

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	26/06/2024 09:25 (SGT)
Reported by	Actual Driver
Date of Accident	25/06/2024 21:00 (SGT)
Exact Location of Accident	Bukit Batok East Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7993X
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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) +65-89040758
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	ZULKIFLI BIN ALI
NRIC No	S7000825D
Date Of Birth	10/01/1970
Occupation	Outdoor

Driving Pass Date	24/02/1995
Driving experience	29 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89040758
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 523 WOODLANDS DRIVE 14 #10-401
Address complement	-
Postcode	730523
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO T/20240625/2024

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	FBM332A
Vehicle Manufacturer	Yamaha
Vehicle Model	CZD300A / XMAX300

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCN113Z
Vehicle Manufacturer	Mercedes
Vehicle Model	E200 EXCLUSIVE (R18 LED)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM
Contact Number	(Phone) +65-96755113
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES
Injured person in which vehicle?	FBM332A
Were seat belts worn?	No
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

A-SH7993X
B-FBM332A
C-SNC113Z

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

25/06/2024 -- 23:00HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO T/20240625/2024

Declaration

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

25/06/2024 -- 23:00HRS

Witnessed by Reporting Centre Personnel

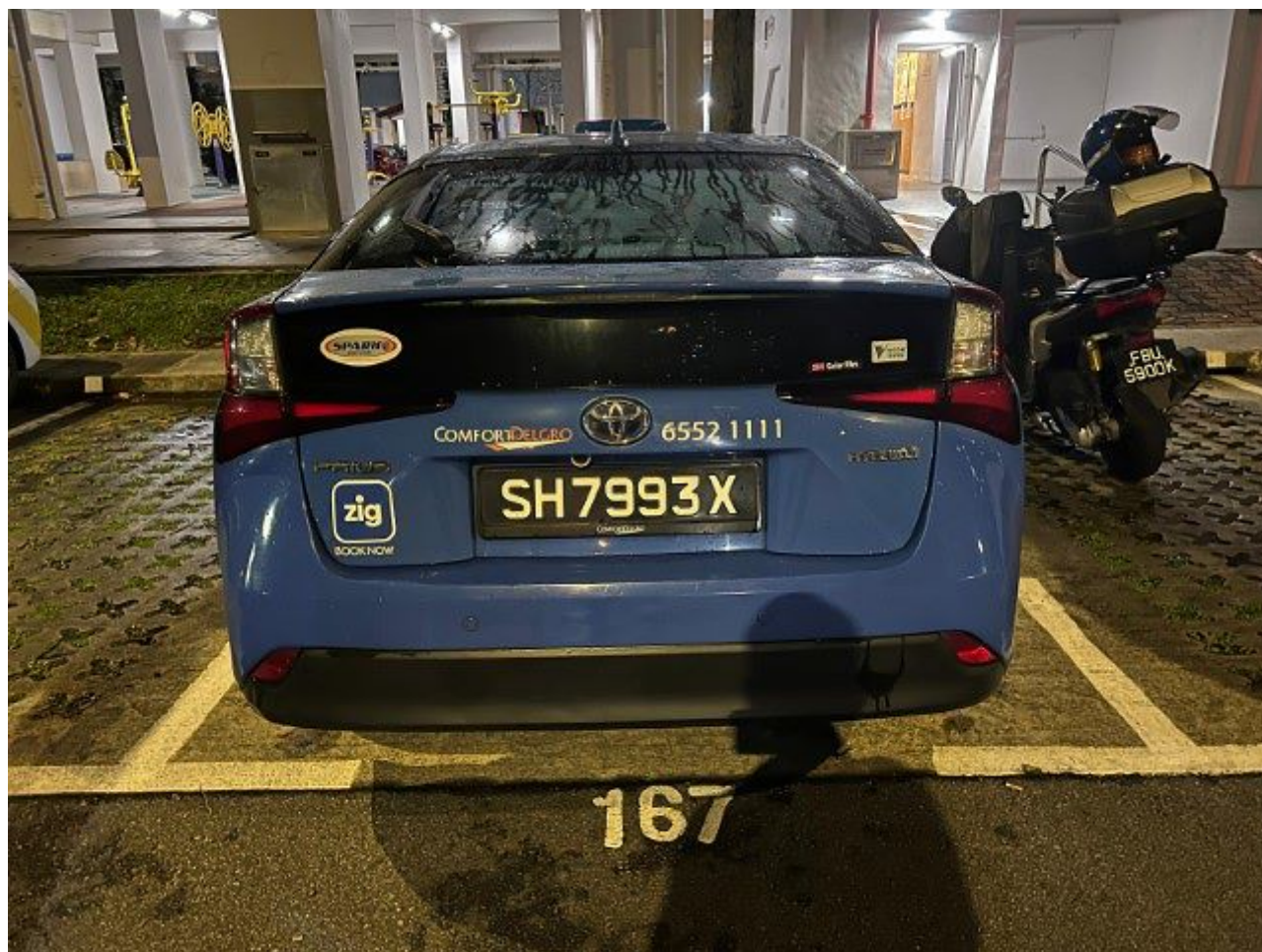




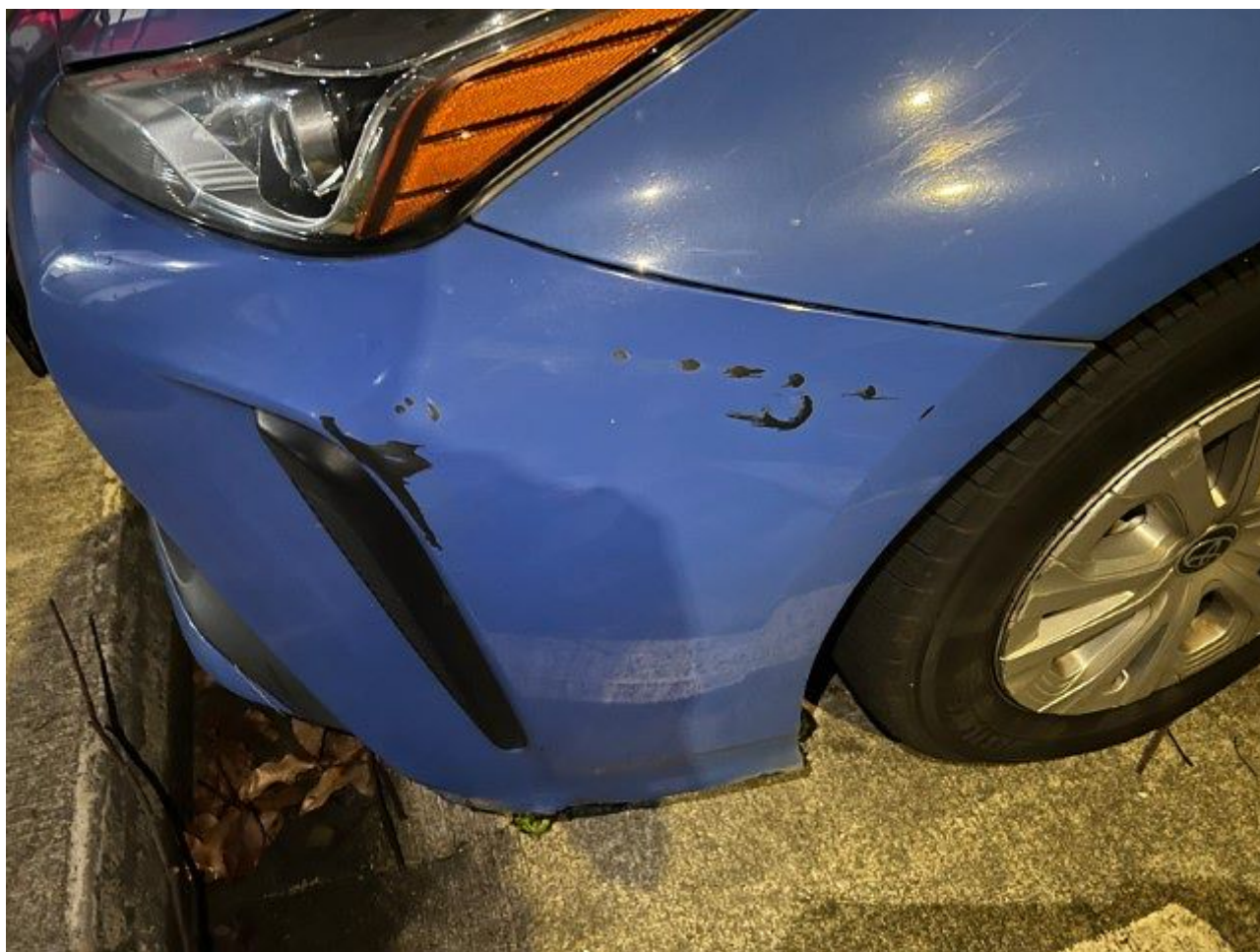


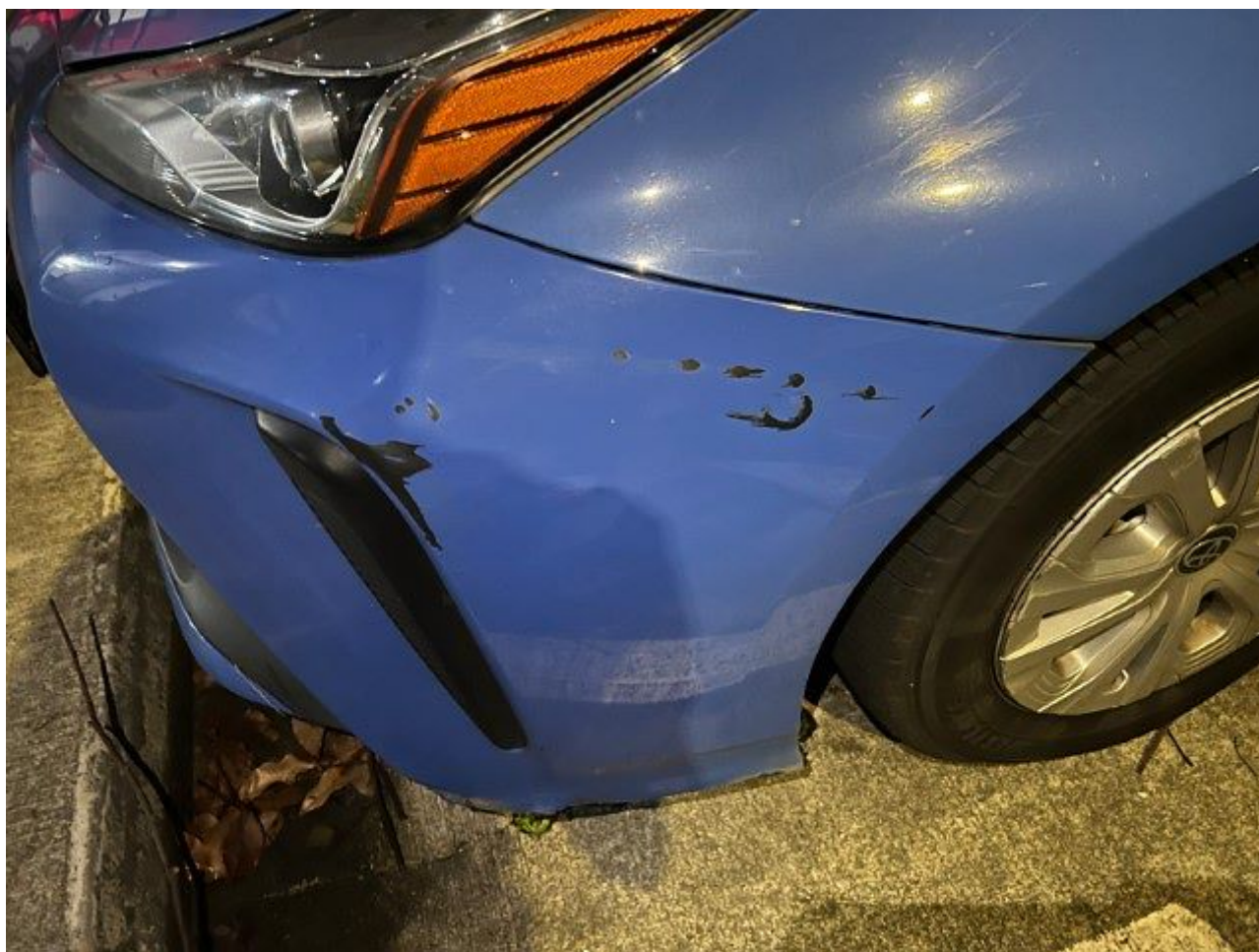


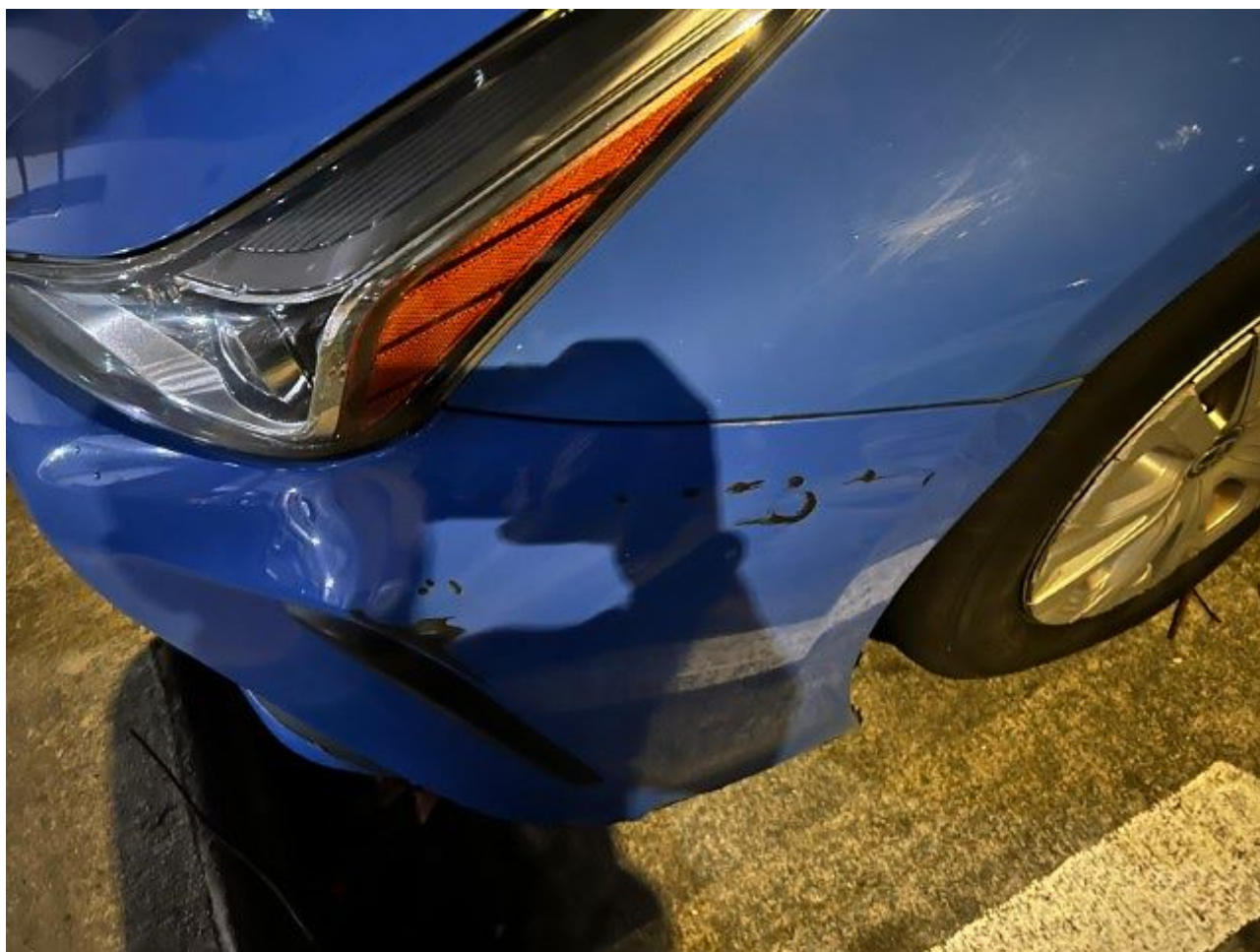


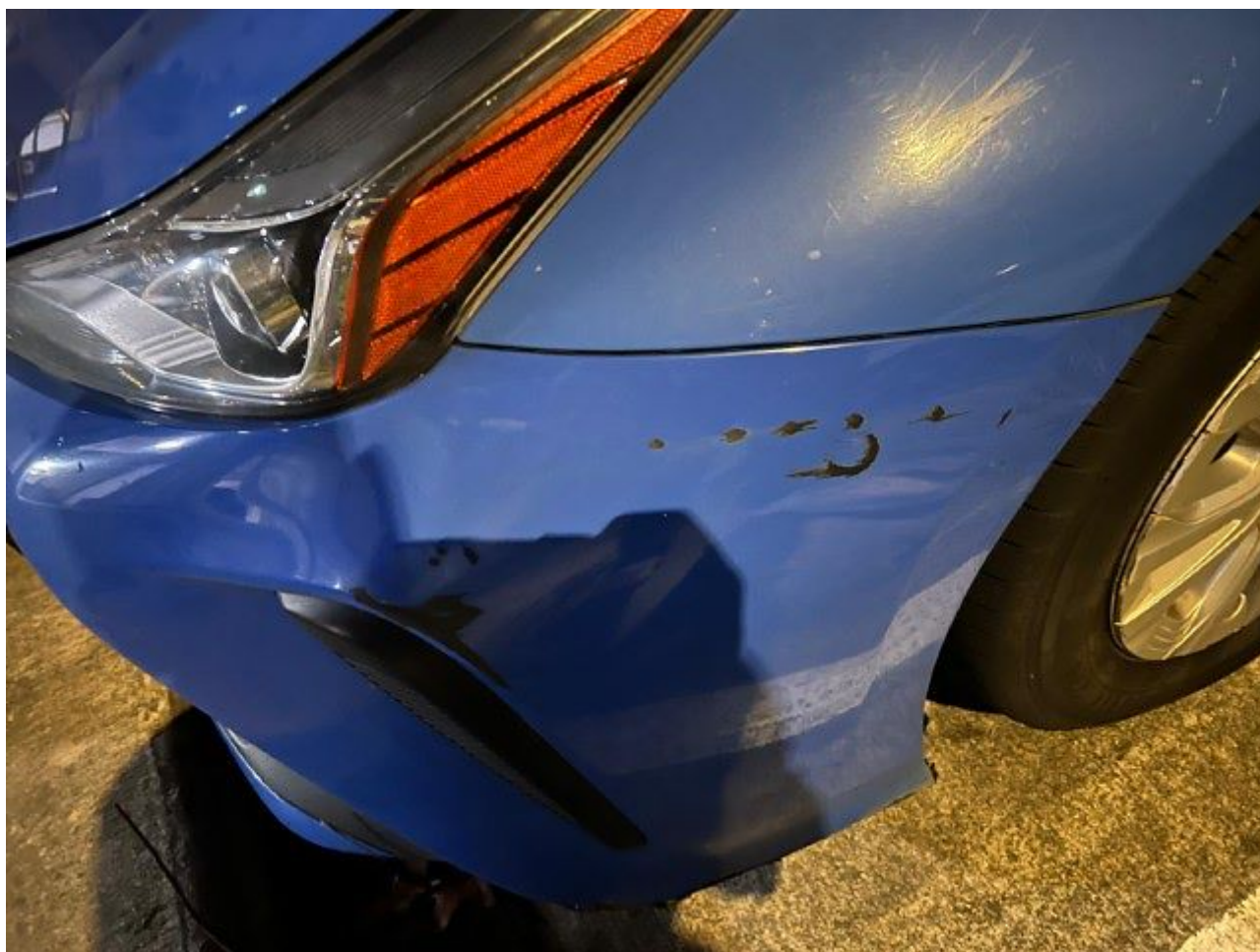


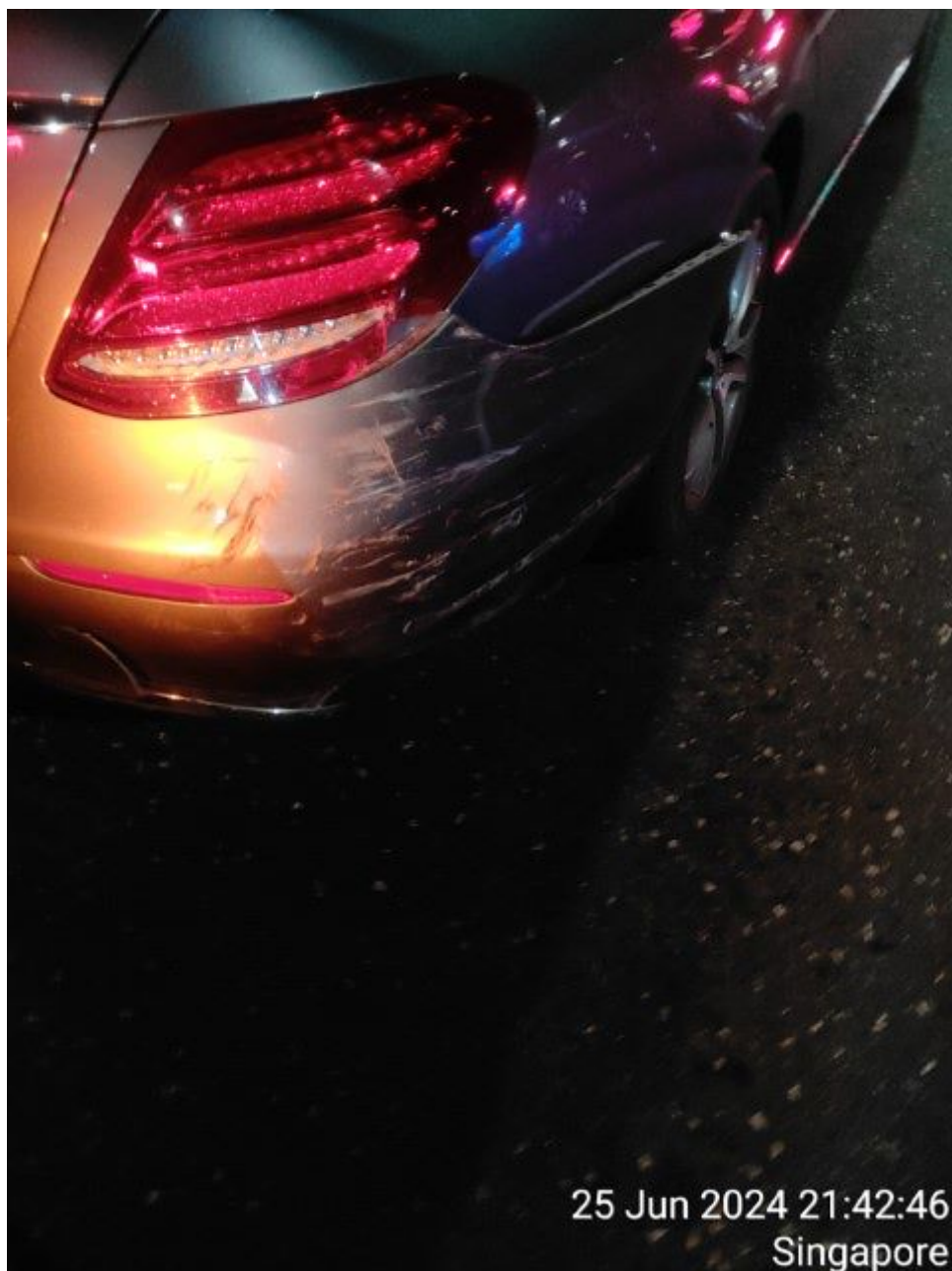














 SINGAPORE POLICE FORCE		 T/20240625/2084				
Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999		Report No: T/20240625/2084				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 25/06/2024 23:48		Vide Report No.: J/20240625/0084	Station Diary No.: 96			
Informant's Particulars						
Name of Informant: ZULKIFLI BIN ALI		Address: APT BLK 523 WOODLANDS DRIVE 14 #10-401 SINGAPORE 730523				
ID Type / ID No.: NRIC NO / S7000825D		Contact No.: Home/Office:	Mobile: 90606646			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 54	Date of Birth: 10/01/1970	Type of Informant: Driver			
Race: Malay		Language:				
Occupation: taxi driver comfort delgro		Driving Licence Information: Class: 2,3,4,5 Date of Expiry:				
General Information of the Accident						
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2024 21:00			
Type of Location: Straight Road						
Location: BUKIT BATOK EAST AVENUE 2						
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light			
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM332A	Motorcycle			Grey	Seriously Damaged	0
SCN113Z	Motor car			Grey	Seriously Damaged	0
SH7993X	Motor car			Blue	Slightly Damaged	0

SINGAPORE POLICE FORCE

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738522
Tel No: 1800-363 9999

Barcode: 170240525/2084

Page: 2 of 3
Report No: 170240525/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MR LIM	ID No.	NIL
Related Vehicle	SCN113Z (Motor car)	Contact No.	96755113
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	ZULKIFLI BIN ALI	ID No.	S7000825D
Related Vehicle	SH7993X (Motor car)	Contact No.	90606646
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL


Brief Details.

On 25/06/24 at about 2100hrs, I was driving my taxi along bukit batok east ave 2 in the right lane towards millview ave. After driving past a bus stop where a bus had stopped, I began to signal and change lane to the left lane. Suddenly, the motorcycle with a female rider came at a fast speed in between the bus and myself. The motorcycle hit into the left side of my taxi and continued moving forward and hit into the rear of another car SCN113Z which was in the left lane. The rider fell to the ground.

Ambulance and police came. The rider was conveyed to hospital. Myself and the other car driver are not injured. There was no indication that this motorcycle was coming towards us. There were no honks etc heard by us.

The damage to my taxi were left side mirror and front bumper left side scratched. The damage to the other car were dents and scratches at the rear bumper right side.



I provided my taxi SD card to the traffic police which captured footages from front and rear cameras.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No: 21000000000000000000

CONTINUATION OF REPORT

Signature of Officer Recording The L / SR STAFF SGT KOH XIU MING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2024 23:48
Officer In Charge Of Case: / GIT / LEE YONG KANG Contact No.: 65476206	Classification Of Case:

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