

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	22/10/2020 13:15
Date Of Accident	20/10/2020 22:00
Exact Location Of Accident	ALONG PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3704Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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	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	THIAGARAJAH S/O VAIRAVAN
NRIC No	S1443329E
Date Of Birth	29/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1982
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97109251
Fax Number	
Contact Number	
Email Address	STEVEARAJ@LIVE.COM

Address	BLK 121 TECK WHYE LANE #03-824
Postcode	680121
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT NO: T/20201021/7033

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	SBS3501C
Vehicle Make/Model/Colour	SBS BUS
Details Of Properties	
Vehicle Category	BUS

Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH CENTRE
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	THIAGARAJAH S/O VAIRAVAN
Approximate Age	
Injuries Sustain	BACK AND FEET
Injured person in which vehicle?	SHC3704Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN (PAX)
Approximate Age	
Injuries Sustain	HEAD
Injured person in which vehicle?	SHC3704Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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. 199303821R

Wendy

Olivia Wendy

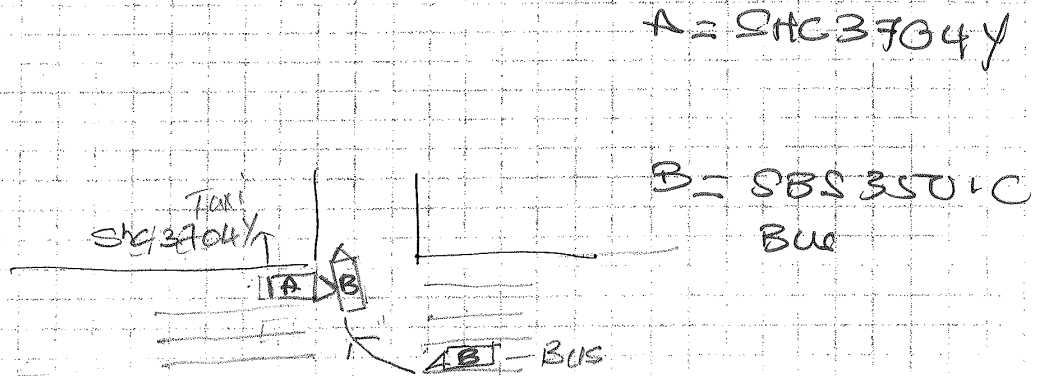
27 OCT 2020

holder's Signature
& Time:

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

Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per Police Report @
 T1 2020/10/21 17033

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:

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

22 OCT 2020



**SINGAPORE
POLICE FORCE**



T/20201021/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201021/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2020 20:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: THIAGARAJAH S/O VAIRAVAN			Address: 121 TECK WHYE LANE #03-824 SINGAPORE 680121		
ID Type / ID No.: NRIC NO / S1443329E			Contact No.: Home/Office: Mobile: 97109251		
Nationality: SINGAPORE CITIZEN			Email: sarravvanan1403@gmail.com		
Sex: Male	Age: 60	Date of Birth: 29/01/1960	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 20/10/2020 22:00	Type of Location: X-Junction
Location: PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SBS3501C	Bus/Coach/Minibus	OTHERS	Unknown	Green	Slightly Damaged	0
SHC3704Y	Car	HYUNDAI	Ionic	Blue	Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20201021/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201021/7033

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHC3704Y	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	THAM SAN HON		ID No.	S6960230D
Related Vehicle	SBS3501C (Bus/Coach/Minibus)		Contact No.	87161875
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	THIAGARAJAH S/O VAIRAVAN		ID No.	S1443329E
Related Vehicle	SHC3704Y (Car)		Contact No.	97109251
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	20/10/2020		Date	20/10/2020
No. of Days granted Medical Leave	04	Degree of	Slight	

Brief Details.

I was waiting at the traffic junction going towards senkang. When the light turned green I proceeded to go straight. I was looking straight but did not see the bus(SBS3501C) turning right into the road on my left. I tried my best to stop my vehicle but it was too late. Then the left side of my vehicle's head collided on the centre of the bus. My passengers who were sitting behind were injured. One of them hit his head on the door of the car and suffered a mild concussion. I got down and proceeded to take pictures of the accident and details of the bus driver. I felt pain on my back and feet. After the tow truck towed my taxi, I went to the hospital to get checked. There was a motorcycle rider who witnessed the whole thing because he was beside my taxi. He gave his number if I needed any witness for this accident.



**SINGAPORE
POLICE FORCE**



T/20201021/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201021/7033

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201021/7033

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20201021/7033

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 21/10/2020 20:08
Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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