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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/08/2020 09:22
Date Of Accident	31/07/2020 23:30
Exact Location Of Accident	PUNGGOL RD TOWARDS SENGKANG E WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH9490S
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	ТОУОТА
Model	PRIUS
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 GOH MUI CHAY
NRIC No S0012971B
Date Of Birth 24/02/1953
Occupation OUTDOOR
Date Of Driving Pass 30/07/1973

Driving Experience 47 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91147916

Fax Number

Contact Number

EMail Address THELITTLEPRINZE@YAHOO.COM.SG

Address BLK 3 TAMPINES STREET 86 #05-12

Postcode 520393

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 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT: T/20200801/2010 / Type Of Accident: HEAD TO SIDE

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGW2770T

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SHARIFUDIN BIN AHMAD

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage

FRT

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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.
- 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:
 - 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:
 - 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 LTOWN
CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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DECLARATION //We declare the foregoing particulars	are true in every respect.			
DECLARATION	, /		(Nivie)	re Personnel's Signature





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 4 Report No. T/20200801/2010

Syd

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REPORT OF	A TE	VEELC	ACCIDE	TIME

01/08/2020 09:44		Made:	Vide Report No.:		Station Diary No.: 21
Informa	nt's Partic	ulars			The second second
Name of GOH MU	Informant: JI CHAY		Address: APT BLK 3 TAMPINES STREET 86 #05-12 SINGAPORE 528584		
ID Type	/ ID No.: D / S00129	71B	Contact No.: Home/Office: Mobile: 91147916		
Nationali SINGAP	ty: ORE CITIZ	EN.	Email:		ti .
Sex: Male	Age: 67	Date of Birth: 24/02/1953	Type of Informant: Driver		4
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation Taxi Drive			Driving Licence Information: Class: 2B,2A,2,3,4	Date of Ex	piry:

			.*	929
General Infor	mation of the Accid	ent		2h)
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2020 23:30	Type of Location: X-Junction
PUNGGOL R SENGKANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage		Traffic Control: Traffic Light - Worl	king	Traffic Volume: Light
Type of Collisi Between Movi	on: ng Vehicles - Head T	Γο Side		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				<u> </u>
Vehicle No.	Туре	Make	Model	Color	Condition	No c Passenger
SGW2770T	Car	HONDA	AIRWAVE 1.5 A	Black	Seriously Damaged	4
SH9490S	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Seriously Damaged	1

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





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Report No. T/20200801/2010

Police Station Of Origin: Tambines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Driver Name GOH MUI CHAY ID No. S0012971B Related Vehicle 91147916 NIL Contact No. Class: 2B,2A,2,3,4 Hospital/Clinic NIL Class of Driving Date of Expiry: NIL Licence & Expiry Date NIL Date Treatment | NIL Date Discharge NIL No. of Days granted Medical Leave Degree of Injury | NIL

CONTINUATION OF REPORT

Driver						
Name	SHARIFUDIN BIN A	AHMAD		ID No.	:	S7213878C
Related Vehicle	NIL		N. W. STALL SEEDLY CONTROL OF STATE	Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Freatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 31/07/2020 at around 2330 hours I was driving my vehicle (SH9490S) travelling along Punggol Road and I reached a cross junction and wanting to turn right towards Sengkang East Way. I had the right of way as the traffic light had indicated the green arrow.

Half way through the turn another vehicle (SGW2770T) coming from opposite side from Punggol Road drove and hit the left of my vehicle. The driver at the point of time had about 4-5 passengers.

I then stopped at the right lane of the road along Sengkang East Way. However the said vehicle did not stop and drove off.

After waiting for about 15 mins later the same vehicle (SGW2770T) drove back to scene and I took photos of his NRIC. His particulars is as follows:

Name: Sharifudin Bin Ahmad

IC: \$7213878C

Address: 372 Tampines Street 34 #10-26 Singapore 520372

I would like to highlight that I was ferrying one passenger during the accident occurred and she is without any injury. I was not injured as well.

The damage to my vehicle are front left bumper was dislodged, dents on the front left fender, dents to the front left passenger door, scratches and dents to the front left rim.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

3 of 4 Report No. T/20200801/2010

CONTINUATION OF REPORT





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

CONTINUATION OF REPORT

4 of 4

Report No. T/20200801/2010

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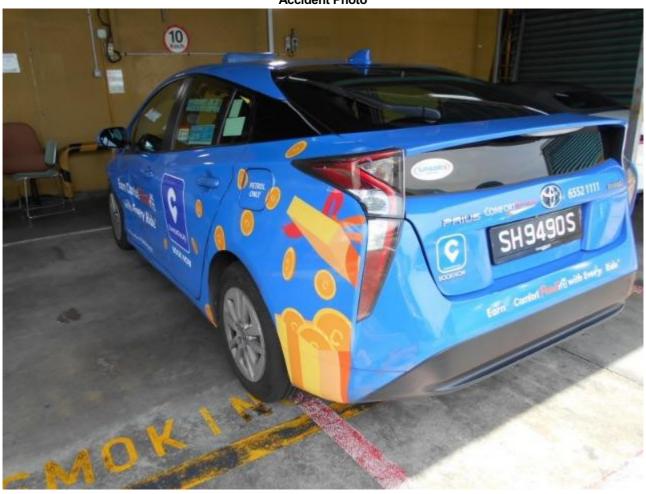
Informant is not able to provide sketch plan

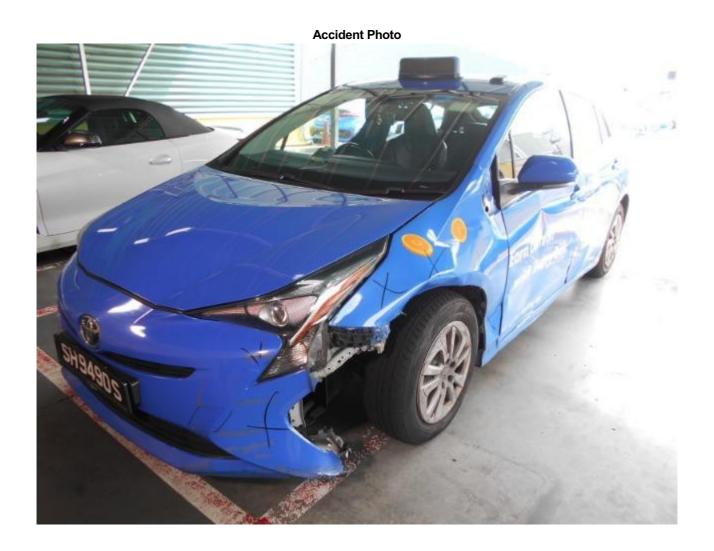
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / SgF2 LAM XUE TING. SgF3 Jonnary Son Zhena Yana	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2020 09:44
Officer in Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:



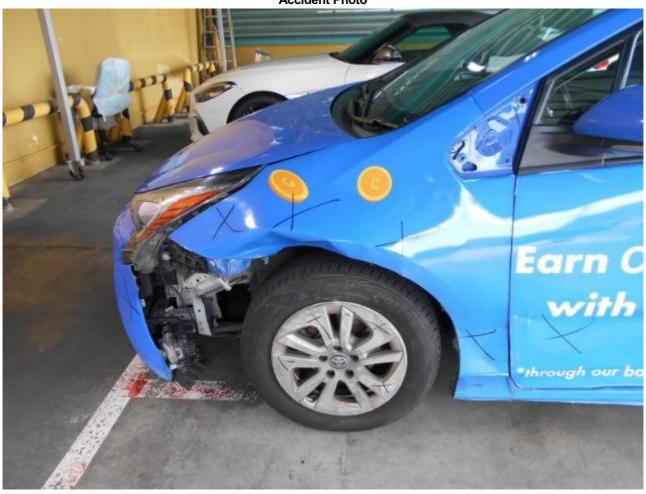
Accident Photo











Accident Photo

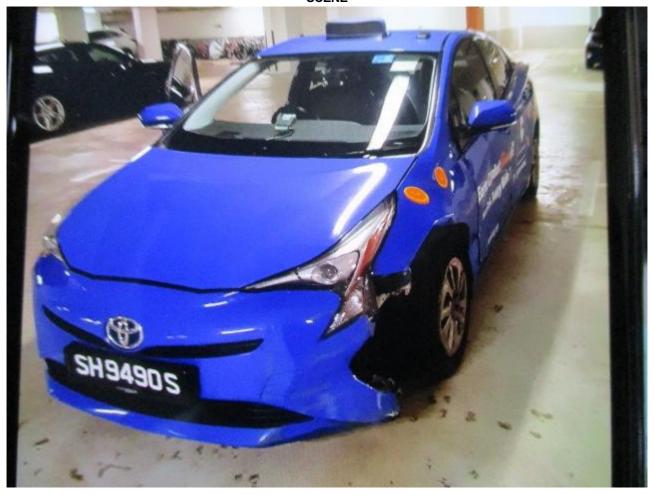




Accident Photo



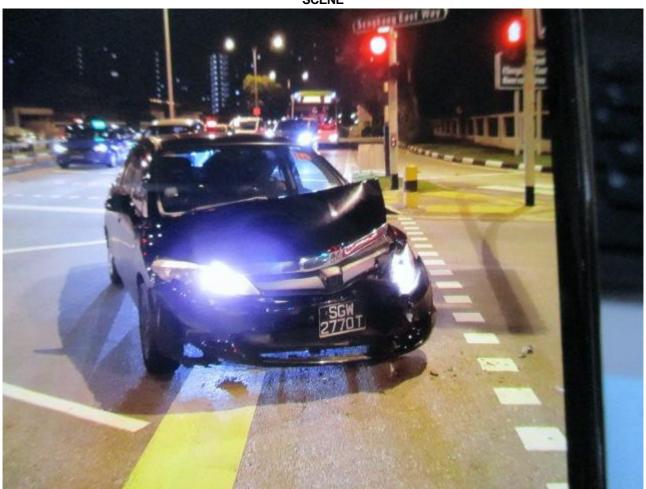
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