

## 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 Authonsed 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	31/08/2020 15:01
Date Of Accident	30/08/2020 16:10
Exact Location Of Accident	BLK 105B EDGEFIELD PLAINS CP DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number	SHD7237Y
<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	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	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	TAN LIN WEE
NRIC No	SXXXX744G
Date Of Birth	17/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1977
Driving Experience	42 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91468797
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 289 BISHAN STREET 24 #15-23  
Postcode 570289  
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 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 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 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? NO  
If Yes against whom?

**Circumstances of Accident**

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE / POLICE REPORT : T/20200831/2022

**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**

Vehicle Registration Number SJQ5413B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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

TAN LIN WEE

Approximate Age

63

Injuries Sustain

NECK AND BACK PAIN. ON 3 DAYS MC.

Injured person in which vehicle?

SHD7237Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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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. 199303821K

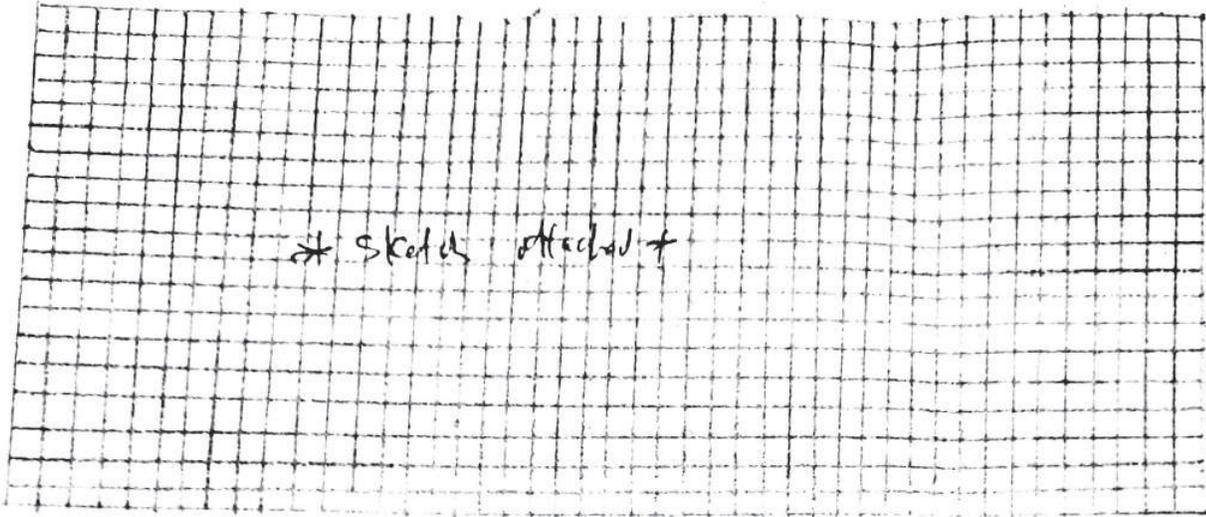
Policyholder's Signature  
Date & Time

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time 31.08.2020

1350m

  
Reporting Centre Personnel's Signature  
Name: Larry Ng  
NRIC/Fin No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Police report T/20200831/2022 \*

DECLARATION

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

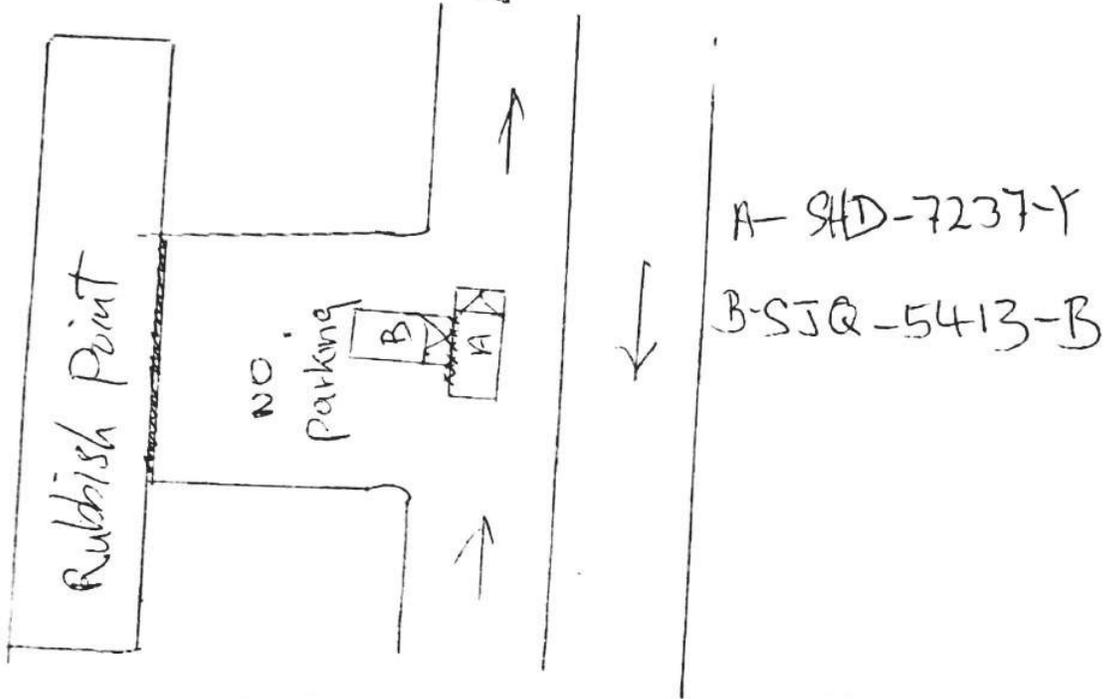
COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 199303821R

Policyholder's Signature  
Date & Time

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time  
 31.08.2020  
 1350w

  
 Reporting Centre Personnel's Signature  
 Name  
 NRIC/Fn No.: Larry Ng

Bik 105-B  
Edgetied plans



31.08.2020

A handwritten signature or set of initials, possibly 'A. J. ...', written in a cursive style.



**SINGAPORE  
POLICE FORCE**



1/20200831/2022

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

1 of 3  
Report No T/20200831/2022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 31/08/2020 11 41		Video Report No.		Station / Substation No. 24	
<b>Informant's Particulars</b>					
Name of Informant TAN LIN WEE			Address APT BLK 289 BISHAN STREET 24 #15-23 SINGAPORE 570289		
ID Type / ID No. NRIC NO / S1162744G			Contact No. Home/Office: Mobile 91468797		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 63	Date of Birth 17/12/1956	Type of Informant Driver		
Race Chinese			Language		Institution / School No.
Occupation Taxi driver			Driving Licence Information Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2020 16:10	Type of Location:
Location: EDGEFIELD PLAINS				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone contacted by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7237Y	Car				Slightly Damaged	0
SJQ5413B	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20200831/2022

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

2 of 3  
Report No. T/20200831/2022

CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAN LIN WEE	ID No	S1162744G
Registered Vehicle	SHD7237Y (Car)	Contact No.	91468797
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class NIL Date of Expiry: NIL
Date of Treatment	31/08/2020	Date Discharge	31/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On the 31/08/2020, at about 4.10pm, I was travelling along a road near to Blk 105B Edgefield plains. Subsequently, as I drove past the loading/unloading parking lots, another vehicle started driving out from the lot. This caused the vehicle to hit my vehicle at my left side front and rear door. The other driver then got out of the vehicle and informed me that the blue recycle bin was blocking his view so he did not see my vehicle coming. I went to the doctor and received 3 days of MC due to pain on my neck and back area.



SINGAPORE  
POLICE FORCE

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



T/20200831/2022

3 of 3

Report No. T/2020083 2022

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 FIRDAUS BIN YUSOFF

Signature Of Informant:  
*[Handwritten Signature]*

Signature Of Interpreter:  
Not applicable

Date/Time  
31/08/2020 11:41

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP168

*[Handwritten Signature]*  
SINGAPORE  
POLICE FORCE