#### 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 witholding 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	26/09/2020 10:49
Date Of Accident	26/09/2020 00:55
Exact Location Of Accident	SEMBAWANG WAY X ADMIRALTY DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD4482A
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	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	REPORTING ONLY
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 YEO CHOO KWANG

NRIC No S1416371I Date Of Birth 15/08/1960 Occupation **OUTDOOR** 06/09/1985 Date Of Driving Pass

**Driving Experience** 35 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84173894

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address BLK 343 WOODLANDS AVENUE 1 #02-625

Postcode 730343

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 RAINING
Road Surface WET

**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?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

YES

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: :

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST N.P.C

Police Station Address ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY:

SINGAPORE

NO

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT: T/20200926/2016

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

-

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMJ2404Z

Vehicle Make/Model/Colour

Was there any audio recorded?

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LIM KOON BENG

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

RIGHT FRT

#### **IMPORTANT NOTICE**

- 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 witholding 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance 6. Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 setout 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)
  - 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 my be sited outisde 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 ourt 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.:

Loke Wei Yisng

1

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	***************************************	
	As por attached	police report
	7 2200926/2016	
ECLARATION		
Ve declare the foregoing parti	culars are true in every respect.	
COMFORT TRANSPORT. CO. REG. NO. 199	ATION PTE LIG	26/9/20
- WITTER 140. 188	C. K. YOU	/ 26/9/20
licyholder's Signature te & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/Fin No.:  Loke Wei Yieng

#### Sketch Plan Pg. 3





Police Station Of Origin: Woodlands West N.P.C. 1 Wo

1 of 3

Tel N

diands west N.P.C.	_
oodlands Street 12 SINGAPORE 738622	Report No. T/20200926/2016
No: 1800-363 9999	

Informant's Particulars  Name of Informant: YEO CHOO KWANG  Address: APT BLK 343 WOODLANDS AVENUE 1 #02-625 SINGAPORE 730343  ID Type / ID No.: NRIC NO / S14163711  Nationality: Sex: Age: Date of Birth: Male 60 15/08/1960  Sex: Age: Language: Institution / School Name: Chinese  Cocupation: Driving Licence Information: Class: 3  Date of Expiry:  General Information of the Accident  Type of Accident: No 26/09/2020 00:55  Accident: No 26/09/2020 00:55  ADMIRALTY DRIVE  Weather: Leavy rain Wet Traffic Flow: Wet Traffic Flow: Traffic Control: Traffic Flow: Traffic Control: Traffic Light - Working Type of Collision: Between Moving Vehicles - Head On  Mon-Injury Metaler: No Traffic Light - Working Type of Collision: Anyone conveyed by ambulance: No Traffic Light - Working Type of Collision: No Type Make Model Color Condition No of Passenge Metales No Type Make Model Color Condition No of Passenge Metales No Type Make Model Color Condition No of Passenge Metales No Type Make Model Color Condition No of Passenge Metales No Type Make Model Color Condition No of Passenge Metales No Type Slightly 1	Date/Time Report Made: 26/09/2020 02:28			Vide	Vide Report No.:					Station Diary No	
Name of Informant: YEO CHOO KWANG  APT BLK 343 WOODLANDS AVENUE 1 #02-625  SINGAPORE 730343  Contact No.: Home/Office: Mobile: 84173894  Rationality: SINGAPORE CITIZEN  Sex: Age: Date of Birth: Male 60 15/08/1960  Cocupation: Taxi driver  Class: 3  Driving Licence Information: Class: 3  Date of Expiry:  General Information of the Accident  Type of Accident: No 26/09/2020 00:55  Application: ADMIRALTY DRIVE  Weather: Heavy rain Traffic Flow: Traffic Control: Traffic Light - Working  Potentials of Vehicle Involved  Wetaliss of Vehicle Involved  Muddle Color Condition No of Passenge  Muddle Color Slightly Damaged  Damaged  O Damaged										18	
APT BLK 343 WOODLANDS AVENUE 1 #02-625  SINGAPORE 730343  ID Type / ID No. NRIC NO / S14163711	Informan	t's Par	ticulars	3							
ID Type / ID No.: NRIC NO / S14163711											
INRIC NO / S14163711					SINC	BLK 343	WO(	ODLANDS A	VEN	UE 1#	02-625
Nationality: SINGAPORE CITIZEN  Sex: Age: Date of Birth: Type of Informant: Driver  Race: Chinese	ID Type /	ID No.			Cont	act No.:	7303	943			
Sex: Age: Date of Birth: Driver  Race: Chinese Occupation: Taxi driver  General Information of the Accident  Type of Collision: Application of the Accident  Road Surface: Characteristic Flow: Traffic Control: Traffic Flow: Traffic Flow: Traffic Control: Traffic Flow: Traffic Flow: Traffic Control: Traffic Flow: Traffic Flow: Traffic Flow: Traffic Control: Traffic Flow: Tr			Hom	111				173894			
Sex: Male 60 Date of Birth: 15/08/1960 Driver  Race: Chinese Driving Licence Information: Class: 3 Date of Expiry:  General Information of the Accident  Type of Accident: No Drink Date/Time of Accident: No Drive: Accident: No			TIZENI		Ema	il:					7 000 1
Male 60 15/08/1960 Driver  Race: Chinese Chine				ote of Dist							
Race: Chinese			T T				ant:				
Cocupation: Taxi driver    Driving Licence Information: Class: 3   Date of Expiry:	Race:	1		700/1000	<del>-  </del>						
Taxi driver  Class: 3  Date of Expiry:  Class: 3  Date of Expiry:  Class: 3  Date of Expiry:  Drink Date/Time of Accident: X-Junction  Type of Accident: No 26/09/2020 00:55  ACCIDENT NO 26/09/2020 00:55  ADMIRALTY DRIVE  Weather: Road Surface: Road Speed Limit: Traffic Flow: Traffic Control: Traffic Control: Traffic Light - Working  Type of Collision: Anyone conveyed by ambulance: No  No 100 100 100 100 100 100 100 100 100 10					Lang	uage.			Institu	ution / :	School Name:
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Weather: Heavy rain Wet  Traffic Flow: Traffic Control: Traffic Light - Working  Anyone conveyed by ambulance: No  Petails of Vehicle Involved  Wet  Model  Car  Model  Car  Road Speed Limit:  Road Speed Limit:  Traffic Volume: No Traffic  Anyone conveyed by ambulance: No  Condition  No of Passenge Slightly Damaged  Slightly Damaged	ADMIDALT	V DD"									
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Anyone conveyed by ambulance: No  Details of Vehicle Involved  Tehicle No. Type Make Model Color Condition No of Passenge Slightly 1 Damaged Slightly 1 Damaged Slightly 0 Damaged Damaged Slightly 1	Two Way			Traffic	Traffic Light - Working						
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Vehicle No.     Type     Make     Model     Color     Condition     No of Passenge       HD4482A     Car     Slightly Damaged     1       MJ2404Z     Car     Slightly Damaged     0		ehicle	Involve								
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Damaged	/ehicle No. SHD4482A	Туре					1				1
	Details of Vo /ehicle No. SHD4482A SMJ2404Z	Type Car							Dan	naged	
	/ehicle No. SHD4482A	Type Car							Dan Sligl	naged ntly	

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

#### Sketch Plan Pg. 4





Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

2 of 3 Report No. T/20200926/2016

CONTINUATION OF REPORT

Driver					
Name	YEO CHOO KWANG			).	S1416371I
Related Vehicle	SHD4482A (Car)		Conta	act No.	84173894
Hospital/Clinic	NIL		Class Drivin Licend Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree of		NIL	
Driver	Section 1				
Name	LIM KOON BENG		ID No.		S7336778F
Related Vehicle	SMJ2404Z (Car)		Contac	ct No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days grante	ed Medical Leave NIL	Degree of	Injury	NIL	

#### Brief Details.

On 26/09/2020 at about 0055hrs, I was sending passenger to Yishun and was making at U-turn at the X junction of Sembawang Way and Admiralty Drive, I checked for on-coming traffic and saw it was clear and decided to process with the U-turn suddenly a vehicle (SMJ2404Z) appear and hit left front dumper

I would like to state that nobody was injured at the moment of the accident and it was raining heavily.

# Sketch Plan Pg. 5





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

3 of 3 Report No. T/20200926/2016

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 2 TAN KIAN LEONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2020 02:28
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentica Samp NP168 Singapore Police Forge	







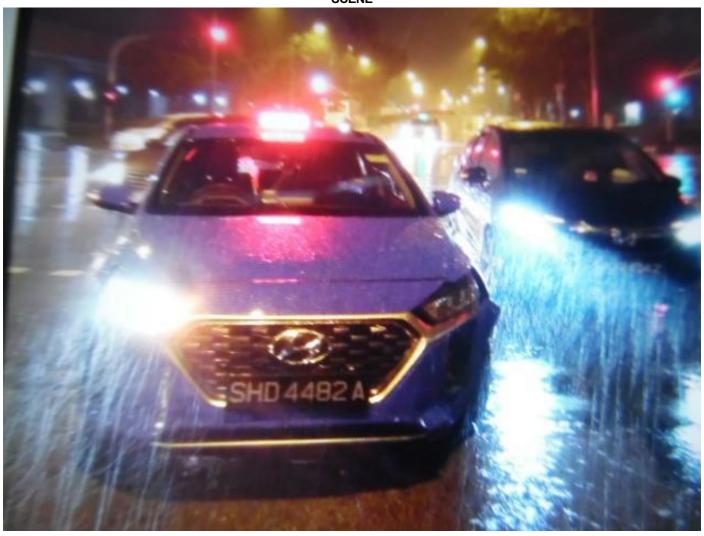




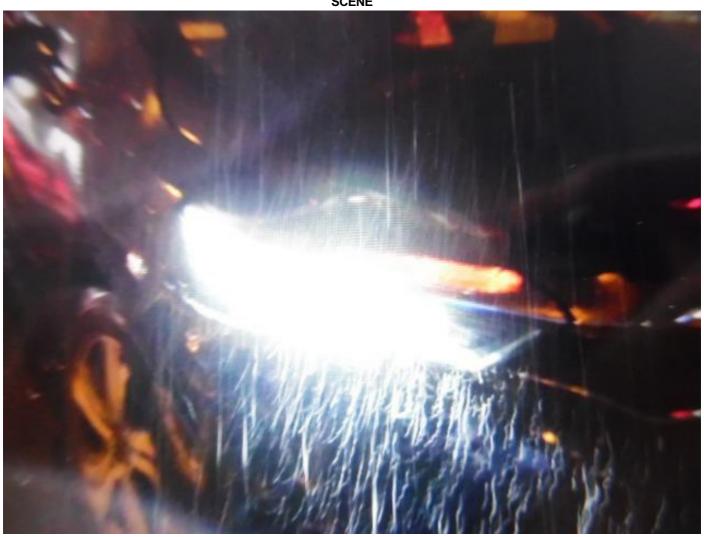




# **SCENE**



# **SCENE**



# **SCENE**

