

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 11:13
Date Of Accident	17/07/2020 10:30
Exact Location Of Accident	THOMSOIN ROAD TOWARDS MARYMOUNT NEAR TO THOMSON ME
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6929P
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Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGETAXI.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	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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	HO CHIN SENG
NRIC No	S0189852C
Date Of Birth	08/08/1947
Occupation	OUTDOOR
Date Of Driving Pass	25/08/1969
Driving Experience	50 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96616820
Fax Number	
Contact Number	
Email Address	CSH02009@GMAIL.COM

Address	BLK 774 YISHUN AVENUE 3 #08-199
Postcode	760774
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	NO 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?	NO
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20200804/2085

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 1

Vehicle Registration Number	SLG5786D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of DamageNO DAMAGE

No. Of Passenger (Including Driver)

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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

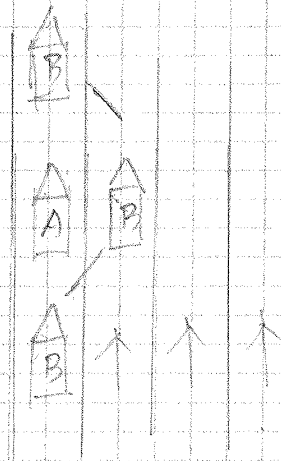
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Hoang Leung Tze*
NRIC/Fin No.:

A SH 6929 P

B SLG 5786 D



Thomas Rd towards Marymount

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/07/2020 @ about 1030 hr. i was travelling along Thomas Road
Towards Marymount Road with one female passenger onboard. i noticed there
is vehicle B = SLG 5786 D at behind keep honing me, then he overtake my
vehicle to front to stop me and ask my particular and said that i had
hit his vehicle, i declined to exchange particular to him, because as i
know i had no contact with his vehicle, so i ask him to take down my
vehicle number to reported. I state that all along the road my vehicle had
no contact his his vehicle and my vehicle had no damage.

DECLARATION

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: Mong Leong Tan
NRIC/Fin No.:



**SINGAPORE
POLICE FORCE**



T/20200804/2085

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200804/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2020 18:47		Vide Report No.:		Station Diary No.: 89
Informant's Particulars				
Name of Informant: HO CHIN SENG		Address: APT BLK 774 YISHUN AVENUE 3 #08-199 SINGAPORE 760774		
ID Type / ID No.: NRIC NO / S0189852C		Contact No.: Home/Office: Mobile: 96616820		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 72	Date of Birth: 08/08/1947	Type of Informant: Driver	
Race: Chinese		Language: Mandarin	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/07/2020 10:30	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy		
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6929P	Taxi	HYUNDAI		Blue	No Damage	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200804/2085

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20200804/2085

CONTINUATION OF REPORT

Driver			
Name	HO CHIN SENG		ID No. S0189852C
Related Vehicle	SH6929P (Taxi)		Contact No. 96616820
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/07/20 at about 1030hrs, I was driving my company taxi along Thomson Road. As I was driving, I heard someone honking at me from the rear and thereafter I noticed the car had swerved to a side and was driving on my right side and the driver from the unknown vehicle told me to stop my taxi in front. I then stopped my taxi along the road side and came out from my taxi. The other driver told me my taxi had hit onto his vehicle and requested for my particulars. I did not give it to him and told him I did not hit onto his vehicle. I then advised the other driver that if he insisted that I had hit onto his vehicle, he can take down my taxi plate number. I then went into my taxi and left the location.

I wish to state that I did not perform any sudden jam brake while I was driving. I had also reported the matter to my company. I was advised by the Traffic Police to lodge a report about the matter. There was no in car back camera inside my company taxi. There is one in car front camera installed inside my company taxi however the footage had been overwritten.



**SINGAPORE
POLICE FORCE**



T/20200804/2085

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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




Report No. T/20200804/2085

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: L / Sgt 3 OOI JIA JUN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2020 18:47
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 085  
Authentication Stamp NP168	 Signature _____ Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

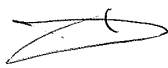
Original Report No : MCD620064237 Vehicle Registration No: SH6929P
Name (as shown in NRIC) : HO CHIN SENG NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 17/07/2020 Time of Accident : 10:30
Place of Accident : THOMSON ROAD TOWARDS MARYMOUNT NEAR TO THOMSON ME
Insurance Company: MS First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ENCLOSE POLICE REPORT NO: T/20200804/2085

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: **Janet**
NRIC/FIN No.: _____
Date: **05.8.20**