

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	11/11/2024 12:58 (SGT)
Reported by	Actual Driver
Date of Accident	09/11/2024 14:00 (SGT)
Exact Location of Accident	Bedok North Street 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7253A
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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) +65-96410229
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV 1.6 DCT
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	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVKU121871
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	MOHAMED NASIR BIN IBRAHIM
NRIC No	S1489024F
Date Of Birth	09/06/1961
Occupation	Outdoor
Driving Pass Date	14/09/1983
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	41 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96410229
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 132 BEDOK NORTH STREET 2 #03-77
Address complement	-
Postcode	460132
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	Collided into Bicyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	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

REFER TO POLICE REPORT NO : T/20241109/2070

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	BICYCLE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT LEG
Injured person in which vehicle?	BICYCLE
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 :

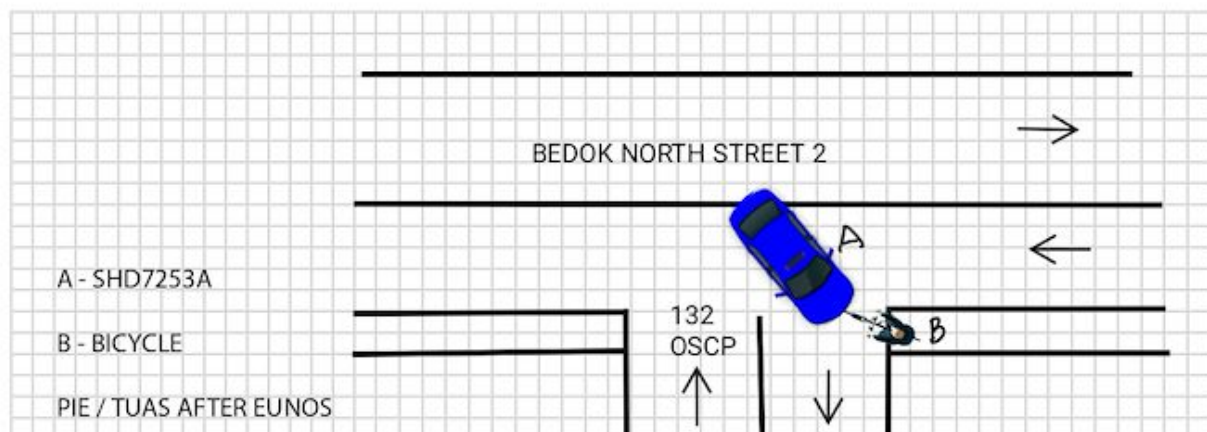
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (ii) investigating the accident and/or my claims.
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - (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 11.11.2024. 0945HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT NO : T/20241109/2070

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 11.11.2024. 0945HRS

Witnessed by Reporting Centre
Personnel

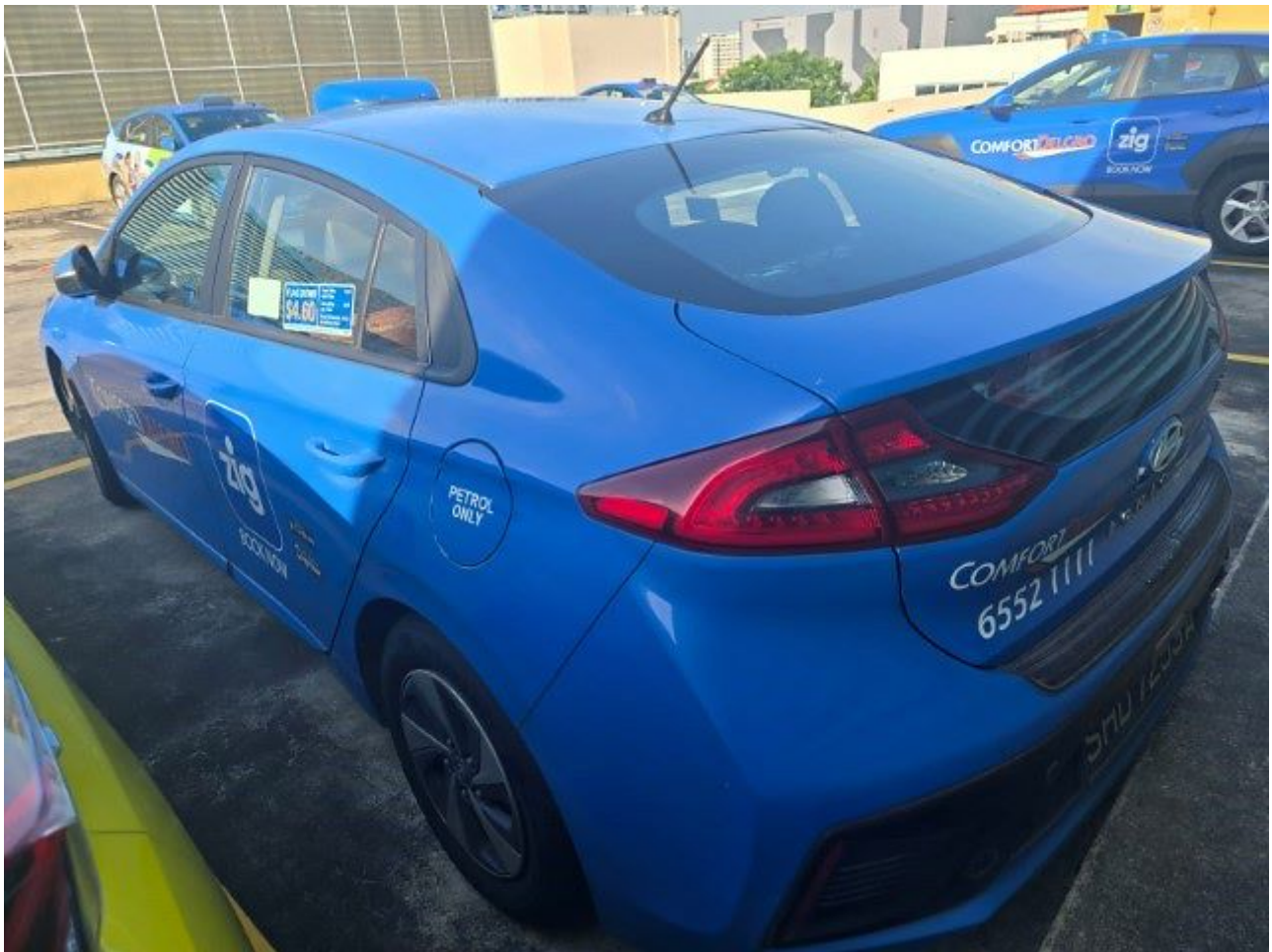


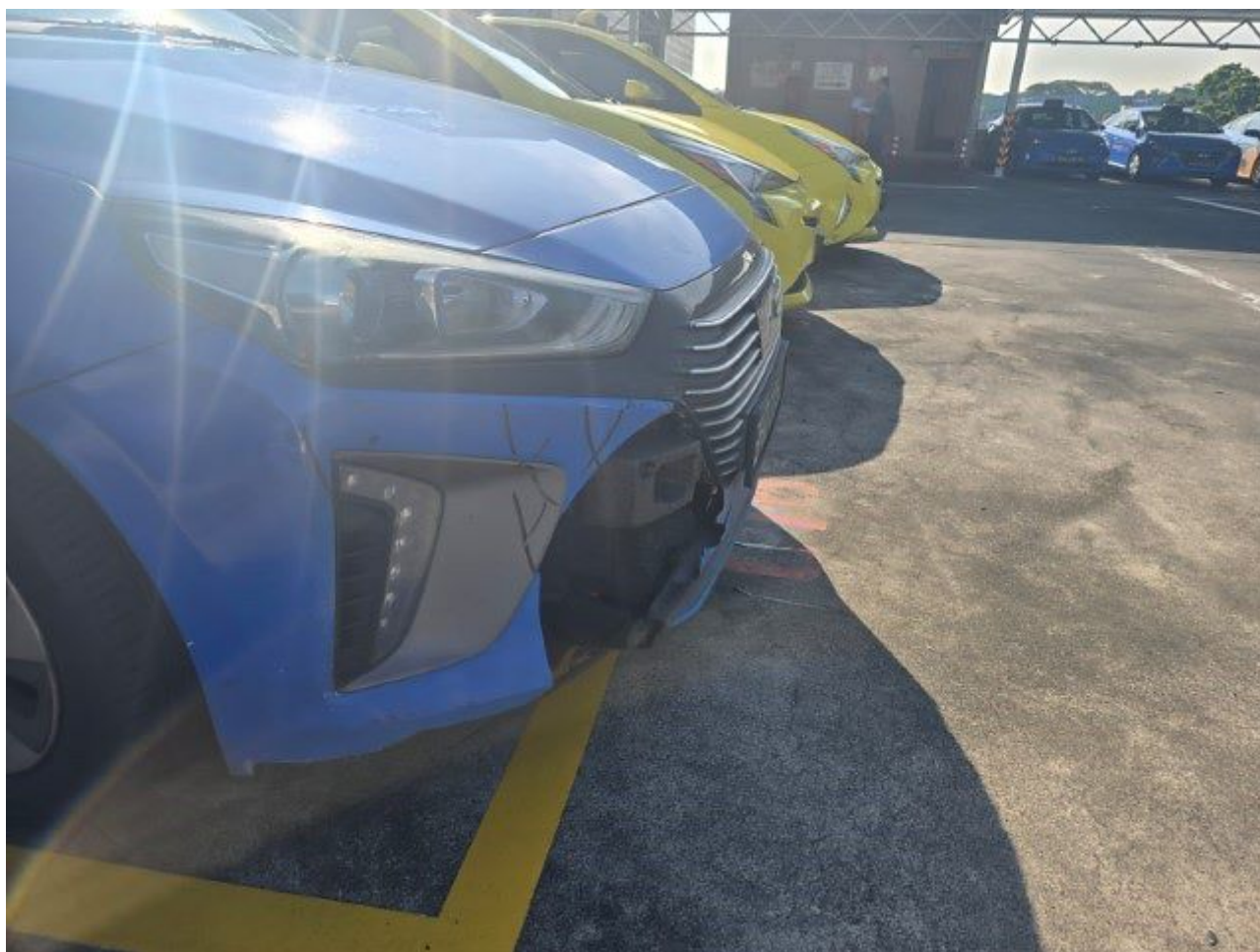















**SINGAPORE
POLICE FORCE**


T/20241109/2070

1 of 3

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

Report No. T/20241109/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2024 16:15	Vide Report No.: G/20241109/0138	Station Diary No.: 58
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Informant's Particulars

Name of Informant: MOHAMED NASIR BIN IBRAHIM	Address: APT BLK 132 BEDOK NORTH STREET 2 #03-77 SINGAPORE 460132
ID Type / ID No.: NRIC NO / S1489024F	Contact No.: Home/Office: Mobile: 96410229
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 63 Date of Birth: 09/06/1961	Type of Informant: Driver
Race: Malay	Language: English
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/11/2024 14:00	Type of Location: Car Park
Location: BEDOK NORTH STREET 2				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHD7253A	Taxi				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241109/2070

2 of 3

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

Report No. T/20241109/2070

CONTINUATION OF REPORT

Driver			
Name	MOHAMED NASIR BIN IBRAHIM	ID No.	S1489024F
Related Vehicle	SHD7253A (Taxi)	Contact No.	96410229
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 09/11/2024 at about 1400hrs, I was driving my taxi SHD7253A along Bedok North Street 2. I made a right turn into the carpark of Blk 132 Bedok North Street 2 when I collided with a cyclist who had come from the opposite direction cycling on the pathway. The cyclist had collided at the front right of my taxi. The cyclist, who is an old lady around the age of 60s fell on the ground. I then alighted from my vehicle to render assistance. Some members of public came forward to render assistance and called for an ambulance. The ambulance came and the cyclist was conveyed to the hospital. I then waited for Traffic Police to arrive. A Traffic Police rider came and attended to me and took one black Micro SD card from my in-car camera.



**SINGAPORE
POLICE FORCE**



T/20241109/2070

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

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Report No. T/20241109/2070

CONTINUATION OF REPORT

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

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:

Date/Time:
09/11/2024 16:15

Classification Of Case: