

## 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 24/08/2020 16:02  
Date Of Accident 24/08/2020 09:10  
Exact Location Of Accident ALONG CAIRNHILL RD TOWARDS HULLET ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4051K  
**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 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 PANG POR KHIN  
NRIC No SXXXX470Z  
Date Of Birth 16/03/1955  
Occupation OUTDOOR  
Date Of Driving Pass 08/01/1977  
Driving Experience 43 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number  
Fax Number (LOCAL) +65-93690382  
Contact Number  
Email Address PANGPK55@YAHOO.COM

Address BLK 303C ANCHORVALE LINK #08-120  
Postcode 543303  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
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? 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: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name ROCHOR N.P.C. 11 KAMPONG KAPOR ROAD, SINGAPORE 208678  
Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , 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/20200824/2043

#### 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

Vehicle Registration Number FBN9885G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1:**

Name

RIDER

Approximate Age

Injuries Sustain

NOT SURE

Injured person in which vehicle?

FBN9885G

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

YES

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 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)
  - (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

### SKETCH PLAN

A = SHD AGIK

B = FBN988CG  
(miter cycle)

John

HULLER RD 4

RUBBING  
TRUCK

CHANNEL NO

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Statement as per Police Report (3)

71220082412043

## 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:

Olivia Wender

Reporting Centre Personnel's Signature  
Name: 24 AUG 2020  
NRIC/Fin No:





**SINGAPORE  
POLICE FORCE**



T/20200824/2043

1 of 4

Police Station Of Origin  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No: T/20200824/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/08/2020 12:35		Vide Report No.: E/20200824/0041		Station Diary No.: 43	
<b>Informant's Particulars</b>					
Name of informant: PANG POR KHIN			Address: APT BLK 303-C ANCHORVALE LINK #08-120 SINGAPORE 543303		
ID Type / ID No.: NRIC NO / S1124470Z			Contact No.: Home/Office: Mobile: 93690382		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 16/03/1955	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident: injury	Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/08/2020 09:10	Type of Location: T-Junction
Location: CAIRNHILL ROAD				
Lamp Post Number: 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9685G	Motorcycle				Slightly Damaged	0
SHD4051K	TAXI	HYUNDAI		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/20200824/2043

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 4

Report No. T/20200824/2043

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBN9885G (Motorcycle)		Contact No. NIL
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
<b>Driver</b>			
Name	PANG POR KHIN		ID No. S1124470Z
Related Vehicle	SHD4051K (TAXI)		Contact No. 93690382
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 NIL
<b>Passenger</b>			
Name	CHOW BON TONG		ID No. NIL
Related Vehicle	SHD4051K (TAXI)		Contact No. 83399339
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 24/08/2020 at about 9.10am along Cairnhill Road. I was driving "Comfort" taxi "SHD4051K along the 4th lane which was the extreme left lane. This Cairnhill road was a 4 lanes road. I was travelling toward the direction of Grange Road. However, I was going into Hullet Road. There was 1 male Chinese passenger inside my taxi. Before reaching the junction of Hullet road, there was a big rubbish truck parked at the side of the road before the junction. I had changed lane and went into the 3rd lane. After which, I had went back into the 4th lane as going into Hullet Road. While entering the 4th lane, one motorcycle "FBN9885G" had appeared in between the truck and my taxi. The said motorcycle then hit onto the left side of my taxi when I was entering the 4th lane. After hitting my taxi, the said motorcycle had mount onto the walkway and fell. Ambulance and Traffic Police came down to scene. The rider was convey to hospital.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999



T/20200824/2043

3 of 4

Report No T/20200824/2043

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20200824/2043

4 of 4

Report No T/20200824/2043

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapur Road SINGAPORE

208678

Tel No: 1800-2949999

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:

A /

Sr Staff Sgt KHOO CHOON HUA

Signature Of Informant.

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2020 12 35

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP158