

## 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	30/07/2020 10:51
Date Of Accident	29/07/2020 16:50
Exact Location Of Accident	MOULMEIN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8983A
<b>Insured/Policyholder</b>	
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	CHUA KOK HUA
NRIC No	SXXXX119C
Date Of Birth	31/03/1963
Occupation	OUTDOOR
Date Of Driving Pass	14/06/2004
Driving Experience	16 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93828159
Fax Number	
Contact Number	
Email Address	HENGHUA63@GMAIL.COM

Address's	150 05-64 PASIR RIS STREET 13
Postcode	510150
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	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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 [OTHER]	PUNGGOL 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	SGK106M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH BENG THIAM
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature'Of Damage FRT RHT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLM7987X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAY BENG HUAT

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

REAR LEFT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

CHUA KOK HUA

Approximate Age

57

Injuries Sustain

NECK, SHOULDER AND WAIST

Injured person in which vehicle?

SHC8983A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name

LEE YUAN YEE

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

SHC8983A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

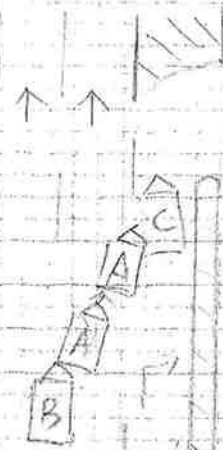
Postcode

SKETCH PLAN

A = SHC 8983A

B = SGK 106M

C = SLM 7987X



Maximian Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T/ 20200739/2143

DECLARATION

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

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

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.:

Loke Wei Yieng

30/7/2020

## Sketch Plan Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20200729/2143

1 of 3

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

Report No. T/20200729/2143

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/07/2020 21:28		Vide Report No.:		Station Diary No.: 77
<b>Informant's Particulars</b>				
Name of Informant: CHUA KOK HUA		Address: APT BLK 150 PASIR RIS STREET 13 #05-64 SINGAPORE 510150		
ID Type / ID No.: NRIC NO / S1586119C		Contact No.: Home/Office: Mobile: 93828159		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 31/03/1963	Type of Informant: Driver	
Race: Chinese		Language:	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: 29/07/2020 16:50	Type of Location: Straight Road
Location: Along Road 1 MOULMEIN ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGK106M	Car				Seriously Damaged	0
SHC8983A	Taxi				Seriously Damaged	1
SLM7987X	Private Ambulance				Slightly Damaged	0

Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20200729/2143

2 of 3

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

Report No. T/20200729/2143

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	CHUA KOK HUA	ID No.	S1586119C
Related Vehicle	SHC8983A (Taxi)	Contact No.	93828159
Hospital/Clinic	EDGEDALE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/07/2020	Date Discharge	29/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Passenger</b>			
Name	Lee Yuan Yee	ID No.	S2680147H
Related Vehicle	SHC8983A (Taxi)	Contact No.	93394845
Hospital/Clinic	NOVENA ELIZABETH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/07/2020	Date Discharge	29/07/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 29th July 2020, at about 4.50pm, I was travelling straight on the first lane of Moulmein Road, which was a three-lane road, when I moved my vehicle to the left to change lane to the second lane. I did so to make way for the private ambulance (SLM7987X) which had been travelling behind me on the first lane. After I had changed lane to the second lane, the abovementioned private ambulance (SLM7987X) had moved ahead on the first lane and following this the front of another vehicle (SGK106M) collided with the rear of my vehicle. This caused me to lose control and steer back into the first lane. The front of my vehicle then collided with the rear of the private ambulance (SLM7987X). The accident was not attended to by traffic police and no one was conveyed by ambulance. My passenger and I sustained minor injuries from the accident. I visited Edgedale Medical Clinic to get medical attention for the injury I had sustained and I had received 5 days MC. The passenger (Lee Yuan Yee, S2680147H) who had been travelling in my vehicle was also slightly injured and she visited Novena Elizabeth Medical Centre and received 2 days MC.



**SINGAPORE  
POLICE FORCE**



T/20200729/2143

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

3 of 3

Report No. T/20200729/2143

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 /

Insp RUBANESHWARAN S/O  
GNANASUBRAMANIAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2020 21:28

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No : 65476436

Classification Of Case:

Authentication Stamp

NP168

SN 085

Signature:

Singapore Police Force

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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)
  - (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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.: Late Wei Yoke