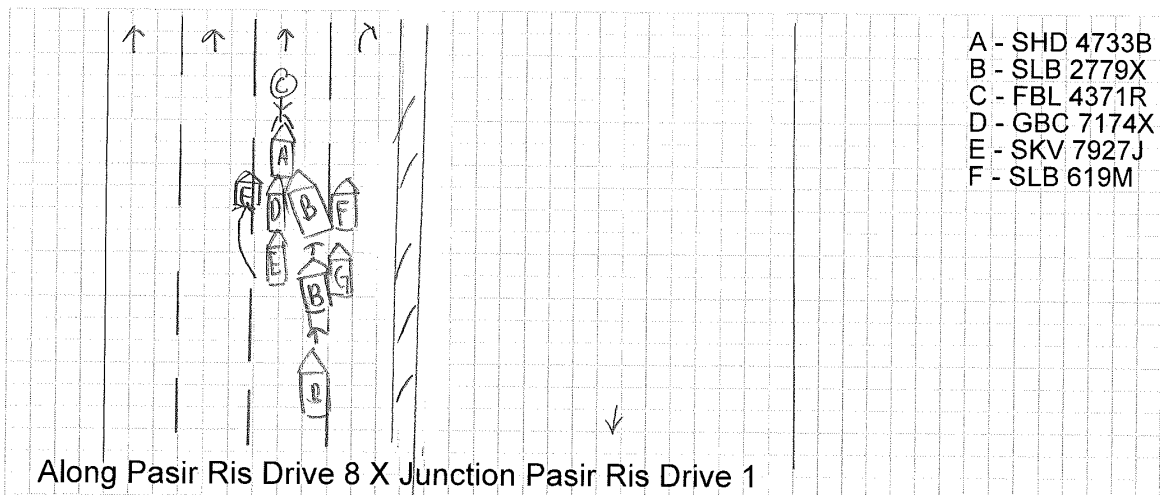
Name DRIVER
Approximate Age
Injuries Sustain NOT SURE
Injured person in which vehicle? SKV7927J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name LAM AH HA
Approximate Age 69
Injuries Sustain GIDDY
Injured person in which vehicle? SHD4733B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Date & Time: 26.06.2020
@ 13:50 hrs

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

GIAOHC StgLibForm_V3

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**SINGAPORE
POLICE FORCE**



T/20200626/2018

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20200626/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2020 12:10		Vide Report No.: G/20200625/0075		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: LAM AH HA			Address: APT BLK 119 BEDOK NORTH ROAD #09-195 SINGAPORE 460119		
ID Type / ID No.: NRIC NO / S2000636F			Contact No.: Home/Office: Mobile: 91466607		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 04/08/1951	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name: COMFORT DELGRO
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2020 11:25	Type of Location: X-Junction
Location: Along Road 1 PASIR RIS DRIVE 8 PASIR RIS DRIVE 1 X JUNCTION OF PASIR RIS DRIVE 8 AND PASIR RIS DRIVE 1				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4733B	TAXI				Seriously Damaged	1
SKV7927J	Car				Seriously Damaged	0
SLB2779X	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200626/2018

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20200626/2018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAM AH HA	ID No.	S2000636F
Related Vehicle	SHD4733B (TAXI)	Contact No.	91466607
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/06/2020	Date Discharge	25/06/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 25/6/2020 at about 11.25am, I was travelling along Pasir Ris Drive 8 on lane 2. I stop at the junction of Pasir Ris Drive 8 and Pasir ris Drive 1 turning right as the red traffic light was on me. While at the junction, I left a sudden impact from the rear and the impact caused my vehicle to shift forward. I then alighted from the vehicle to make a check on the collision. The vehicle SLB2779X was overturn on the second lane and the vehicle SKV7927J was overturn on the third lane. At that point of time, I was not sure what happen. I had a passenger in my taxi. My passenger was seated on the left rear side. Both myself and my passenger was not injured. My passenger left before the police and ambulance arrival.

When the police and ambulance arrived, I was conveyed by the ambulance as I felt giddy. I was conveyed to Changi General Hospital and was discharge on the same day. I do not sustained any injuries. I was not issued with any Medical Certificate. My vehicle was towed away by my company Comfort Delgro. I only have in-built in car camera recording to the front direction which the Traffic Police have already took the footages. I do have a footage of the accident that was shared to me captured by one of the vehicle in-built camera during the accident. My taxi sustained crack on the rear left side and left bottom of my vehicle.

I was issued a case card vide report no G/20200625/0075.



**SINGAPORE
POLICE FORCE**



T/20200626/2018

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20200626/2018

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:

G /

Sgt 3 MUHAMMAD SYAHIR BIN MAMAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/06/2020 12:10

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH

Contact No.: 65476251

Classification Of Case:

Authentication Stamp

NP168

SKETCH PLAN

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7. By the lodgment 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. 199303821R

Policyholder's Signature
Date & Time:

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

26.06.2020
@ 13:50 hrs

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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