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 <u>truthful and accurate</u> 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	19/10/2020 14:00
Date Of Accident	17/10/2020 17:45
Exact Location Of Accident	CECIL ST X-JUNCTION CROSS ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SH9709M
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	140
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-18088936MFSH
Cover Note Number	
Drive r	

Driver

Name of Driver ONG CHIN YEE

NRIC No SXXXX038C

Date Of Birth 22/01/1955

Occupation OUTDOOR

Date Of Driving Pass 07/03/1975

Driving Experience 45 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94257405

Fax Number
Contact Number

EMail Address NOEMAIL

Address 541 07-1205 HOUGANG AVENUE 8

Postcode 530541

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 - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

YES

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO 1

Number of Passengers (Including Driver)

Was the accident reported to the police?

If Yes Please state which Police Station

YES

res, Please state which Police Station

POLICE STATION NAME [OTHER] HOUGANG NPC

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Details of Police Action

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 GBK1924X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage LEFT SIDE

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1 Name DRIVER Approximate Age Injuries Sustain NOT SURE Injured person in which vehicle? GBK1924X Were seat belts worn? Was this injured conveyed to hospital by ambulance?

Address





1 of 4

Report No. T/20201018/2057

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 18/10/2020	•	ade:	Vide Report No.:		Station Diary No.: 54		
Informant'	s Particul	ars					
Name of In			Address:				
ONG CHIN	I YEE	APT BLK 541 HOUGANG AVENUE 8 #07-1205 SINGAPORE 530541					
ID Type / II	O No.:		Contact No.:				
NRIC NO / S1108038C			Home/Office: Mobile: 94257405				
Nationality: SINGAPORE CITIZEN			Email:				
Sex:	Age:	Date of Birth:	Type of Informanα:				
Male	65	22/01/1955	Driver				
Race:			Language:	Institution /	School Name:		
Chinese			English				
Occupation	1:		Driving Licence Information:				
Taxi driver			Class: 3	Date of Exp	oiry:		

		7.1.				
General Informati	on of the Accident					
Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 17/10/2020 17:45	5	Type of Location: X-Junction
Location:						
CROSS STREET						
Weather:		Road S	Surface:		Road	d Speed Limit:
Clear		Dry				
Traffic Flow:		Traffic	Control:		Traff	ic Volume:
Dual Carriage Wa	ay	Traffic	Light - Wo	rking	Mode	erate
Type of Collision: Between Moving Vehicles - Head To Side					1	ne conveyed by ulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK1924X	Van					0
SH9709M	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Seriously Damaged	0





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20201018/2057

2 of 4

CONTINUATION OF REPORT

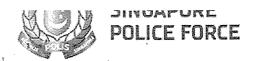
Details of Perso					
Any Pedestrian I					
No. of Pedestriar	Use of Pedestrian Crossing: NA				
	The second secon				
Name	Unknown		ID No.		NIL
Related Vehicle	GBK1924X (Van)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	Date Disc	Date Discharge NIL			
No. of Days gran	ted Medical Leave NIL	Degree of		NIL	
Driver					
Name	ONG CHIN YEE		ID No.		S1108038C
Related Vehicle	SH9709M (Car)	***************************************	Contac	t No.	94257405
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discl	narge	NIL	
No. of Days grant	ed Medical Leave NIL	Degree of		NIL	

Brief Details.

On 17/10/2020 at about 1745hrs, I was driving along Cecil Street approaching junction of Cross Street. I was heading straight on the third lane and traffic light was green and in my favour. All of a sudden, from the adjacent road at Cross Street, one van just drove past as I was heading straight even though it is my right of way. His actions and the way he suddenly appeared were so sudden that I did not have time to react and I collided onto his rear left side.

The impact was so heavy that my front bumper and mudguard was totally damaged to the point that the engine oil starting leaking out. The van, upon being hit, swerved and the flipped over to the right side. I was fine and not injured. I did not have any passenger. There were several passers-by and myself went to render help to the van driver who had 2 passengers on board, one of which was a baby. Ambulance and police were immediately called down and the van driver was conveyed to the hospital. The other 2 passengers were not conveyed.

I spoke to TP officers and passed them the SD card of my in-car CCTV. I also informed them of what happened exactly. My taxi also had to be towed away due to the extent of damage. I also informed Comfort taxis about this.





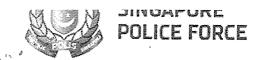
3 of 4

Report No. T/20201018/2057

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20201018/2057

4 of 4

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: F / Sgt 2 MOHAMED ALI S/Ø MUBARAK HUSSAIN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	18/10/2020 16:12
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt CHONG GUAN FATT	
Contact No.: 65476083	
42 Q	,
Authentication Stamp	
NP168	

SKETCH PLAN

IMPORTANT NOTICE

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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:

Driver's Signature (If driver is not the policyholder)

Date & Time: 19.10.2020

19.10.2020 @ 11:45 hrs Reporting Centre Personnel's Signature

NRIC/FIN No.:

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DECLARATION

 $\ensuremath{\mathsf{I/We}}$ 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: 19.10.2020 @ 11:45 hrs

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