

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	30/08/2019 14:02
Date Of Accident	30/08/2019 08:00
Exact Location Of Accident	PIE TWDS CHANGI AIR PORT AFTER TOA PAYOH EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA6045G
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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	HO LEE CHEAN
NRIC No	S1851392G
Address	108 09-82 ANG MO KIO AVENUE 4

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING

Other Information

Was any foreign vehicle involved in this accident?	YES
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

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	SKS3755E
Vehicle Make/Model/Colour	
Name of Driver	YEO
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJH3334G
Vehicle Make/Model/Colour	
Name of Driver	
Insurance Company Name	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	JTF3011
Vehicle Make/Model/Colour	
Name of Driver	
Insurance Company Name	

DETAILS OF INJURED PERSON 1

Name	HO LEE CHEAN
Injured person in which vehicle?	SHA6045G

SKETCH PLAN

by
Sketch. Hivir
Attache

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police
Report.
T/20190830/2059.

DECLARATION

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

COMFORT TRANSPORTATION PTE
REG NO. 199500024R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

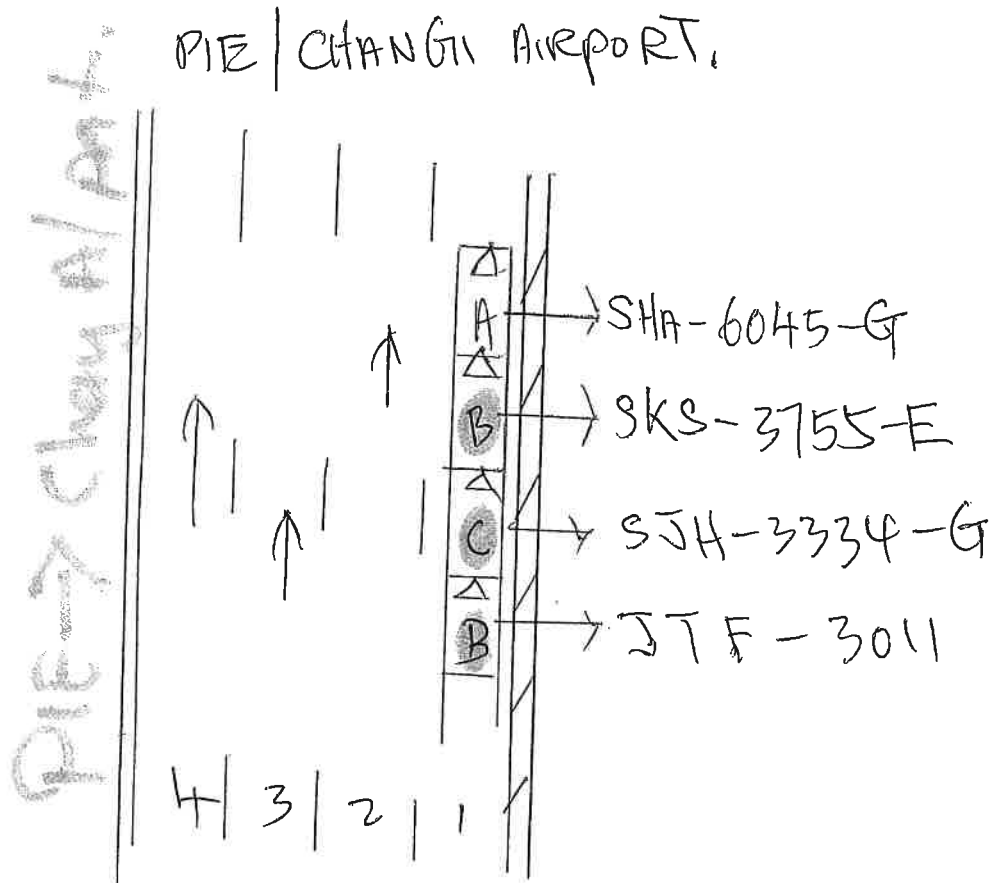
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch by Anne



SHA 6045 G.

Li



**SINGAPORE
POLICE FORCE**



T/20190830/2059

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190830/2059/

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2019 12:16		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: HO LEE CHEAN			Address: APT BLK 108 ANG MO KIO AVENUE 4 #09-82 SINGAPORE 560108		
ID Type / ID No.: NRIC NO / S1851392G			Contact No.: Home/Office:		Mobile: 97869899
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 01/11/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/08/2019 08:00	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT NEAR TOA PAYOH				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTF3011	Car				Slightly Damaged	0
SHA6045G	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1
SJH3334G	Car	TOYOTA	COROLLA AXIO 1.5X A		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190830/2059

Police Station Of Origin:
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109 Tampines Street 11 #01-261
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Tel No: 1800-7819999

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Report No. T/20190830/2059

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS3755E	Car	HONDA	VEZEL 1.5X A	Red	Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO LEE CHEAN		ID No. S1851392G
Related Vehicle	SHA6045G (Car)		Contact No. 97869899
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	30/08/2019		Date Discharge 30/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location. I was driving my taxi, SHA6045G, along PIE towards Changi Airport on the first lane. The car in front of me came to a stop and I stopped behind him. When all of a sudden, I felt an impact from behind. I then came out of my vehicle to make a check and I saw 3 vehicles behind me that were involved in an accident. The car behind mine was SKS3755E followed by SJH3334G and the last vehicle involved was JTF3011.

After we had taken photos of the accident and exchange contact numbers. We went on our way, I then went to the doctor and was given 3 days on MC. The damage to my car were to the boot.



**SINGAPORE
POLICE FORCE**



T/20190830/2059

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Report No. T/20190830/2059

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SINGAPORE 521109
Tel No: 1800-7819999

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 MUHAMAD ZHAFRI BIN REJAB

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2019 12:16

Officer In Charge Of Case:

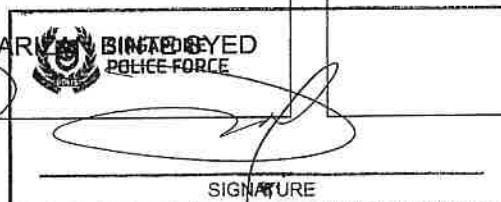
TP / AEIT /

Sgt 2 SHARIFAH NOR FARID BINTA BINTI MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168



Classification Of Case:

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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) 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.

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.:



Accident Photo



Accident Photo

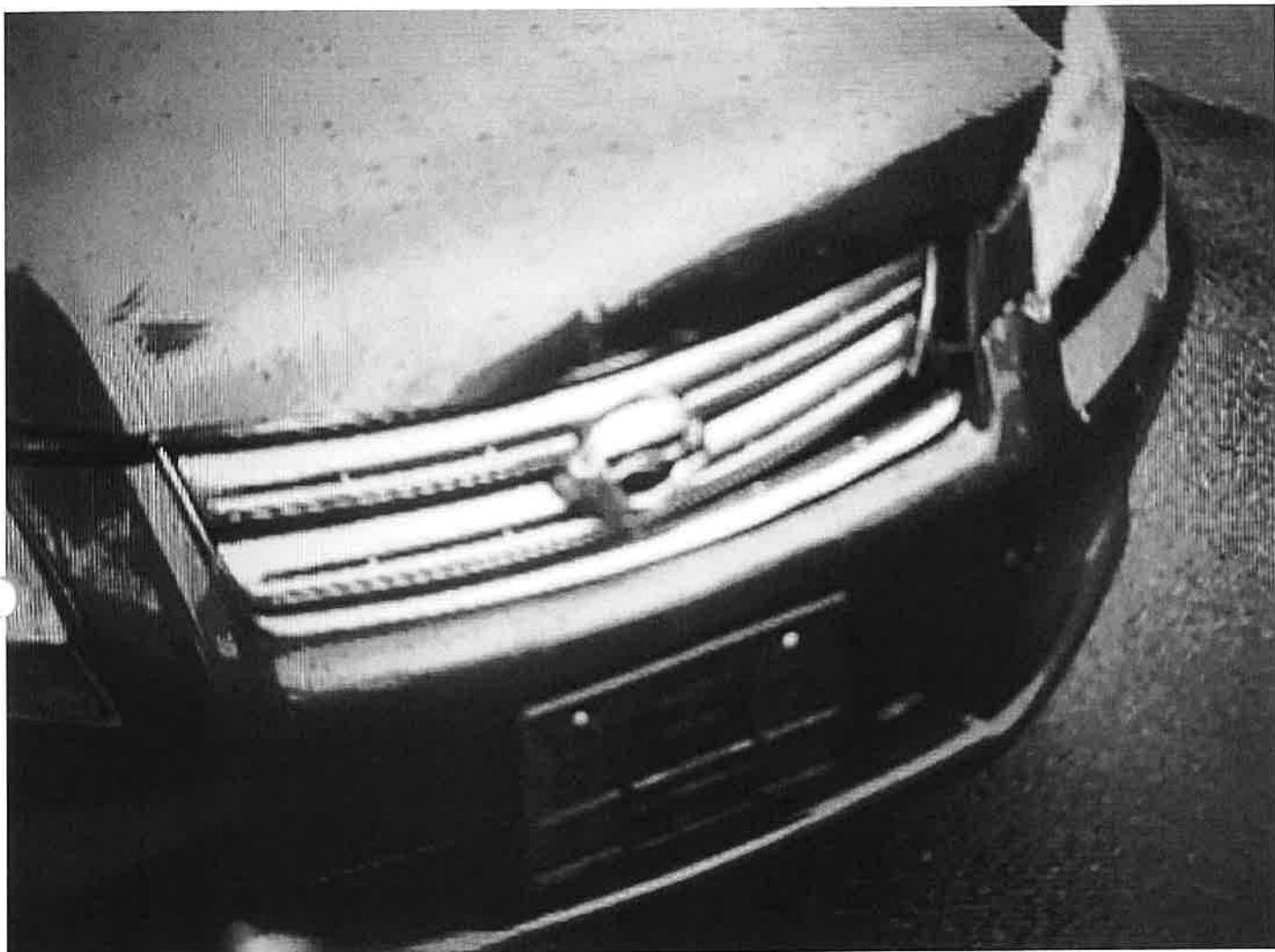




Accident Photo



Accident Photo



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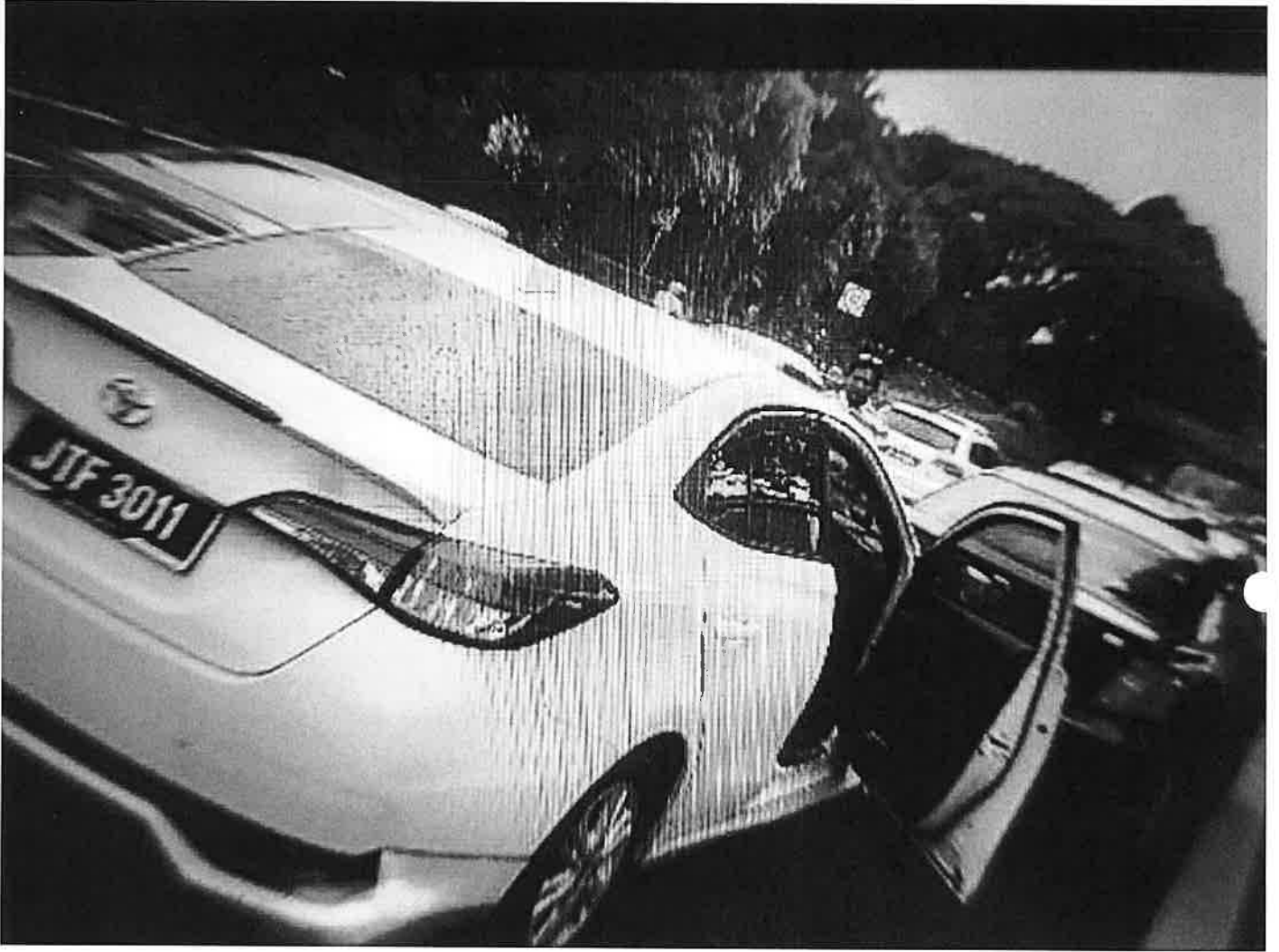
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