

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	15/03/2019 12:21
Date Of Accident	15/03/2019 01:50
Exact Location Of Accident	BUANGKOK GREEN X HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8897R
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	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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	LOKE WAI KEONG
NRIC No	S0248716J
Date Of Birth	08/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1976
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96703065
Fax Number	
Contact Number	
Email Address	LOKE9802@GMAIL.COM

Address	BLK 186C RIVERVALE DRIVE #09-802
Postcode	543186
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 - CROSS JUNCTION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	SENGKANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT : T/20190315/2009 / Type Of Accident : HEAD TO SIDE

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	FZ9051K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TOH JERRY
NRIC/Passport Number	S8621667A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RIGHT FRT
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH JERRY
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	FZ9051K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

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7. 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:
 - (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, 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 LTD
CO. REG. NO. 199203321R

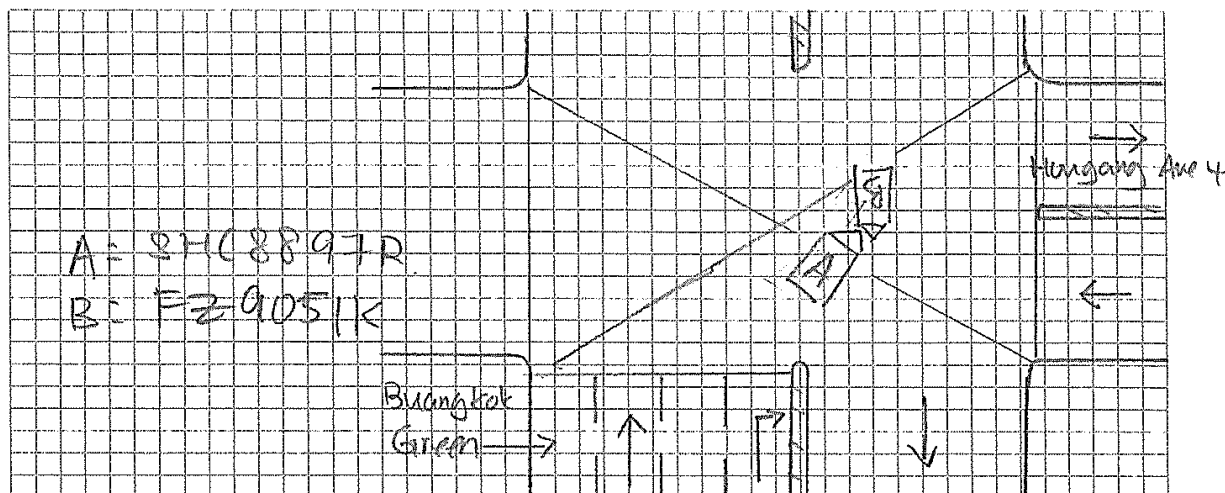
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yeng
NRIC/FIN No.: 5119

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report.
T/20190315/2009

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG NO 199202321R

Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: Lok Wei Yiong
NRIC/FIN No.: _____

GIAPAC SketchPlanForm_V3



**SINGAPORE
POLICE FORCE**



T/20190315/2009

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190315/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2019 03:30		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: LOKE WAI KEONG			Address: APT BLK 186C RIVERVALE DRIVE #09-802 SINGAPORE 543186		
ID Type / ID No.: NRIC NO / S0248716J			Contact No.: Home/Office: Mobile: 96703065		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 08/10/1949	Type of Informant: Driver		
Race: Chinese			Language: English		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: 15/03/2019 01:50	Type of Location: X-Junction
Location: Along Road 1 BUANGKOK GREEN HOUGANG AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ9051K	Motorcycle				Slightly Damaged	0
SHC8897R	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/20190315/2009

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 o.

Report No. T/20190315/2L

CONTINUATION OF REPORT

Driver			
Name	LOKE WAI KEONG		ID No. S0248716J
Related Vehicle	SHC8897R (Car)		Contact No. 96703065
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
Rider			
Name	TOH JERRY		ID No. S8621667A
Related Vehicle	NIL		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

Brief Details.

On 15/03/2019 at about 0150hrs, while I driving in my taxi, bearing no. SHC8897R along Buangkok Green, I came across a cross-junction. As the traffic was green at that time, I made a check at the opposite side of traffic to ensure it was safe. As I observed that it was clear, I proceeded on to turn right onto Hougang Avenue 4. As I was reaching the other side, I suddenly saw a motorcycle bearing no. FZ9051K in front of me coming from the opposite side.

I was not able to brake in time and as a result, the accident happened. The rider fell on his left side and I assisted him. One of the passer-by called for ambulance.

The ambulance soon came to make a check on the rider. Traffic police also were at scene at that time. The rider was then conveyed to the hospital by the ambulance. I was subsequently informed to lodge a traffic accident report.

My taxi sustained damages at the front and right side. Traffic police took the memory card from my in car camera.

Ref: F/20190315/0027



**SINGAPORE
POLICE FORCE**



T/20190315/2009

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190315/2009

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 / Staff Sgt MUHAMMAD SYAZWAN BIN MOHAMAD YASIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2019 03:30
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case:
Authentication Stamp NP168  Singapore Police Force	SN 035

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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