

## 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 Actual 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 First Submission .....	13/05/2024 22:36 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	11/05/2024 19:50 (SGT)
Exact Location of Accident .....	Upper Thomson Rd, Singapore
Additional Location Information .....	SHELL PETROL STATION
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA4573L
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	COMFORT TRANSPORTATION PTE LTD
Company Reg No .....	199303821R
Email Address .....	fleetsafety@cdgtaxi.com.sg
Mobile Phone No .....	(Phone) +65-93623811
Alternative Phone No .....	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	I40
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
Transmission .....	Auto
CC .....	1685
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-24101861MFCT

#### DRIVER

Name of Driver .....	HENG HUA SUNG
NRIC No .....	S0202508F
Date Of Birth .....	23/06/1953
Occupation .....	Outdoor
Driving Pass Date .....	28/02/1978
Driving License Pass Class .....	-
Driving License Validity .....	-
Driving experience .....	46 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93623811
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 204A COMPASSVALE DRIVE # 01 - 443
Address complement .....	-
Postcode .....	541204
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RELIEF DRIVER
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO : T/20240511/2075

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE IS NOT SUITABLE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBW939Y
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	CZD 300 A / XMAX 300 TECH MAX
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	RIGHT SIDE
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RIDER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ARM ABRASION
Injured person in which vehicle? .....	FBW939Y
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**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 center 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.

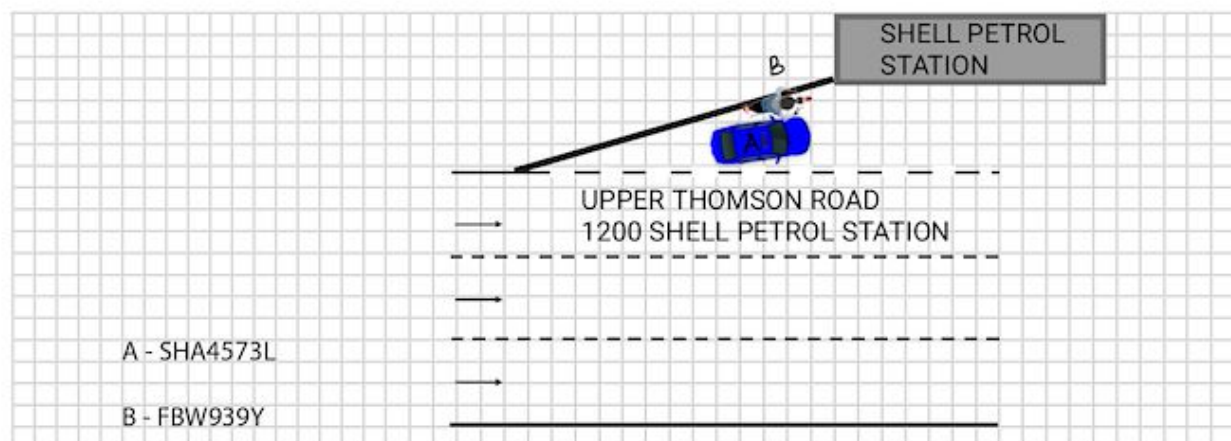
Policyholder's Signature / Date & Time

**Sketch Plan**

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

13.05.2024. 1125HRS

Witnessed by Reporting Centre Personnel




Describe Circumstances of the Accident

REFER TO POLICE REPORT NO : T/20240511/2075

Declaration

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

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

  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 13.05.2024. 1130HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel



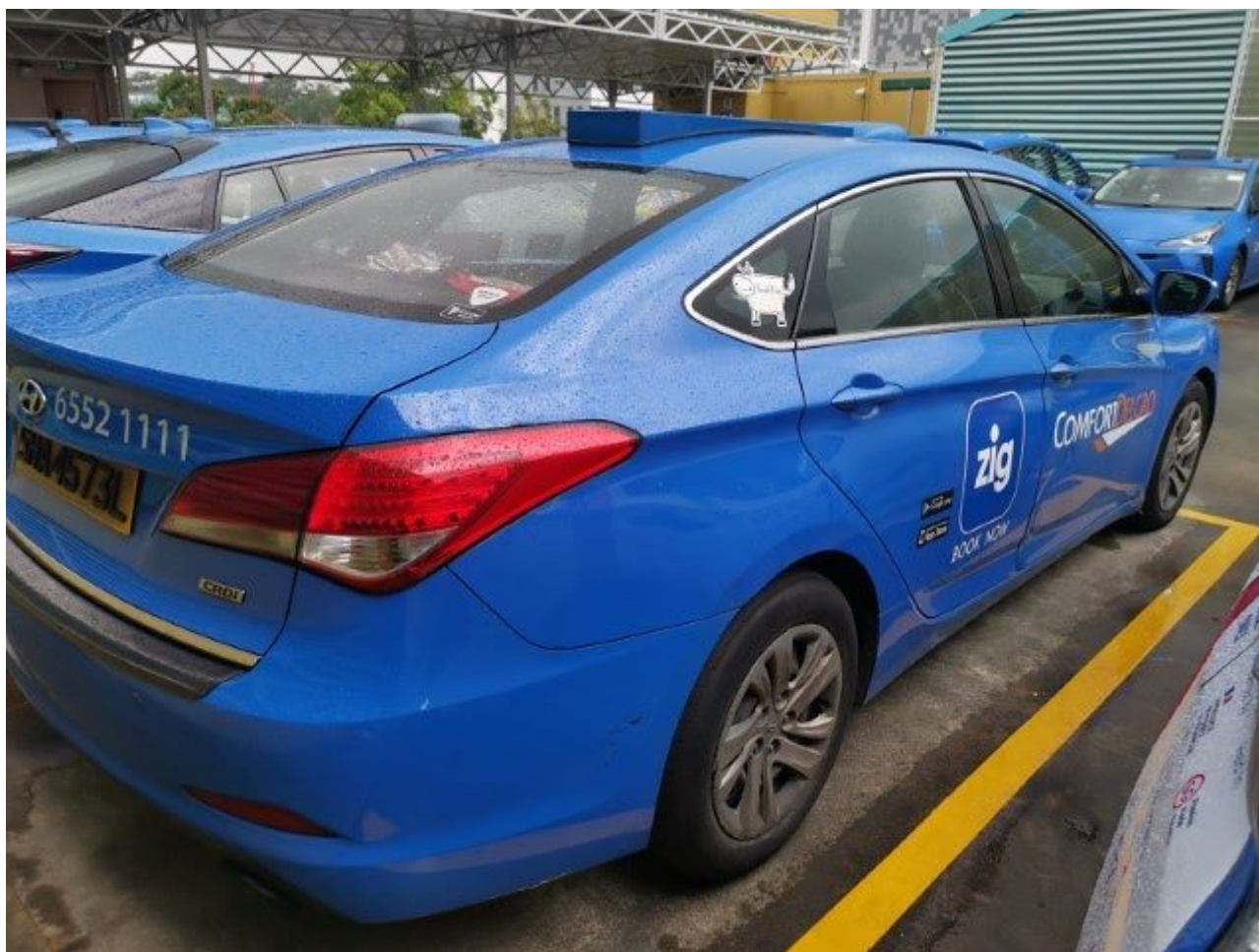












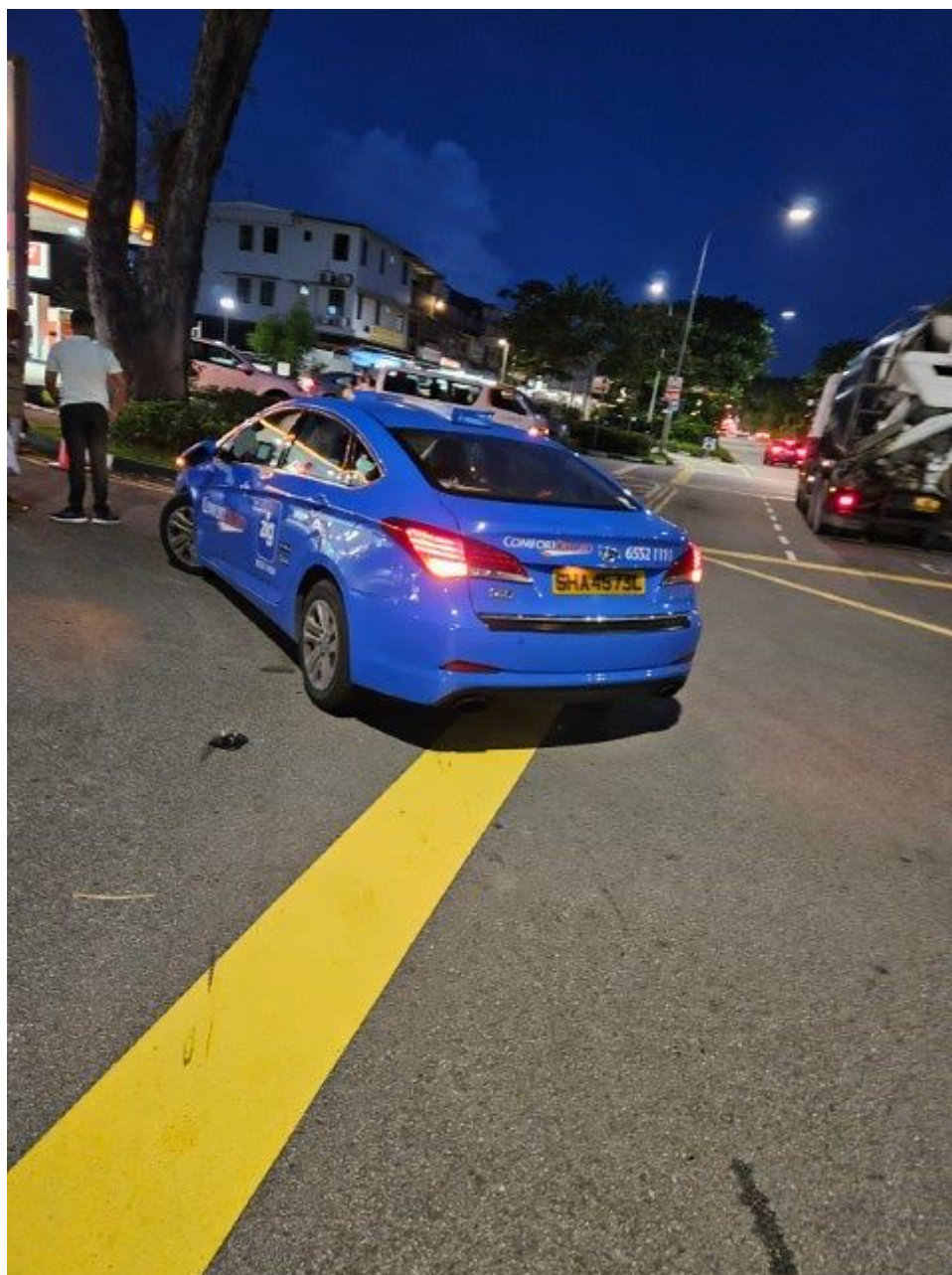


















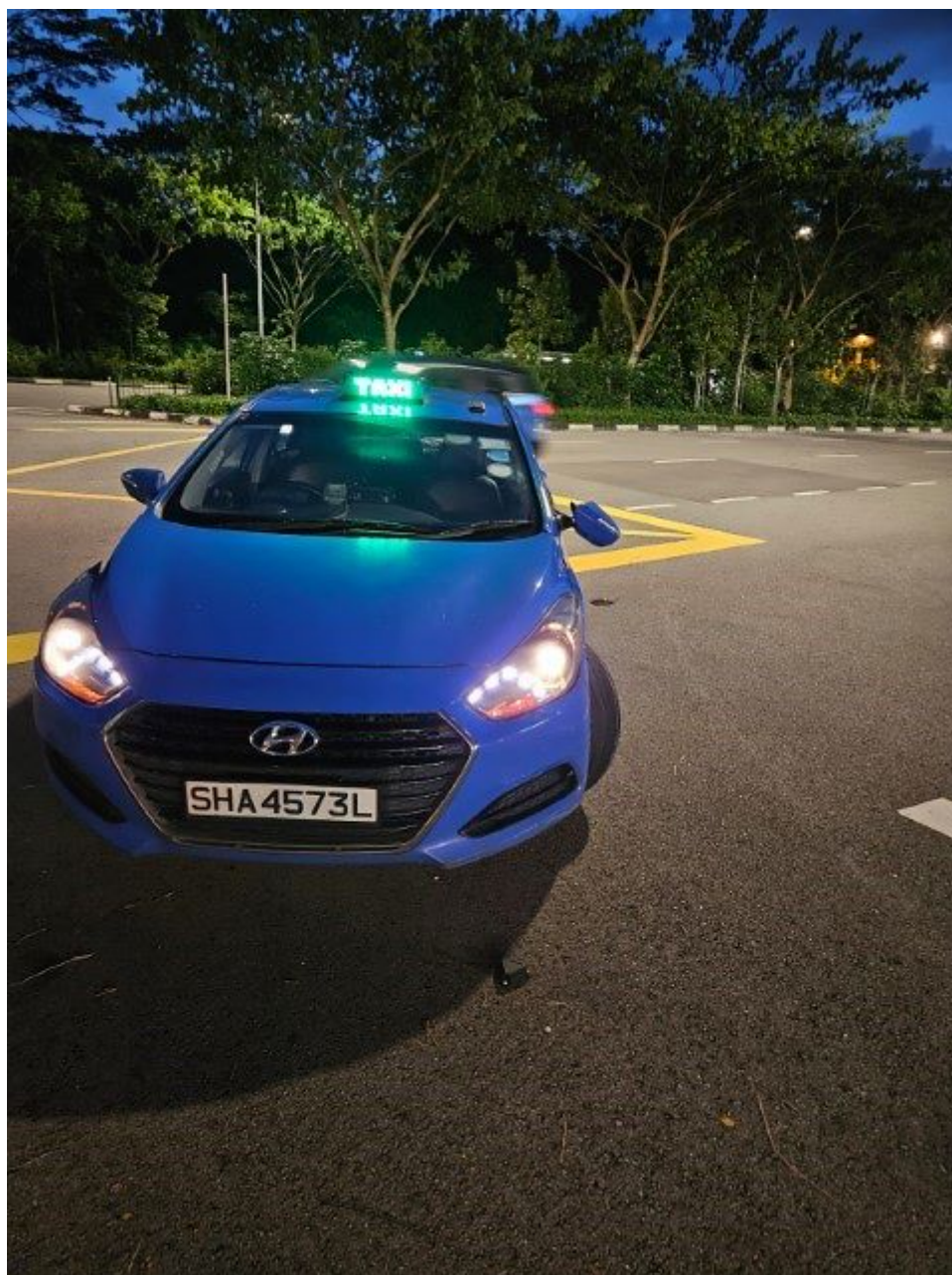








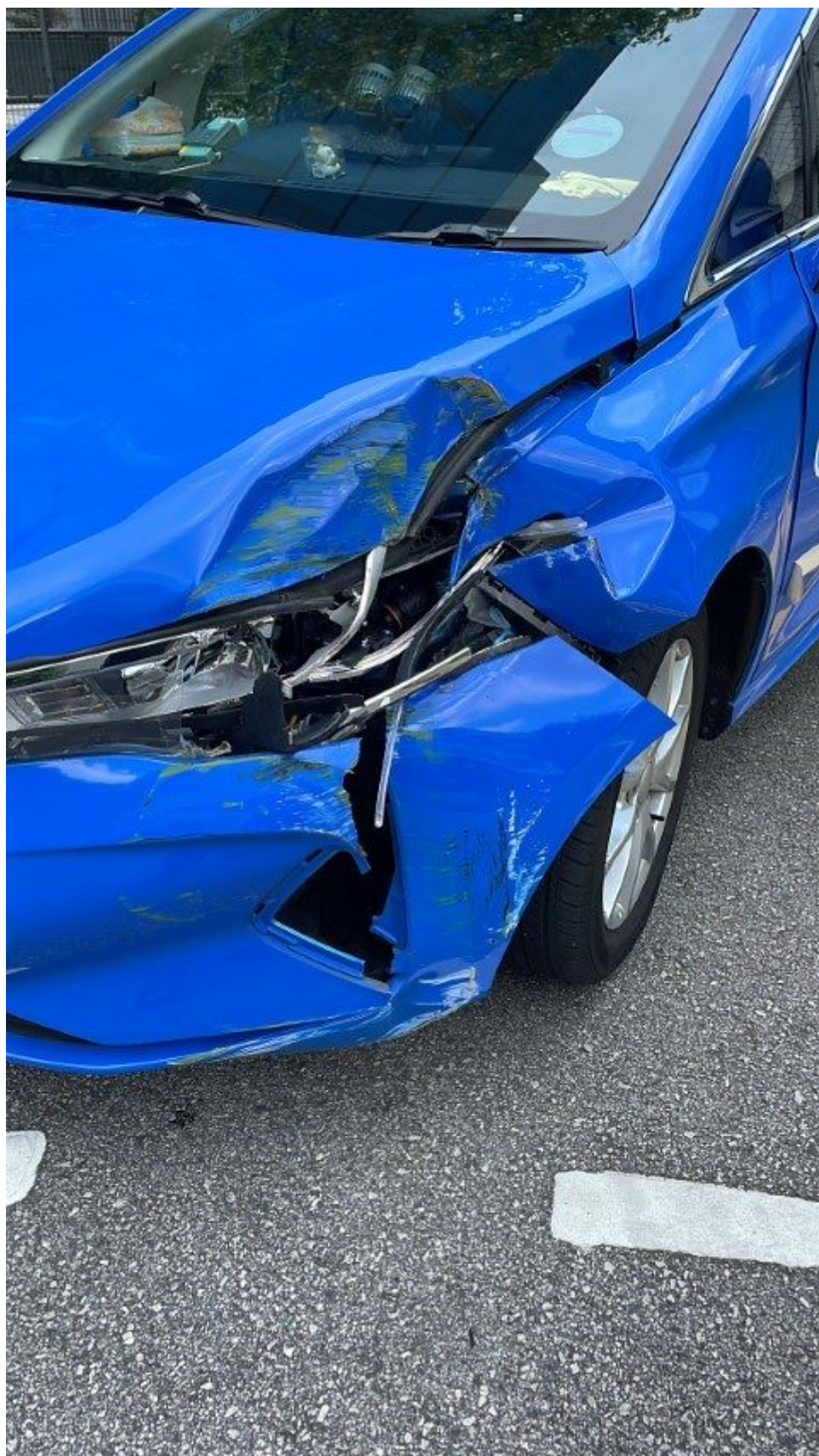















**SINGAPORE  
POLICE FORCE**


T/20240511/2075

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20240511/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/05/2024 22:35		Vide Report No.: L/20240511/0109		Station Diary No.: 130
<b>Informant's Particulars</b>				
Name of Informant: HENG HUA SUNG		Address: 204A COMPASSVALE DRIVE #01-443 SINGAPORE 541204		
ID Type / ID No.: NRIC NO / S0202508F		Contact No.: Home/Office: Mobile: 93623811		
Nationality:		Email:		
Sex: Male	Age: 70	Date of Birth: 23/06/1953	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Taxi Driver		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/05/2024 19:50	Type of Location: Straight Rd turning left
Location:  UPPER THOMSON ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBW939Y	Motorcycle				Slightly Damaged	0
SHA4573L	Motor car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# SINGAPORE POLICE FORCE



T/20240511/2075

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20240511/2075

## CONTINUATION OF REPORT

Driver			
Name	HENG HUA SUNG	ID No.	S0202508F
Related Vehicle	SHA4573L (Motor car)	Contact No.	93623811
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 11/05/24 at about 1950hrs I was driving my taxi (SHA4573L) at Upper Thomson Road. As I was reaching at the nearby shell station and intend to turn in however before I make a left tun in the shell station a motorcycle (FBW939Y) hit my left side of my vehicle and he fell after hitting.

Subsequently I called the ambulance. Both ambulance and Traffic Police were at scene. Motorcycle was conveyed by ambulance. I did not see any doctor as I have no injury.

That is all



**SINGAPORE  
POLICE FORCE**

T/20240511/2075

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20240511/2075

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
F /  
SGT 1 MUHAMMAD ANDIKA BIN  
RASHID

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

NP168

Signature Of Informant:

Date/Time:  
11/05/2024 22:35

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1K245D0010 Vehicle Registration No: SHA4573L  
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 11/05/2024 Time of Accident: 19:50  
 Place of Accident: Upper Thomson Rd,  
 Insurance Company: MS First Capital Insurance Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

REMOVE VEHICLE PICTURES

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Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 03.06.2024