

## 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	25/08/2020 11:24
Date Of Accident	25/08/2020 07:30
Exact Location Of Accident	YUAN CHING ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7828H
<b>Insured/Policyholder</b>	
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	TOYOTA
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	WOO SWEE CHEONG
NRIC No	S0131665F
Date Of Birth	06/08/1949
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1972
Driving Experience	47 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89381829
Fax Number	
Contact Number	
EEmail Address	SCWOO498@GGMAIL.COM

Address	377 #11-306 CLEMENTI AVENUE 5
Postcode	120377
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

SEE POLICE REPORT.

#### 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 1

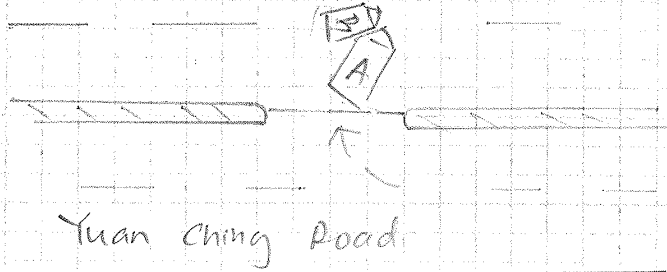
Vehicle Registration Number	FBJ1788C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ARIF BIN DAJARIDJAN
NRIC/Passport Number	
Contact Number	92476945
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT LEFT
No. Of Passenger (Including Driver)	

## DETAILS OF INJURED PERSON 1

Name	ARIF BIN DAJARIDJAN
Approximate Age	
Injuries Sustain	RHT LEG
Injured person in which vehicle?	FBJ1788C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

A: 8HA 7828H  
 B: FBJ1788C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per attached police report.
T 20200825   2028


DECLARATION

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

COMFORT TRANSPORTATION PTE L  
 CO. REG. NO. 199303821R

Policyholder's Signature  
 Date & Time:

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

 25/8/2020  
 Reporting Centre Personnel's Signature  
 Name: LOKE Wei Yieng  
 NRIC/Fin No.:





**SINGAPORE  
POLICE FORCE**



T/20200825/2028

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20200825/2028

**CONTINUATION OF REPORT**

Name	MD ARIF BIN DJARIDJAN		ID No.	S2169144E
Related Vehicle	FBJ1788C (Motorcycle)		Contact No.	92476945
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
<b>Driver</b>				
Name	WOO SWEE CHEONG		ID No.	S0131665F
Related Vehicle	SHA7828H (Car)		Contact No.	89381829
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,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 25/08/20 at about 0730hrs, I was travelling along Yuan Ching Road towards Boon Lay after junction of Kang Ching Rd on the right of 2 lane. I then made a U-turn on a non signalized and w/o uturn sign. Upon turning in, I suddenly felt an impact on the front left of my taxi. I made a check and noticed a motorcyclist on the floor. I have an in-car camera and it was recording. The SD card had been seized by the traffic police to assist in investigation. vide J/20200825/0044.

I am lodging this report for comfort delgro further actions.

IO incharge case:IO Sufiyan 65476390



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T/20200825/2028

Police Station Of Origin:  
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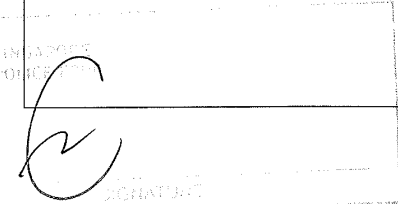
Report No. T/20200825/2028

**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 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2020 10:52
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476356	Classification Of Case:
Authentication Stamp NP168	

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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:

 25/8/2020  
Reporting Centre Personnel's Signature  
Name: Loke Wei Yeng  
NRIC/Fin No.:



Accident Photo



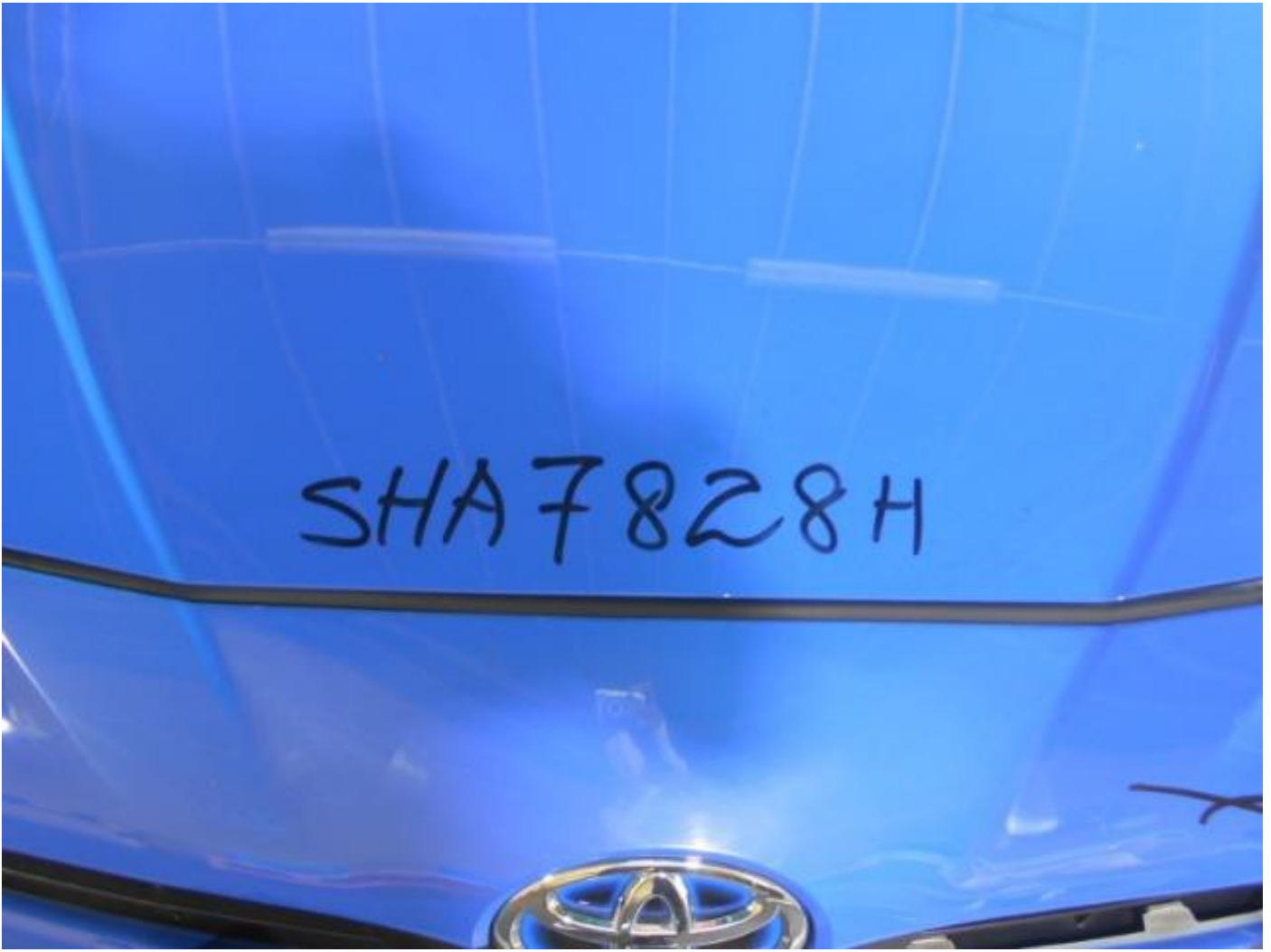
Accident Photo



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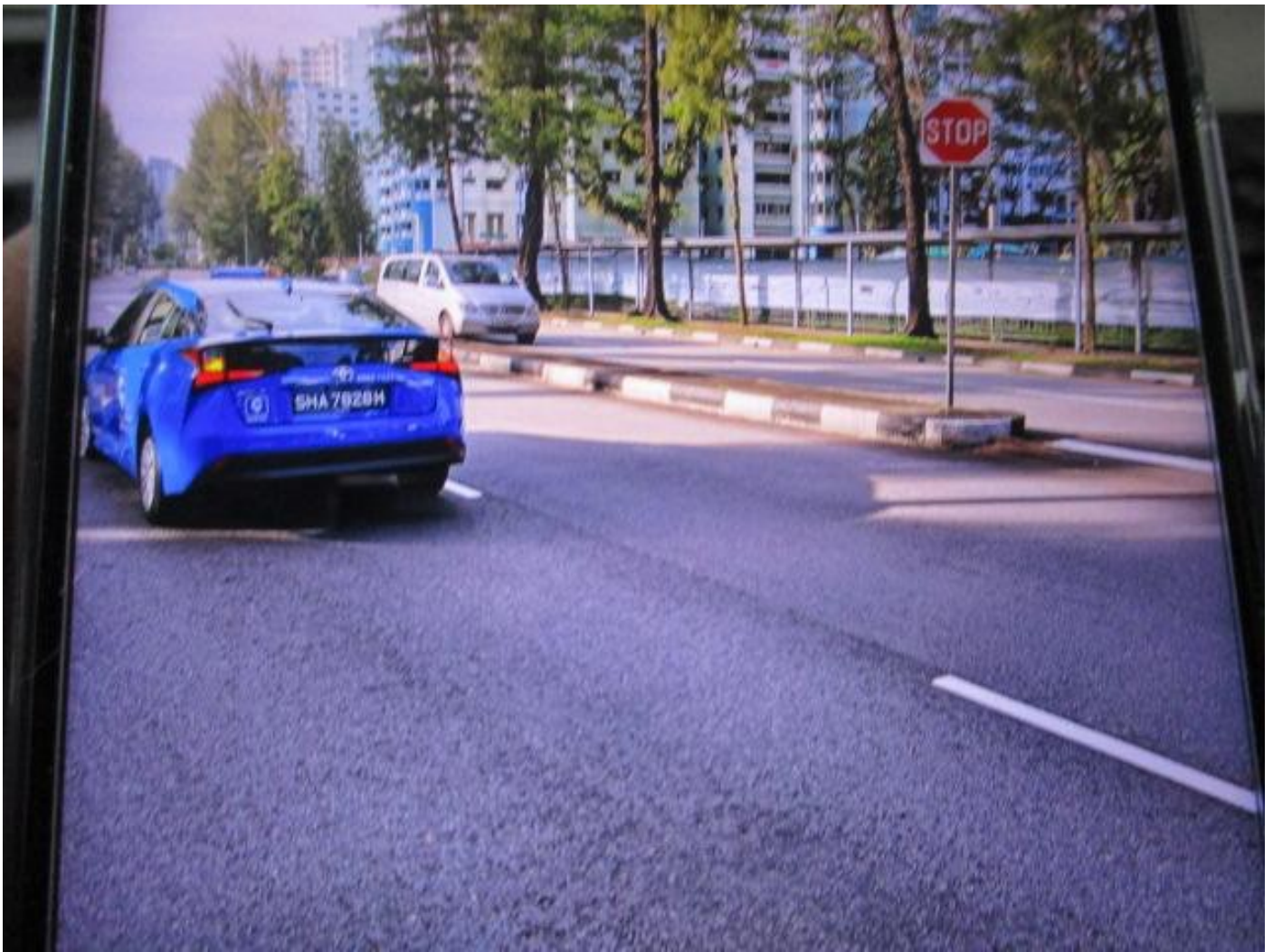


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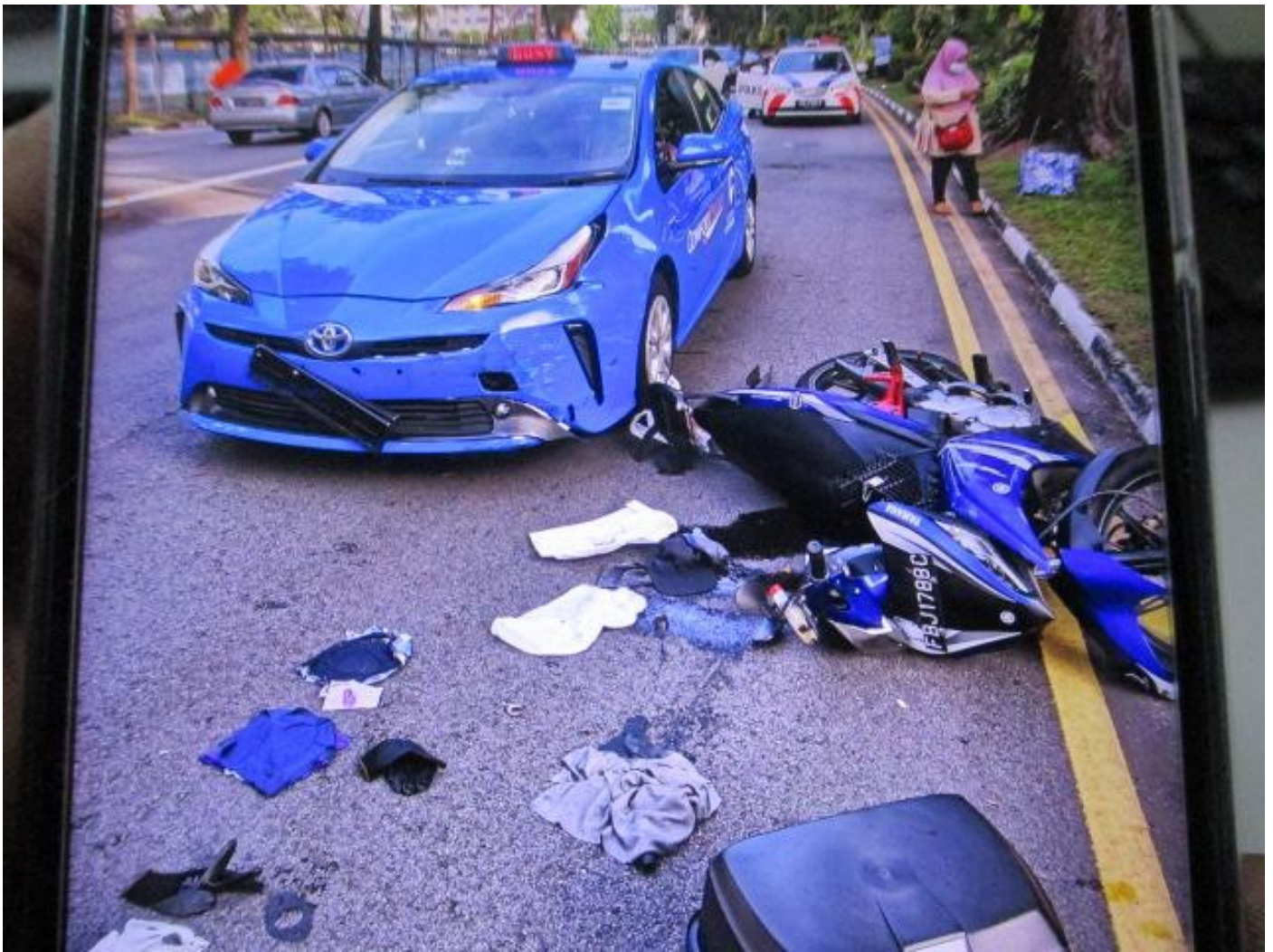




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