

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.7430.2020.Revol-PD
Your Ref: SHC3523C

30 SEP 2020

TEL: 6438 1323
FAX: 6438 2313

TO: COMFORT TRANSPORTATION PTE LTD
383 Sin Ming Drive
Gas Building
Singapore 575717

BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: India International Insurance Pte Ltd
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE



Dear Sirs

RE: CLAIMANT: PUAH KIA TUAN
ACCIDENT INVOLVING VEHICLES NO. SKS7150Z & SHC3523C ALONG SLE
TOWARDS CTE NEAR UPPER THOMSON ROAD ON 17.03.2020

We are instructed by the abovenamed to claim damages against you in connection with an accident on 17 March 2020 at about 17:30 hours along SLE towards CTE near Upper Thomson Road involving our client's vehicle no. SKS7150Z and vehicle registration number SHC3523C and vehicle registration number SGZ1797H and vehicle registration number SGM5524X.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHC3523C.

As a result of the accident, our client's vehicle registration number SKS7150Z was damaged and our client has been put to loss and expense, particulars of which are as follows:-

A Damages

- a. Cost of Repairs \$ 4,700.00
- b. Vehicle Rental (11 days x \$180.00 per day) \$ 1,980.00

B Disbursements

- a. LTA Search \$ 7.49
- b. GIA Report \$ 43.00
- c. Survey Report \$ 614.00

C LEGAL COSTS (AT THIS STAGE) 14/10/2020 \$ 749.00

\$ 8,093.49

CONFIDENTIALITY CAUTION

THIS DOCUMENT IS FOR THE ADDRESSEE(S) ONLY AND MAY CONTAIN CONFIDENTIAL INFORMATION AND/OR MAY BE SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

CROSSBORDERS LLC

Advocates & Solicitors | Commissioner for Oaths | Notary Public

MAIN OFFICE
133 NEW BRIDGE ROAD
#23-03/04/05
CHINATOWN POINT
SINGAPORE 059413

Our Ref: AJ.tk.7430.2020.Revol-PD
Your Ref: SHC3523C

30 SEP 2020

TEL: 6438 1323
FAX: 6438 2313

TO: **TAN SIEW PONG**
Blk 803 Tampines Ave 4
#06-69
Singapore 520803

BY CERTIFICATE OF
POSTING

WITHOUT PREJUDICE

cc: **India International Insurance Pte Ltd**
(Motor Claims Dept)
64 Cecil Street
#05-02 IOB Building
Singapore 049711

BY PDX

WITHOUT PREJUDICE

Dear Sirs

RE: **CLAIMANT: PUAH KIA TUAN**
ACCIDENT INVOLVING VEHICLES NO. SKS7150Z & SHC3523C ALONG SLE
TOWARDS CTE NEAR UPPER THOMSON ROAD ON 17.03.2020

We are instructed by the abovenamed to claim damages against you in connection with an accident on 17 March 2020 at about 17:30 hours along SLE towards CTE near Upper Thomson Road involving our client's vehicle no. SKS7150Z and vehicle registration number SHC3523C and vehicle registration number SGZ1797H and vehicle registration number SGM5524X.

We are instructed that the accident was caused by the negligence of you in the driving, management and control of vehicle registration number SHC3523C.

As a result of the accident, our client's vehicle registration number SKS7150Z was damaged and our client has been put to loss and expense, particulars of which are as follows:-

A	Damages		
a.	Cost of Repairs	\$	4,700.00
b.	Vehicle Rental (11 days x \$180.00 per day)	\$	1,980.00
B	Disbursements		
a.	LTA Search	\$	7.49
b.	GIA Report	\$	43.00
c.	Survey Report	\$	614.00
C	LEGAL COSTS (AT THIS STAGE)	\$	749.00
		\$	8,093.49

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SUBJECT TO LEGAL PRIVILEGE. IF YOU HAVE RECEIVED THIS IN ERROR, PLEASE CONTACT US IMMEDIATELY.

CROSSBORDERS LLC

A LIMITED LIABILITY CORPORATION, REGISTRATION NUMBER 201305284K
GST REGISTRATION NUMBER 201305284K

We enclose herewith copies of the following documents in support of our client's claim: -

- a) GIA Report lodged by our client (SKS7150Z) with sketch plan together with photographs of our client's vehicle no. SKS7150Z;
- b) GIA Report and Traffic Police Report lodged by you (SHC3523C) with sketch plan together with photographs of your vehicle no. SHC3523C;
- c) GIA Report and Traffic Police Report lodged by the driver (SGZ1797H) with sketch plan together with photographs of vehicle no. SGZ1797H;
- d) Result of LTA search on your vehicle registration no. SHC3523C;
- e) Vehicle Rental Agreement from Eevol;
- f) Repair Bill from Revol Carz Garage Pte Ltd;
- g) Vehicle Assessment Report & Invoice from Pal's Appraiser Pte Ltd;
- h) Seventy-Four (74) colour photographs depicting the damage to our client's motor vehicle no. SKS7150Z; and
- i) Vehicle Owner Particulars of our client's vehicle no. SKS7150Z; and
- j) LTA Receipt and GIA Invoices.


We have on 17 March 2020 notified your insurers India International Insurance Pte Ltd of the accident and pre-repair inspection of our client's vehicle was carried out by your insurer.

Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter and all the enclosed documents to your insurer.

Please note that you or your insurer should send to us an acknowledgement of receipt of this letter **within 14 days** of your receipt of this letter, failing which our clients will have no alternative but to commence proceedings against you without further notice to you or your insurer.

Please also note that if you have a counterclaim against our client arising out of the accident, you are required to send to us a letter giving full particulars of the counterclaim together with all relevant supporting documents **within 8 weeks** of your receipt of this letter.

Yours faithfully


CrossBorders LLC

Email: corene@crossbordersllc.com (secretary)

Encs

cc: SKS7150Z

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	18/03/2020 20:41
Date Of Accident	17/03/2020 17:30
Exact Location Of Accident	ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7150Z
Insured/Policyholder	
Name Of Registered Owner	PUAH KIA TUAN
NRIC No	SXXXX122D
Email Address	KTPUAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97554981
Alternative Phone No	OTHERS-97554981
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00005629
Cover Note Number	NA
Driver	
Name of Driver	PUAH KIA TUAN
NRIC No	SXXXX122D
Date Of Birth	05/09/1965
Occupation	INDOOR
Date Of Driving Pass	01/03/1991
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97554981
Fax Number	
Contact Number	OTHERS-97554981
Email Address	KTPUAH@GMAIL.COM

Address NA 33 Simei Rise
 Postcode #07-08 5528780
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own 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 4
 Was any body injured in the Accident? NO
 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) 1

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

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME RIGHT LANE. WHEN A VEHICLE IN FRONT OF ME STOPPED, I FOLLOW SUIT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. I THEN DISCOVERED THAT VEHICLE B HAD BEEN HIT BY VEHICLE C FIRST AND THE IMPACT PUSHED VEHICLE B FORWARD AND HIT THE REAR OF MY VEHICLE. I THEN DISCOVERED ALSO THAT THERE WAS ANOTHER VEHICLE INVOLVED THAT HIT THE REAR OF VEHICLE C. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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 SHC3523C
 Vehicle Make/Model/Colour HYUNDAI / AE IONIQ HEV FL 1.6 DCT
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGZ1797H
Vehicle Make/Model/Colour TOYOTA / VIOS E AUTO
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGM5524X
Vehicle Make/Model/Colour MITSUBISHI / LANCER 1.6 M
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

SKS7150Z

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. The 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 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.

Policyholder's Signature
Date & Time:

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

18 March 2020

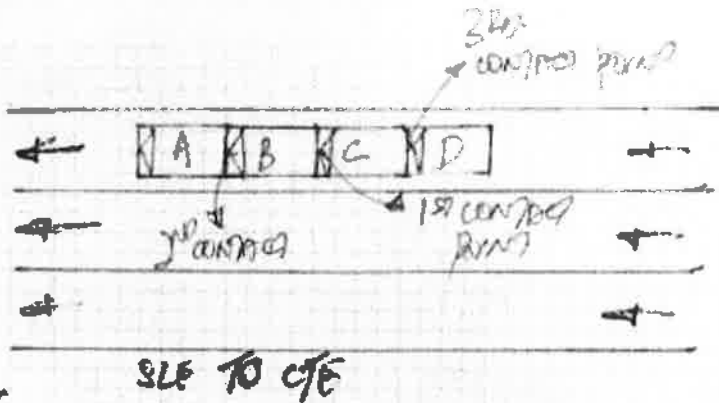
**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI**

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

Sketch Plan #2

SKETCH PLAN

X *[Signature]*
 A: SKS7150Z
 B: SHC35236
 C: SGZ1797H
 D: SGM5524X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

DECLARATION

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

X *[Signature]*
 Policyholder's Signature
 Date & Time:

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

VERIFY BY AJAX MARS (ARC)
 REPORTING OFFICER
 HASHIM BIN KAMARI

Reporting Centre Personnel's Signature
 Name:
 NRIC/EPN No:

ACCIDENT STATEMENT (2000 characters)

ON THE DATE AND TIME MENTIONED I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE EXTREME RIGHT LANE. WHEN A VEHICLE INFRONT OF ME STOPPED, I FOLLOW SUIT. WHEN MY VEHICLE WAS STATIONARY, IT WAS HIT FROM THE REAR BY VEHICLE B. I THEN DISCOVERED THAT VEHICLE B HAD BEEN HIT BY VEHICLE C FIRST AND THE IMPACT PUSHED VEHICLE B FORWARD AND HIT THE REAR OF MY VEHICLE. I THEN DISCOVERED ALSO THAT THERE WAS ANOTHER VEHICLE INVOLVED THAT HIT THE REAR OF VEHICLE C. NO ONE WAS INJURED.

STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

18 March 2020 at 1:40 PM

Date/Time:

18 March 2020 at 1:40 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



PICS BY INSURED



PICS BY INSURED



PICS BY INSURED



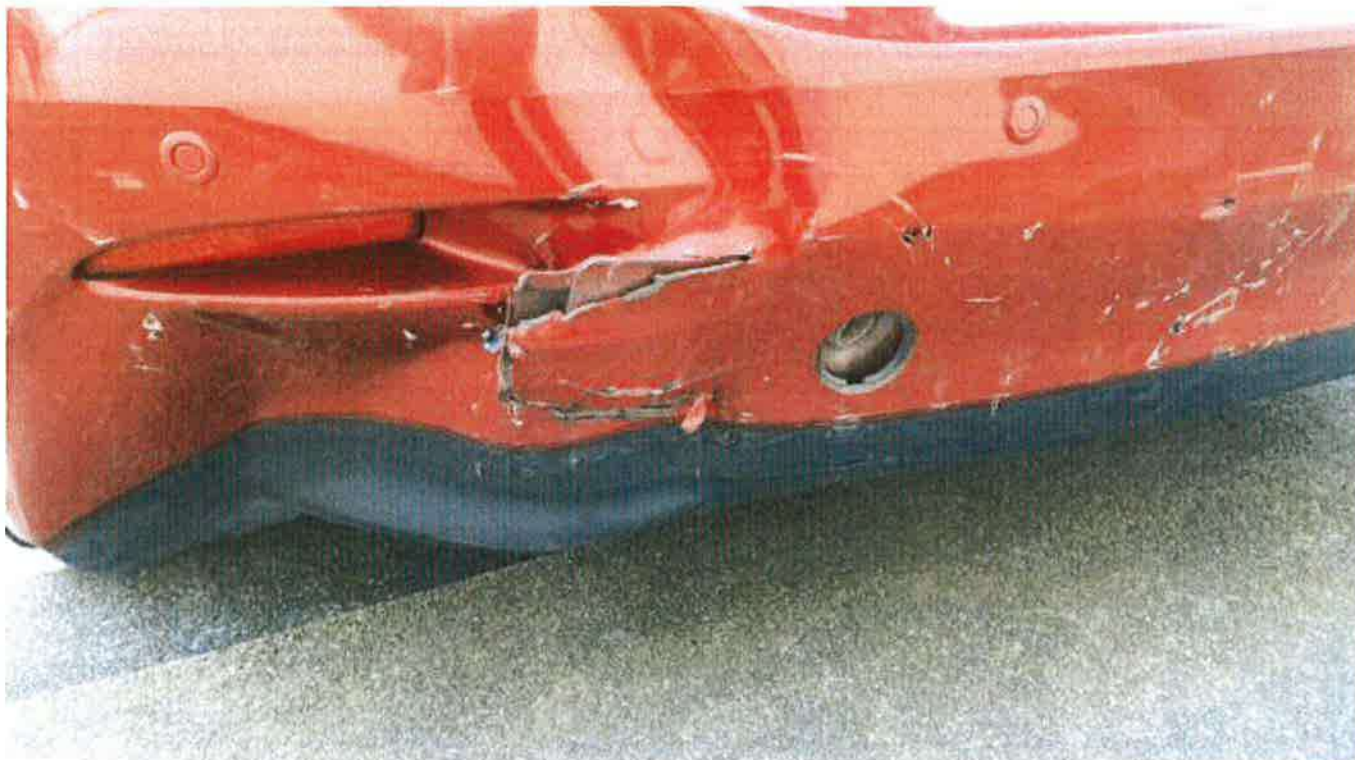
PICS BY INSURED



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PICS BY INSURED



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20034244 Vehicle Registration No: SKS7150Z
Name (as shown in NRIC) : PUAH KIA TUAN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 65-97554981
Email Address : _____
Date of Accident : 17/03/2020 Time of Accident : 17:30
Place of Accident : ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5
Insurance Company: FWD Singapore Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. ATTACH THE PICS BY INSURED

Policyholder / Driver's Signature
Date:

SUGANYA
Reporting Centre Personnel's Signature
Name: SUGANYA
NRIC/FIN No.:
Date: 19/03/2020

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 ~ 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20034244 Vehicle Registration No: SKS7150Z
Name(as shown in NRIC) : PUAH KIA TUAN NRIC/FIN/Passport No : SXXXX122D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 97554981
Email Address : KTPUAH@GMAIL.COM
Date of Accident : 17/03/2020 Time of Accident : 17:30
Place of Accident : ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5
Insurance Company: FWD SINGAPORE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. AMEND THIRD PARTY TO OWN DAMAGE CLAIM

MEERA

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: MEERA
NRIC/FIN No.:
Date: 20/03/2020

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017795

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH20034244-02 Vehicle Registration No: SKS7150Z
Name (as shown in NRIC) : PUAH KIA TUAN NRIC/FIN/Passport No : SXXXX122D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97554981
Email Address : _____
Date of Accident : 17/03/2020 Time of Accident : 17:30
Place of Accident : ALNG SLE TWRDS CTE NEAR UPPER THOMSON RD EXIT 5
Insurance Company : FWD SINGAPORE PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. AMEND OWN DAMAGE CLAIM TO THIRD PARTY CLAIM.

Policyholder / Driver's Signature
Date:

MEERA

Reporting Centre Personnel's Signature
Name: MEERA
NRIC/FIN No.:
Date: 26/03/2020

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	18/03/2020 14:39
Date Of Accident	17/03/2020 17:30
Exact Location Of Accident	SLE TWDS CTE BEFORE UPPER THOMSON EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3523C
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ
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	TAN SIEW PONG
NRIC No	S1375013J
Address	803 06-69 TAMPINES AVE 4
General Information of the Accident	
Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Other Information	
Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1
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 SGZ1797H
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKS7150Z
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

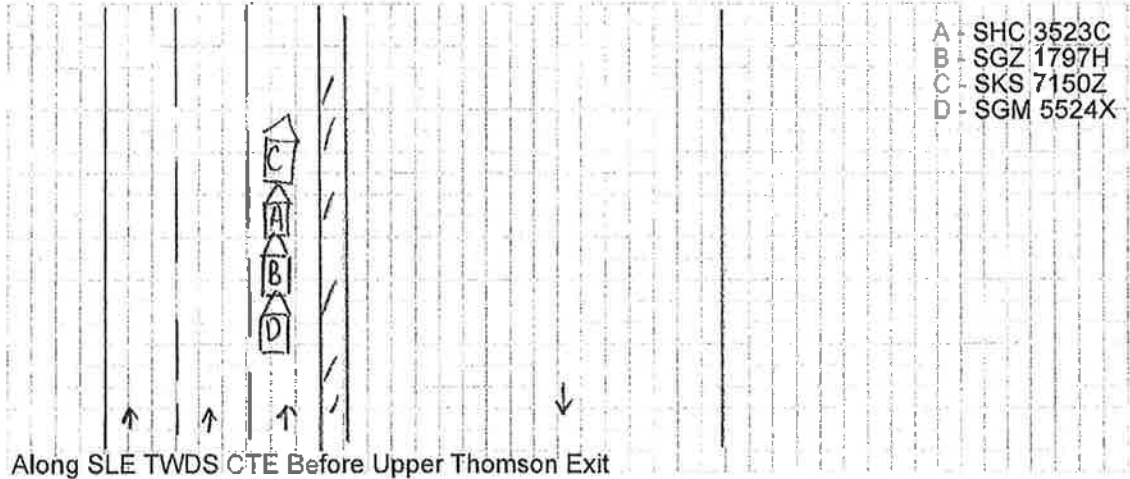
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGM5524X
Vehicle Make/Model/Colour
Name of Driver
Insurance Company Name

DETAILS OF INJURED PERSON 1

Name TAN SIEW PONG
Injured person in which vehicle? SHC3523C

SKETCH PLAN



Along SLE TWDS CTE Before Upper Thomson Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20200318/2021

DECLARATION

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

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 18.03.2020

@ 12:15 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200318/2021

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200318/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2020 09:31		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: TAN SIEW PONG			Address: APT BLK 803 TAMPINES AVENUE 4 #06-69 SINGAPORE 520803		
ID Type / ID No.: NRIC NO / S1375013J			Contact No.: Home/Office: Mobile: 98897362		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 07/11/1959	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:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2020 17:30	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY Aong SLE towards CTE before Upper Thompson Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between moving vehicles - Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGZ1797H	Car	TOYOTA	VIOS E AUTO	Silver		0
SHC3523C	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue		0
SKS7150Z	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Red		0



**SINGAPORE
POLICE FORCE**



T/20200318/2021

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20200318/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN SIEW PONG	ID No.	S1375013J
Related Vehicle	SHC3523C (Car)	Contact No.	98897362
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/03/2020	Date Discharge	17/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 17/03/2020 at about 1730hrs, I was driving my taxi (SHC3523C) along SLE towards CTE before Upper Thompson Exit.

I was travelling on lane 1 and the traffic ahead slow down. I gradually slow down and came to a stop as the car in front (SKS7150Z) has stopped.

Out of sudden, I felt impact from the rear of my taxi. There was a car (SGZ1797H) collided the rear of my taxi and resulted to damage. Due to the strong impact, my taxi surged forward and hit on the front car (SKS7150Z).

I alighted and realised the accident was a chain collision. There was also a third car involved in the chain collision but I did not take the plate number.

No one was injured at that point of time. I have in-car CCTV installed and it captured the accident footage. I did not take the particulars of drivers involved in the accident.

After the accident, I felt unwell and went to seek medical treatment at a private clinic, Chia & Lee Medical Clinic. The doctor referred me to CGH A&E for further check-up as required to conduct X-ray and CT scan screening for my knees and fingers.

CGH doctor provided 3 days outpatient sick leave from 17/03/20 to 19/03/20.



**SINGAPORE
POLICE FORCE**



T/20200318/2021

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999





3 of 3
Report No. T/20200318/2021

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 MUHAMMAD ISA BIN MD RASHID 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2020 09:31
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: <div data-bbox="625 1836 810 1904" data-label="Image"> </div>
Authentication Stamp NP168 	<div data-bbox="794 1921 880 1989" data-label="Text">  </div> <div data-bbox="794 1989 896 2011" data-label="Text"> SIGNATURE </div>

Sketch Plan Pg. 5

SKETCH PLAN

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. The 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 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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.03.2020
@ 12:15 hrs


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

Accident Photo



Accident Photo

