

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	12/10/2020 14:25
Date Of Accident	11/10/2020 11:40
Exact Location Of Accident	JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3533T
Insured/Policyholder	
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	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	THIRD PARTY
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	LOW LEONG TUCK
NRIC No	SXXXX772B
Date Of Birth	24/03/1955
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1978
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96900221
Fax Number	
Contact Number	
Email Address	LEONGTUCK@HOTMAIL.COM

Address BLK 221A BEDOK CENTRAL #13-72
Postcode 461221
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 - HEAD TO REAR
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) 2
Passenger 1 NAME: : -
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES CHANGKAT NPP
Police Station Address ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20201011/2061

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 SLG8922H
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

LOW LEONG TUCK

Approximate Age

65

Injuries Sustain

12 STITCHES ON THE LEFT SIDE OF HEAD. ON 5 DAYS MC.

Injured person in which vehicle?

SHD3533T

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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. 199303821R

Policyholder's Signature
Date & Time:

Alex

Driver's Signature
(if driver is not the policyholder)
Date & Time: 12.10.2020
@ 12:00 hrs

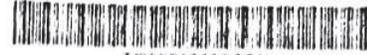
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Reporting Centre Personnel's Signature
Name: *Rahim*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20201011/2061

1 of 3

Report No. T/20201011/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2020 18:04	Video Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: LOW LEONG TUCK		Address: APT BLK 221A BEDOK CENTRAL #13-72 SINGAPORE 461221	
ID Type / ID No.: NRIC NO / S1107772B		Contact No.: Home/Office: Mobile: 96900221	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 24/03/1955	Type of Informant: Driver
Race: Chinese		Language:	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/10/2020 11:40	Type of Location: Straight Road
Location: JURONG EAST CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3533T	Car				Seriously Damaged	1
SLG8922H	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201011/2061

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Report No T/20201011/2061

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-201
SINGAPORE 521109
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver			
Name	LOW LEONG TUCK	ID No	S1107772B
Related Vehicle	SHD3533T (Car)	Contact No	96900221
Hospital/Clinic	NEPTUNE HEALTHCARE MEDICAL & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/10/2020	Date Discharge	11/10/2020
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On the 11/10/2020 at about 1140hrs, I was driving my vehicle (SHD3533T) along Jurong East Central, heading towards Bukit Batok. After I passed by Jurong East Street 1 and was approaching the next traffic light junction, I came to a complete stop as the traffic light was red. Suddenly, I felt two continuous impacts from the back of my vehicle. Due to the impact, my head then hit the sun shade. There was a cut on my head and I was feeling giddy. My head was bleeding as well, so a passerby helped me to lie down. Subsequently, the police and ambulance arrived. The paramedics dressed my wound and subsequently I waited for the tow truck to arrive before going to the clinic. I had 12 stitches on the left side of my head and was given a 5-day MC. I did not exchange particulars with the other driver and there was no report number given to me. I wish to state that there was a passenger inside my vehicle and I believed he was injured.

My vehicle suffered some damages on the rear. The car boot was dented in and unable to operate. The right rear headlight had fallen out as well. I am unsure what is the estimated cost of damage.



SINGAPORE POLICE FORCE

Police Station Of Origin
Chengkai NCP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No. 1800 7818008



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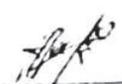
Report No. 1-2020-15110951

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 TEO YEE WAN, RENNY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time 11/10/2020 18 04
Officer in Charge Of Case: TP / GIT / Sgt 2 DAVID YAP Contact No.: 96192349	Classification Of Case:
Authentication Stamp NR 168	