# **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 witholding 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.

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   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 09/11/2024 16:11 (SGT) Reported by **Actual Driver** Date of Accident 09/11/2024 12:30 (SGT) Exact Location of Accident Nallur Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number SHA7260U

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) +65-85484750 Alternative Phone No (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer

Model Ae ioniq Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Vehicle Category Taxi Transmission Auto CC 1580 Vehicle Fuel Petrol-Electric

First Regisration Date Chassis no KMHC851CVKU164939

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 LEE PHUI YEN NRIC No S1165387A Date Of Birth 02/08/1955 Occupation Outdoor Driving Pass Date 29/12/1979 Driving License Pass Class Driving License Validity Valid Driving experience 44 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-85484750 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 217 TAMPINES STREET 23#12-19 Address complement Postcode 520217 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Police Station Name Bedok North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002449999 Alt. Police Station Phone No (Fax) +65-62447258 Police Station Address 30 Bedok North Road Singapore 469676 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT: T/20241109/2056 ATTACHMENT(S) Are accident photos available for attachment? Yes

Yes

FILE IS NOT SUITABLE

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SNM7075D
Vehicle Manufacturer	Subaru
Vehicle Model	FORESTER 2.0I-L CVT AWD SR
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

# SKETCH PLAN

# IMPORTANT NOTICE

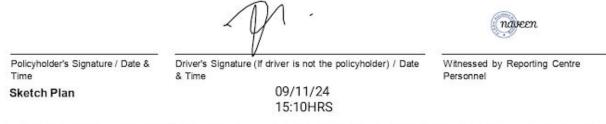
- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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)

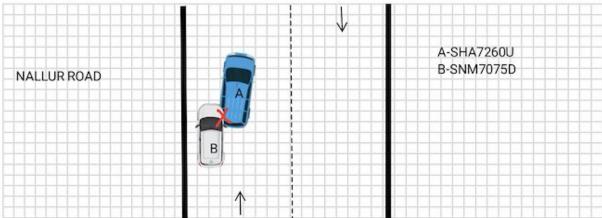
lunderstand, acknowledge, agree and consent that:

- (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.
- (ii) 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.





Describe Circumstances of the Accident	
PLEASE REFER TO POLICE REPORT:T/20241109/2056	
Declaration	
I/We declare the foregoing particulars are true in every respect.	
	naveen

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

09/11/24 15:10HRS

& Time

Time

Policyholder's Signature / Date &

Witnessed by Reporting Centre

Personnel



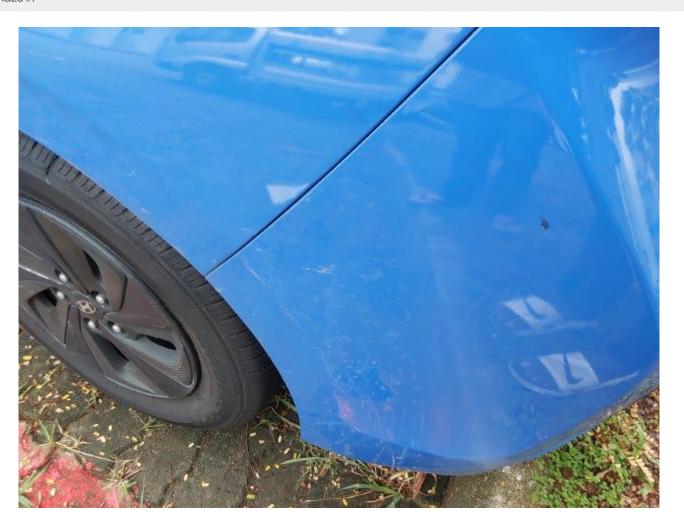




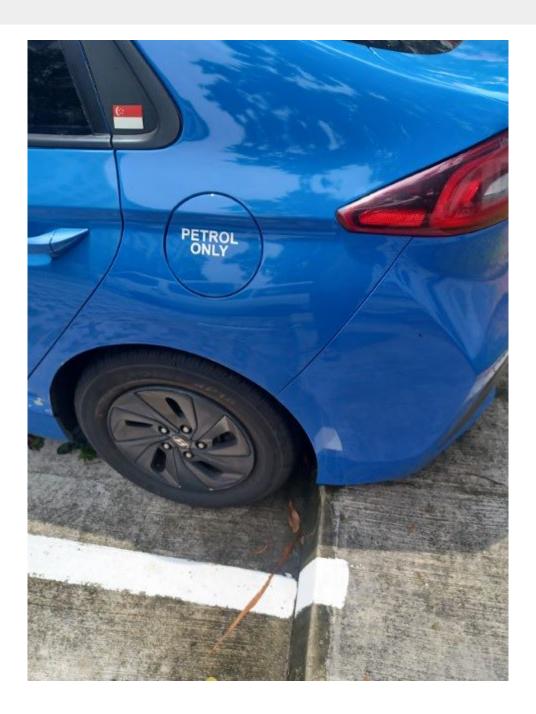


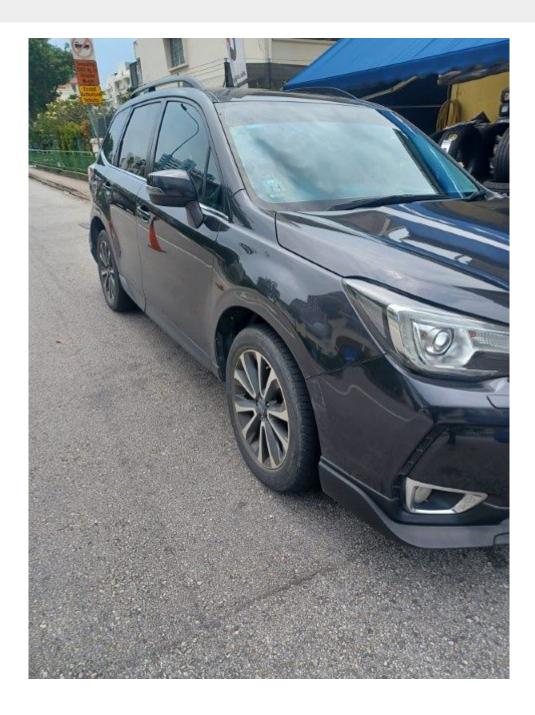


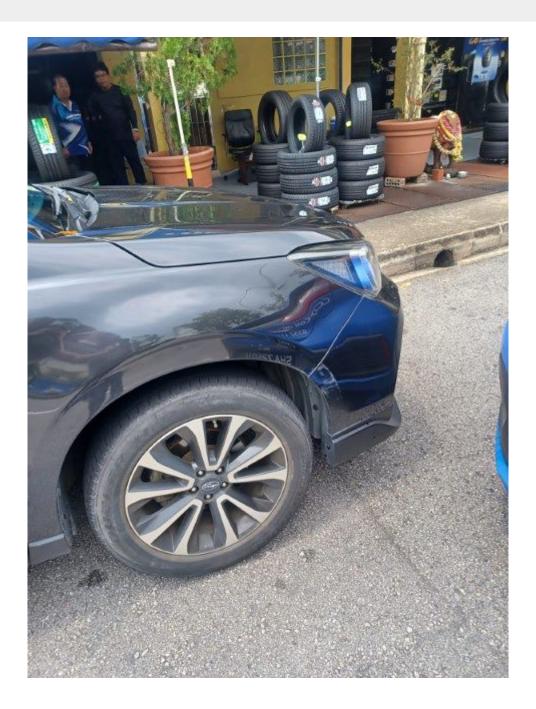


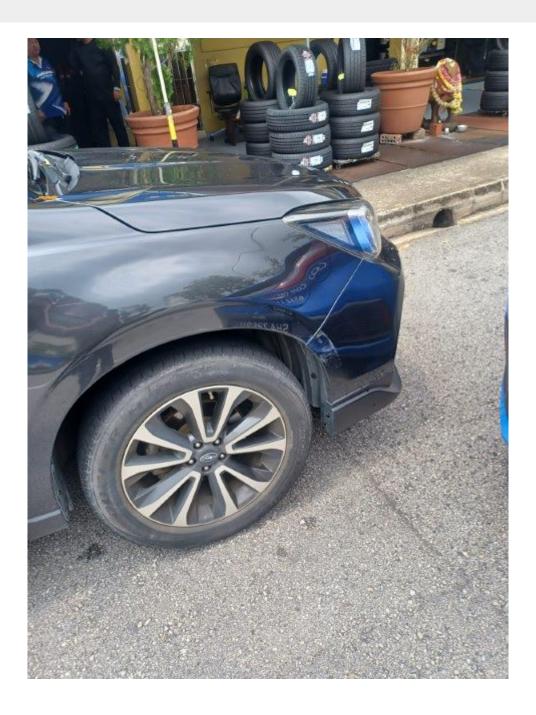


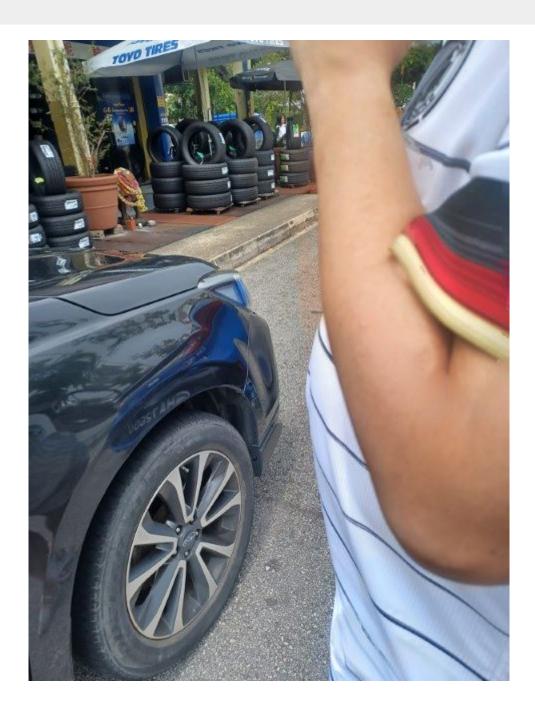


















l of 3 Report No. T/20241109/2056

Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT	F A IKAFFI	ACCIDENT		Station Diary No.:		
Date/Time Report Made: 09/11/2024 13:54			Vide Report No.: G/20241109/0118	28		
Informar	t's Particu	lars	A Service Letter and Market	de day established		
Name of Informant: LEE PHUI YEN			Address: 217 TAMPINES STREET 23 #12-19 SINGAPORE 520217			
ID Type / ID No.: NRIC NO / S1165387A			Contact No.: Home/Office:	Mobile: 85484750		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 69	Date of Birth: 02/08/1955	Type of Informant: Driver			
Race: Chinese		<b>你是是一些</b>	Language:			
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/11/2024 12:30	Type of Location T-Junction	
Location: NALLUR ROAI	0 10				
Weather: Clear	Mant /	Road Surface: Dry			
Traffic Flow: Two Way		Traffic Control: Not Controlled	100	Traffic Volume: No Traffic	
Type of Collisio Moving Vehicle	n: Against - Parked Vehic	de .	а	nyone conveyed by mbulance:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHA7260U	Motor car				Slightly Damaged	0
SNM7075D	Motor car				Slightly Damaged	0







Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

Report No. T/20241109/2056

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CONTINUATION OF REPORT

#### Brief Details.

On 9 November 2024 at about 12.30pm, I was driving my taxi SHA7260U along Upper East Coast Road, to pick up a passenger for a booking. At the junction of Upper East Coast Road and Nallur Road, I had reversed my taxi into Nallur Road, to pick up the said passenger who was waiting at Nallur Road and had a baby. Whilst reversing, the left rear side of my taxi bumper, had brushed onto the front right side of a black Subaru car, SNM7075D, which was parked stationary on the left side of the road. There were damages to both my taxi and the car. My taxi had scratches on the left rear of my taxi. The other car had some scratches on the front right side.

I then alighted from my taxi, and the owner of the car came out and spoke to me. The other party then called for Police and I waited for the Police to arrive. I had to cancel the booking. I wish to state that I did not suffer any injuries.





Police Station Of Origin: Bedok N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999 3 of 3 Report No. T/20241109/2056

CONTINUATION OF REPORT

Signature of Officer Recording The G / SI IRWAN ISKANDAR BIN JUMA'AT

Aur

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / STAFF SGT MUHAMMAD NORSIDDIQ BIN IBRAHIM Contact No.: 65476138

NP168

Signature Of Informant:

a

Date/Time: 09/11/2024 13:54

Classification Of Case:

CS CamScanner

