

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	01/11/2024 22:12 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 12:45 (SGT)
Exact Location of Accident	Mountbatten Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1135C
-----------------------------------	----------

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) +65-96786694
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKKB3FU203560437
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	POH YEW BENG
NRIC No	S1740096G
Date Of Birth	23/02/1966
Occupation	Outdoor
Driving Pass Date	02/08/1986
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96786694
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	985B BUANGKOK CRESCENT #06-24
Address complement	-
Postcode	532985
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 - 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	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)	2
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO: T/20241030/2092

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	FBT1214P
Vehicle Manufacturer	Yamaha
Vehicle Model	NMAX 155 ABS CONNECTED
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	POH YEW BENG
Gender	Male
Phone No	(Phone) +65-96786694
Address	985B BUANGKOK CRESCENT #06-24
Address Complement	-
Post Code	532985
Approximate Age Years Old	58
Injuries Sustained	INJURED
Injured person in which vehicle?	SHC1135C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BLEEDING NOSE AREA AND KNEE PAIN
Injured person in which vehicle?	FBT1214P
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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 truthful and accurate as possible. Any willful 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. 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.
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

30 OCT 2024
2355HRS



aravintan

Witnessed by Reporting Centre Personnel

	MOUNTBATTEN ROAD
	A-SHC1135C
	B-FBT1214P

Describe Circumstances of the Accident

AS PER POLICE REPORT NO: T/20241030/2092

Declaration

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

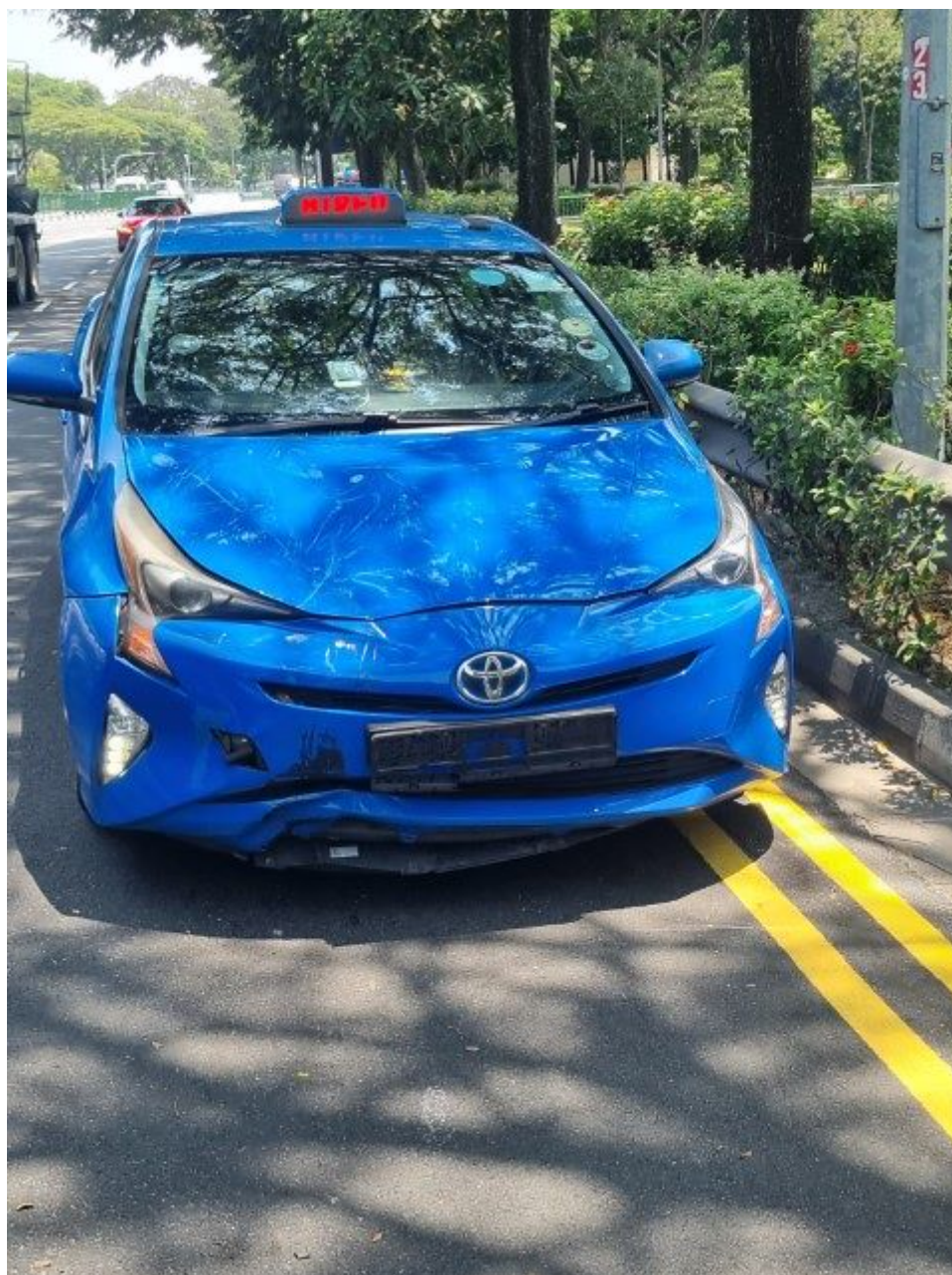


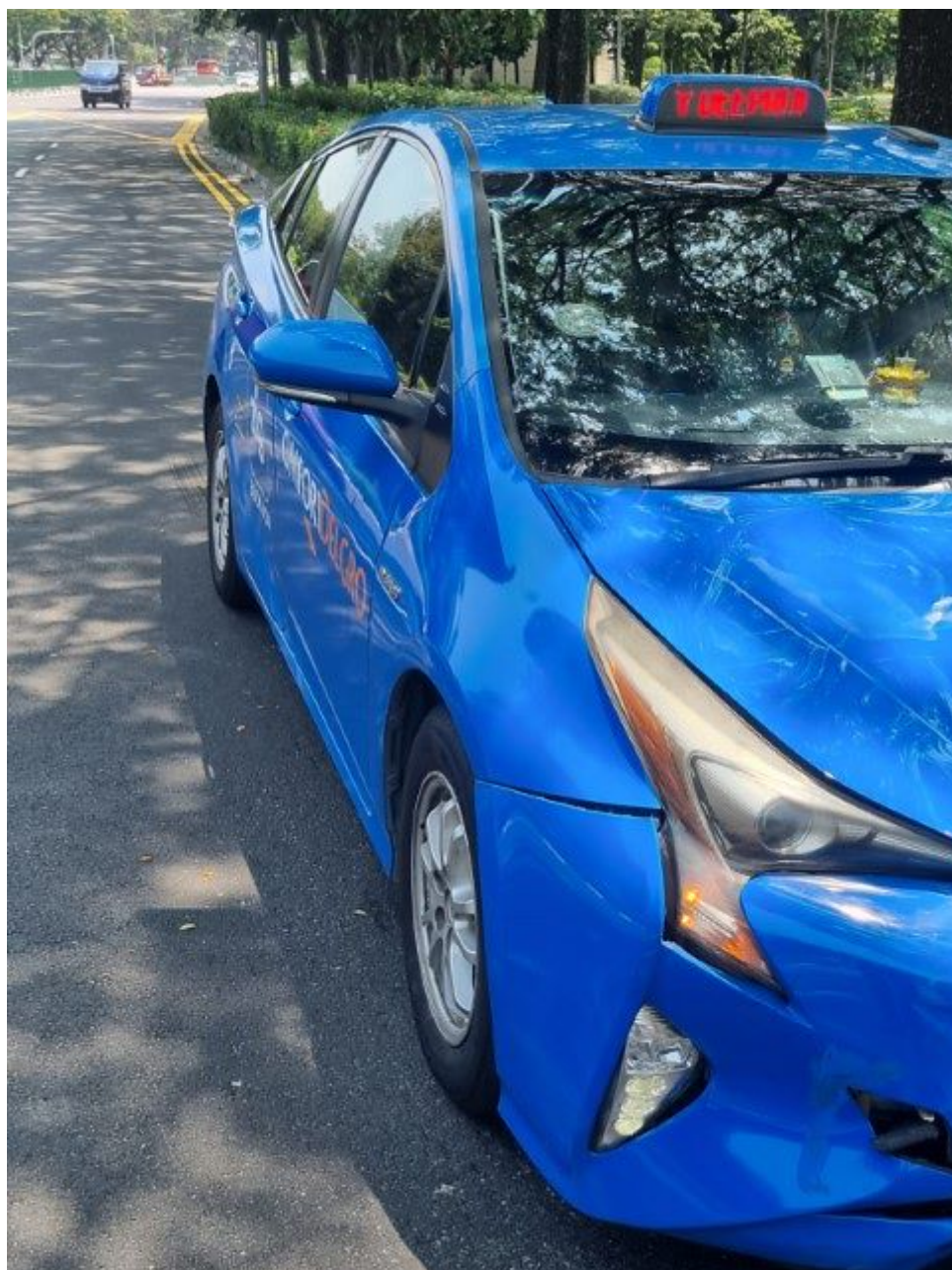
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time
30 OCT 2024
2355HRS



Witnessed by Reporting Centre
Personnel











SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999

T: 2024 10300002
Report No.: T202410300002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2024 23:00

Video Report No.: G/20241030/0084

Station Diary No.: 124

Informant's Particulars

Name of Informant: POH YEW BENG
ID Type / ID No.: NRIC NO / S1740098G
Nationality: SINGAPORE CITIZEN
Sex: Male
Age: 58
Date of Birth: 23/02/1966
Race: Chinese
Occupation: Taxi driver


Address: 885B BUANGKOK CRESCENT #09-24 SINGAPORE 532985
Contact No.:
Home/Office: Mobile: 96786694
Email:
Type of Informant: Driver
Language: English
Driving Licence Information: Class: 3,4
Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 30/10/2024 12:45	Type of Location: Straight Road
Location: MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry		Traffic Volume:
Traffic Flow:		Traffic Control:		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT1214P	Motorcycle	YAMAHA	NMAX 155 ABS CONNECTED	Red		0
SHC1135C	Motor car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue		1

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 536775
Tel No: 1800-4890999

1/20241030/2792
2 of 3
Report No. 1/20241030/2792

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	POH YEW BENG	ID No.	S1740096G
Related Vehicle	SHC1135C (Motor car)	Contact No.	96786694
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date Treatment	30/10/2024	Date Discharge	30/10/2024
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.
On 30/10/2024 at about 1245hrs, I was driving Taxi bearing plate number SHC1135C along Mountbatten Road towards Sims Ave with 1 passenger (Leong, Tel: 88979545). The traffic was light, and I was driving on the most left lane. I could not recall what happen and when I know, I collided onto the rear of one motorcycle bearing plate number FBT1214P. I check on my passenger and he did not complain of any pain and left.

I alighted and went to check on the rider and he was sitting on the roadside. He was bleeding near his left nose area and also complained of knee pain. Due to the accident, my blood pressure was relatively high, cold hand and heart palpitations. Shortly, traffic police and ambulance came and checked on both of us. Traffic Police took my in-vehicle SD card and both the rider, and I was conveyed to Raffles Hospital, and I was given 3 days medical certificate. The doctor asks me to monitor myself and to go to the hospital if there is any chest discomfort.

SINGAPORE POLICE FORCE	
Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999	T23241030/2792 3 of 3 Report No. T23241030/2792
CONTINUATION OF REPORT	
Signature of Officer Recording The F / SGT 2 NG WEE YONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/10/2024 23:00
Officer In Charge Of Case: TP / GIT / INSP (1) KOH WEI JIE Contact No.: 65476356	Classification Of Case:
NP168	



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: SA1K24B1000B Vehicle Registration No: SHC1135C
 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: 30/10/2024 Time of Accident: 12:45
 Place of Accident: Mountbatten Rd, Singapore
 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:

UPDATE ACCIDENT TIME



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 02.11.2024