

## 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	05/10/2020 13:59
Date Of Accident	03/10/2020 22:45
Exact Location Of Accident	BEDOK NORTH AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4744K
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#### Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.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	REPORTING ONLY
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	CHAN CHER HIANG WILLIAM
NRIC No	S1375052A
Date Of Birth	09/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/12/1976
Driving Experience	43 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96163406
Fax Number	
Contact Number	
EEmail Address	SUNSHINEWAYNE@HOTMAIL.COM

Address	BLK 634 HOUGANG AVENUE 8 #06-47
Postcode	530634
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	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	5
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO ATTACHED / POLICE REPORT : T/20201004/2012

### 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	FV7123X
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FW9819D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage FRT  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKZ7200B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver MR LIM  
NRIC/Passport Number  
Contact Number 81818685  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage NOT SURE  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SBS6648T  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
Name of Driver  
NRIC/Passport Number  
Contact Number 83446882  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage NOT SURE  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	RIDER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	FV7123X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	RIDER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	FW9819D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	XU PENGCHENG
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SHA4744K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**IMPORTANT NOTICE**

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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **reputate 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 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  
CC. REG. NO. 100303821K

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

*[Signature]* 5/10/20  
1220 hrs.  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

*[Signature]* 05/10/2020  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *How Long Tale*  
NRIC/Fin No.:



POLICE REPORT Pg. 1

10/5/2020

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SINGAPORE  
POLICE FORCE



7/20201004/2012

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 65470000

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Report No. T720201004/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2020 01:50		Vide Report No.: G/20201003/0256		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHAN CHER HIANG WILLIAM			Address: APT BLK 634 HOUGANG AVENUE 8 #06-47 SINGAPORE 530634		
ID Type / ID No.: NRIC NO / S1375052A			Contact No.: Home/Office:		Mobile: 96163406
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 09/05/1959	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/10/2020 22:45	Type of Location: X-Junction
Location: BEDOK NORTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV7123X	Motorcycle	KAWASAKI	KRR-ZX150			0
FW9819D	Motorcycle	KAWASAKI	KRR-ZX150			0
SBS6648T	Bus/Coach/Minibus	MERCEDES BENZ	CITARO O530			0
SHA4744K	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT			1

POLICE REPORT Pg. 2

10/5/2020

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SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408885  
Tel No: 85470000

Report No: 722

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Year	Condition
SKZ7200B	Car	TOYOTA	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR		0

**Details of Person Involved**

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

**Rider**

Name: Unknown Rider ID No.: NIL

Related Vehicle: FV7123X (Motorcycle) Contact No.: NIL

Hospital/Clinic: CHANGI GENERAL HOSPITAL  
Class of Driving Licence & Expiry Date: Class: NIL Date of Expiry: NIL

Date Treatment: NIL Date Discharge: NIL

No. of Days granted Medical Leave: NIL Degree of Injury: NIL

**Rider**

Name: Unknown Rider ID No.: NIL

Related Vehicle: FW9819D (Motorcycle) Contact No.: NIL

Hospital/Clinic: CHANGI GENERAL HOSPITAL  
Class of Driving Licence & Expiry Date: Class: NIL Date of Expiry: NIL

Date Treatment: NIL Date Discharge: NIL

No. of Days granted Medical Leave: NIL Degree of Injury: NIL

**Passenger**

Name: JIN XIN ID No.: 074766234

Related Vehicle: SHA4744K (Car) Contact No.: NIL

Hospital/Clinic: NIL  
Class of Driving Licence & Expiry Date: Class: NIL Date of Expiry: NIL

Date Treatment: NIL Date Discharge: NIL

No. of Days granted Medical Leave: NIL Degree of Injury: NIL

**SINGAPORE  
POLICE FORCE**

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

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Report No: T20201004/2012

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	XU PENGCHENG	ID No.	075821402
Related Vehicle	SHA4744K (Car)	Contact No.	NIL
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

<b>Passenger</b>			
Name	YU MIAO	ID No.	077210520
Related Vehicle	SHA4744K (Car)	Contact No.	98203605
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

<b>Driver</b>			
Name	CHAN CHER HIANG WILLIAM	ID No.	S1375052A
Related Vehicle	SHA4744K (Car)	Contact No.	96163406
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

<b>Driver</b>			
Name	MR LIM	ID No.	NIL
Related Vehicle	SKZ7200B (Car)	Contact No.	81818685
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

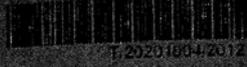
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https://outlook.office.com/mail/taxi\_accident@cdgs.com.sg/inbox/id/AAQKAGZIMJE1NmJLWMOYTIINGRJNS1hmDEOLTEAYThiMGi3MmU5MgAOADRYiBq%2B4XBAPYg2SHZ0oQ%3D/xxs/AQMKAGZIMJE1NmJLW...



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



T/20201004/2012

Report No. T/20201004/2

CONTINUATION OF REPORT

<b>Driver</b>			
Name	MR LEE	ID No.	NIL
Related Vehicle	NIL	Contact No.	83446882
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON 03/09/2020 AT ABOUT 2245HRS, I WAS DRIVING FROM BEDOK NORTH AVENUE 1 TURNING RIGHT TO BEDOK NORTH ROAD (PIE DIRECTION) AT LANE 1 OF 3 LANES. THERE WAS A CAR(SKZ7200B) BEHIND ME AND A BUS(SBS6648T) BESIDE THE SAID CAR. THERE WERE 2 LANE OF THE OPPOSITE TRAFFIC WAITING FOR THE GREEN ARROW TO MAKE A RIGHT TURN. AFTER I HAD CHECKED THERE WAS NO CAR WAS PASSING THROUGH, I PROCEED TO MAKE A RIGHT TURN.

OUT OF A SUDDEN, I FEEL IMPACT FROM MY LEFT REAR SIDE OF MY CAR. I REALIZED THAT THERE WAS TWO MOTORCYCLISTS HIT MY REAR RIGHT SIDE OF MY CAR AND MY CAR WINDOW WAS SHATTERED. I HAD A PASSENGER IN MY CAR AT THAT TIME. MY PASSENGER WAS SUFFERED A CUT ON HIS CHEEK CAUSED BY THE SHATTERED GLASS AND FELT DIZZY.

BOTH RIDERS AND THEIR BIKES FLUNG AND WERE ENCRACHED UNDER A CAR(SKZ7200B) AND BETWEEN THE SAID CAR AND A BUS(SBS6648T) RESPECTIVELY. THEY WERE UNCONSCIOUS AT THE SCENE.

THE DRIVER OF SKZ7200B CALLED BOTH AMBULANCE AND POLICE. BOTH OF THE RIDERS, TOGETHER WITH MY PASSENGER, WERE CONVEYED TO CGH.

THERE WAS A CAMERA INSTALLED IN MY CAR. THAT'S ALL.

IO IN CHARGE: IO ROIZMAN

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10/5/2020

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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