



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 Submission	07/12/2020 09:54 (SGT)
Date of Accident	05/12/2020 17:00 (SGT)
Exact Location of Accident	Brickland Rd, Singapore
Additional Location Information	BRICKLAND RD TWDS BUKIT BATOK RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2783A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXXX1R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ioniq
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MCOM0015
Cover Note Number	-

DRIVER

Name of Driver	MOHD HASSAN BIN MEERASHA
NRIC No	SXXXX192F
Date Of Birth	25/08/1956
Occupation	Outdoor



Date Of Driving Pass	01/01/1978
Driving experience	42 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94557514
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 75 TELOK BLANGAH DRIVE
Address complement	#02-288
Postcode	100075
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20201205/2119

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	SJT646M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRONT RH
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SHC2783A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNSURE
Injured person in which vehicle?	SHC2783A
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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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

Policyholder's Signature
Date & Time:

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

Carol
Reporting Centre Personnel's Signature
Name: *Olivia Wendy*
NRIC/Fin No.: *18 DEC 2020*

SKETCH PLAN

BULLEY BAY
WEST AVE 5

Subject BATOR

Passant

$A = \text{SHC} \cdot 2783 \text{ A}$

B = SST 646m
(Cayana)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BRICK LAMP RO

Statement 92 per Police Report (2)

712020120512119

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303021R

Policyholder's Signature
Date & Time:

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

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

16 DEC 2020



**SINGAPORE
POLICE FORCE**



T/20201205/2119

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

1 of 3

Report No. T/20201205/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 19:34		Vide Report No.: J/20201205/0145		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: MOHAMED HASSAN BIN MEERASHA			Address: APT BLK 75 TELOK BLANGAH DRIVE #02-288 SINGAPORE 100075		
ID Type / ID No.: NRIC NO / S1226192F			Contact No.: Home/Office: Mobile: 94557514		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 25/08/1956	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/12/2020 17:00	Type of Location: Slip Road
Location: BRICKLAND ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
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
SHC2783A	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	2
SJT646M	Car	TOYOTA	PRIUS PLUS (AUTO)	Black	Slightly Damaged	2



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T/20201205/2119

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No: T/20201205/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED HASSAN BIN MEERASHA	ID No.	S1226192F
Related Vehicle	SHC2783A (Car)	Contact No.	94557514
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 05/12/2020 at about 1700hrs, I was driving my vehicle (SHC2783A, Blue Hyundai IONIQ) along Brickland Road Slipped Road into Bukit Batok Road. I then stopped my vehicle after the zebra crossing to look out for oncoming vehicle coming from my right side and I even remained stationary for about 1-2 seconds. Suddenly, there was a vehicle (SJT646M, Black Toyota Prius) behind my vehicle hit onto my rear and my rear have dents and scratches on the rear left area. TP IO Fidah also attended to my traffic accident and gave me a case card(J/20201205/0145) to lodge a police report. I wished to state that at that point of time, I was have 2 passengers sitting at the rear left seats and one of the man was being conveyed to NTFGH for further body checks as he was complaining of Neck pain. I did not suffered any injuries but I have already brought up my traffic incident to my Taxi Company (ComfortDelgro). Subsequently, i was advised by my Taxi company to bring down the in car-footage SD-Card to Traffic Police(UBI) asap.



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POLICE FORCE**

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Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999



T/20201205/2119

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Report No. T/20201205/2119

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:

D /

Sgt 2 ALFRED TAN JUNWEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/12/2020 19:34

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168