

## 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 14/10/2020 10.34  
Date Of Accident 13/10/2020 23.05  
Exact Location Of Accident BUKIT BATOK EAST AVENUE 3  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7936L  
**Insured/Policyholder**  
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  
Co Reg No 1XXXXX821R  
Email Address FLEETSAFETY@CDGETAXI.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 THIRD PARTY  
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 LIM ENG SENG  
NRIC No SXXXX699B  
Date Of Birth 17/03/1955  
Occupation OUTDOOR  
Date Of Driving Pass 24/05/1973  
Driving Experience 47 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96733569  
Fax Number  
Contact Number  
Email Address E\_SENGSG@YAHOO.COM.SG

Address BLK 299C COMPASSVALE STREET  
#13-112  
Postcode 543299  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident CHAIN 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 3  
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) 3  
Passenger 1  
NAME: : -  
GENDER: : MALE  
Passenger 2  
NAME: : -  
GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20201014/2003

#### 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 FBH7471L  
Vehicle Make/Model/Colour MOTORCYCLE  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver UNKNOWN  
NRIC/Passport Number  
Contact Number  
Address  
Postcode

Insurance Company Name

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLM330L

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 Damage

LEFT CENTRE

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

UNKNOWN(RIDER)

Approximate Age

Injuries Sustain

UNSURE

Injured person in which vehicle?

FBH7471L

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode



## Sketch Plan Pg. 1

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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. 199303521R

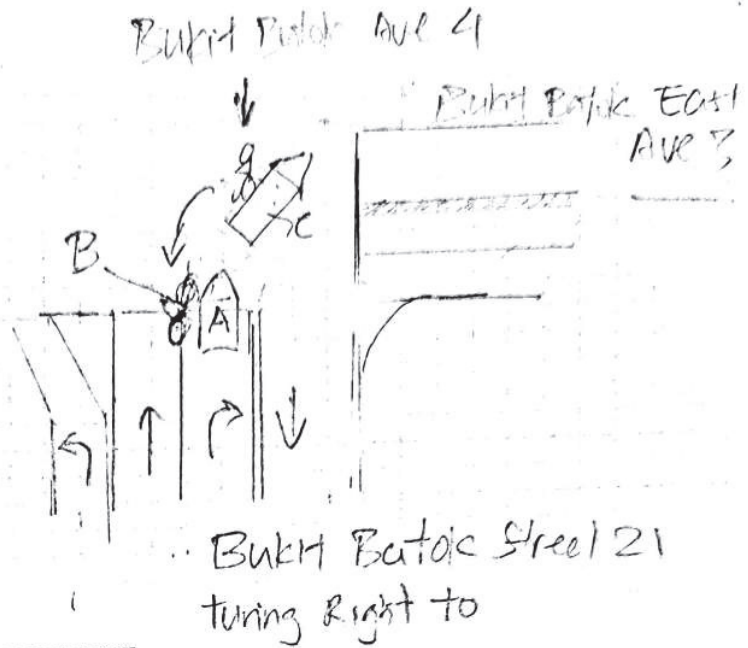
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *Howe Leong Ted*  
NRIC/Fin No.:

**SKETCH PLAN**

C. 1500 330L



Attached Police Report: T/20201014/2003

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No.: *Hong Leong Teo*





**SINGAPORE  
POLICE FORCE**



T/20201014/2003

1 of 3

Report No. T/20201014/2003

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/10/2020 00:30	Vide Report No.: J/20201013/0159	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: LIM ENG SENG			Address: APT BLK 299C COMPASSVALE STREET #13-112 SINGAPORE 543299	
ID Type / ID No.: NRIC NO / S1128699B			Contact No.:	Mobile: 96733569
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 65	Date of Birth: 17/03/1955	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**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/10/2020 23:05	Type of Location: Traffic light junction
Location:  BUKIT BATOK EAST AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7471L	Motorcycle					0
SH7936T	COMFORT TAXI				Slightly Damaged	2
SLM330L	Car					0



**SINGAPORE  
POLICE FORCE**



T/20201014/2003

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21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20201014/2003

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM ENG SENG	ID No.	S1128699B
Related Vehicle	SH7936T (COMFORT TAXI)	Contact No.	96733569
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

**Brief Details.**

On the 13/10/2020 at about 2305hrs, I was driving along Bukit Batok St 21 waiting to turn to Bukit Batok East Ave 3. There is a vehicle in front of me, SLM 330L. He was also turning the same direction as me. Suddenly while turning, a motorcycle, FBH7471C, came from Bukit Batok East Ave 4 and collided with the car in front of me. The motorcycle skidded and collided onto my taxi's front left side. I got down from my vehicle to render assistance by calling the ambulance. Shortly later they came and conveyed him. For my car, the damages are to the front part where the motorcycle collided. I wish to add on that my in car camera was given to the traffic police on scene.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999



T/20201014/2003

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Report No: T/20201014/2003

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: J/ Sgt 2 MUHAMMAD NORHAZREEN SHAH BIN HARIZAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2020 00:30
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case: <div data-bbox="738 1669 1242 1774" data-label="Image"> </div>
Authentication Stamp NP168	<div data-bbox="738 1774 1242 1860" data-label="Text"> <p>SIGNATURE</p>  </div>