

# 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 .....	04/10/2024 17:16 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/10/2024 22:00 (SGT)
Exact Location of Accident .....	Jln Kayu Flyover, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA1641T
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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) +65-91889934
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	HYBRID 1.8 CVT
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
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	JTDKB3FU603564104
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 .....	ONG SWEE KER
NRIC No .....	S0201063A
Date Of Birth .....	12/02/1954
Occupation .....	Outdoor
Driving Pass Date .....	05/05/1973
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	51 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91889934
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	167 YISHUN RING ROAD #11-751
Address complement .....	-
Postcode .....	760167
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 .....	Collision - Cross Junction
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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT:T/20241004/2004

#### 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 .....	PC2637U
Vehicle Manufacturer .....	King Long
Vehicle Model .....	/ XMQ6117K
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ONG SWEE KER
Gender .....	Male
Phone No .....	(Phone) +65-91889934
Address .....	167 YISHUN RING RD #11-751
Address Complement .....	-
Post Code .....	760167
Approximate Age Years Old .....	70
Injuries Sustained .....	INJURIES
Injured person in which vehicle? .....	SHA1641T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

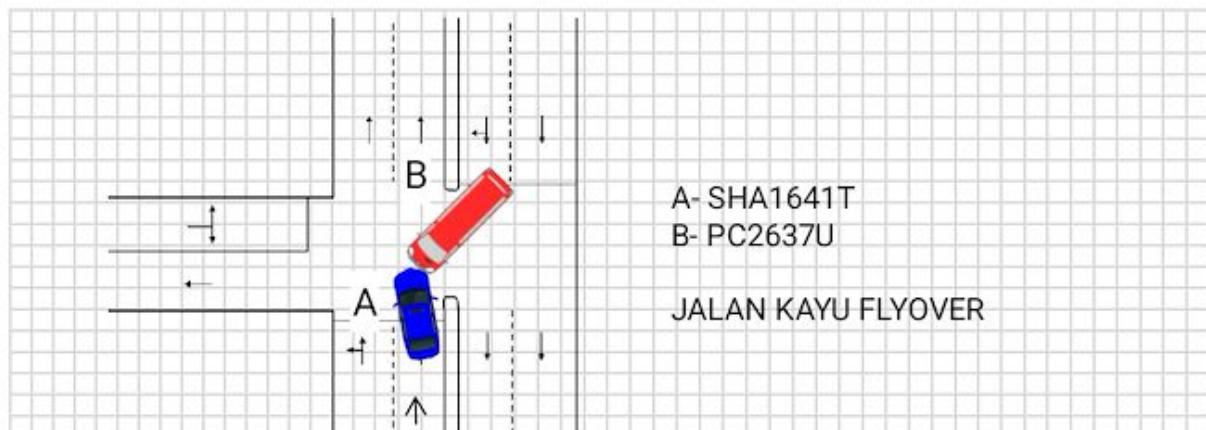
1. Please correctly report the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available 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

041024-1345HRS


 Witnessed by Reporting Centre  
Personnel


1.0004 1004 2004

Describe Circumstances of the Accident

PLEASE REFER TO POLICE  
REPORT:T/20241004/2004

Declaration

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

*ony*



Policyholder's Signature / Date & Time

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

041024-1345HRS

Witnessed by Reporting Centre Personnel

















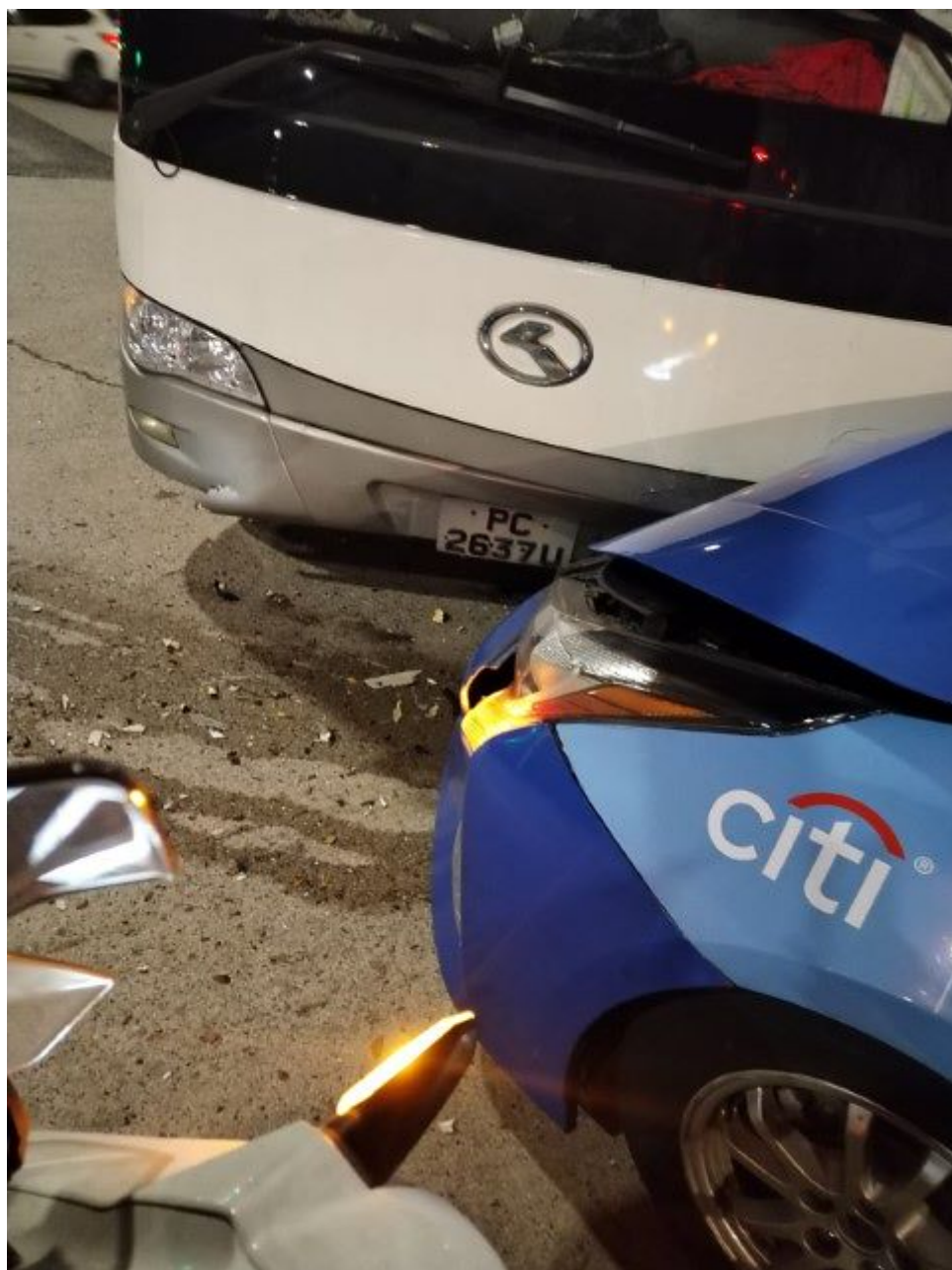













**SINGAPORE  
POLICE FORCE**


T/20241004/2004

1 of 3

Report No: T/20241004/2004

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/10/2024 01:09	Vide Report No.:	Station Diary No.: 8
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**Informant's Particulars**

Name of Informant: ONG SWEE KER		Address: 167 YISHUN RING ROAD #11-751 SINGAPORE 760167	
ID Type / ID No.: NRIC NO / S0201063A		Contact No.: Home/Office: Mobile: 91889934	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 70	Date of Birth: 12/02/1954	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2024 22:00	Type of Location: Flyover
Location:  JALAN KAYU				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2637U	Bus/Coach/Minibus	KING LONG	XMQ6117K	White	Seriously Damaged	1
SHA1641T	Motor car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Seriously Damaged	1

**Details of Person Involved**

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

**SINGAPORE  
POLICE FORCE**

T/20241004/2004

2 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No: T/20241004/2004



**CONTINUATION OF REPORT**

Driver			
Name	ONG SWEE KER	ID No.	S0201063A
Related Vehicle	SHA1641T (Motor car)	Contact No.	91889934
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/10/2024	Date Discharge	03/10/2024
No. of Days granted Medical Leave	03	Degree of	NIL

**Brief Details.**

On the above-mentioned date, time and location, I was driving my vehicle taxi straight when another heavy vehicle hit my taxi while he was turning right. My taxi is seriously damaged as such it was towed back. Ambulance services and traffic police were at the scene. I was conveyed to Sengkang General Hospital A&E via ambulance services and seen by the doctor. I was given a total of 03 days of mc with medications. No government properties damaged.



 <b>SINGAPORE POLICE FORCE</b>		 T/20241004/2004
Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999		3 of 3 Report No. T/20241004/2004
CONTINUATION OF REPORT		
Signature of Officer Recording The L / SGT 1 MOHAMAD ASHRUF KHAN S/O MOHAMED AKHBAR KHAN		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 04/10/2024 01:09
Officer In Charge Of Case: TP / GIT / SI MOHAMAD BURHAN BIN SABTU Contact No.: 65476214		Classification Of Case:
NP168		