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.
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	27/11/2024 13:33 (SGT)
Reported by	Actual Driver
Date of Accident	26/11/2024 17:30 (SGT)
Exact Location of Accident	Ubi Rd 3, Singapore
Additional Location Information	LAMP POST 14
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4980D

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) +65-80123713
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580
Vehicle Fuel	Petrol-Electric
First Regisration Date	-
Chassis no	KMHC851CVLU187445
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	TEO YONG SIONG
NRIC No	S0044763C
Date Of Birth	11/12/1949
Occupation	Outdoor
Driving Pass Date	07/05/1968
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	56 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80123713
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	32B LORONG 25 GEYLANG
Address complement	-
Postcode	388304
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JRQ9016
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T/20241127/7005

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	JRQ9016
Vehicle Manufacturer	-
Vehicle Model	-
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)	1

SKETCH PLAN

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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	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	27.11.2024. 1200HRS	

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20241127/7005

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	Witnessed by Reporting Centre Personnel
	27.11.2024. 1200HRS	

IMAGES

IMAGES #2

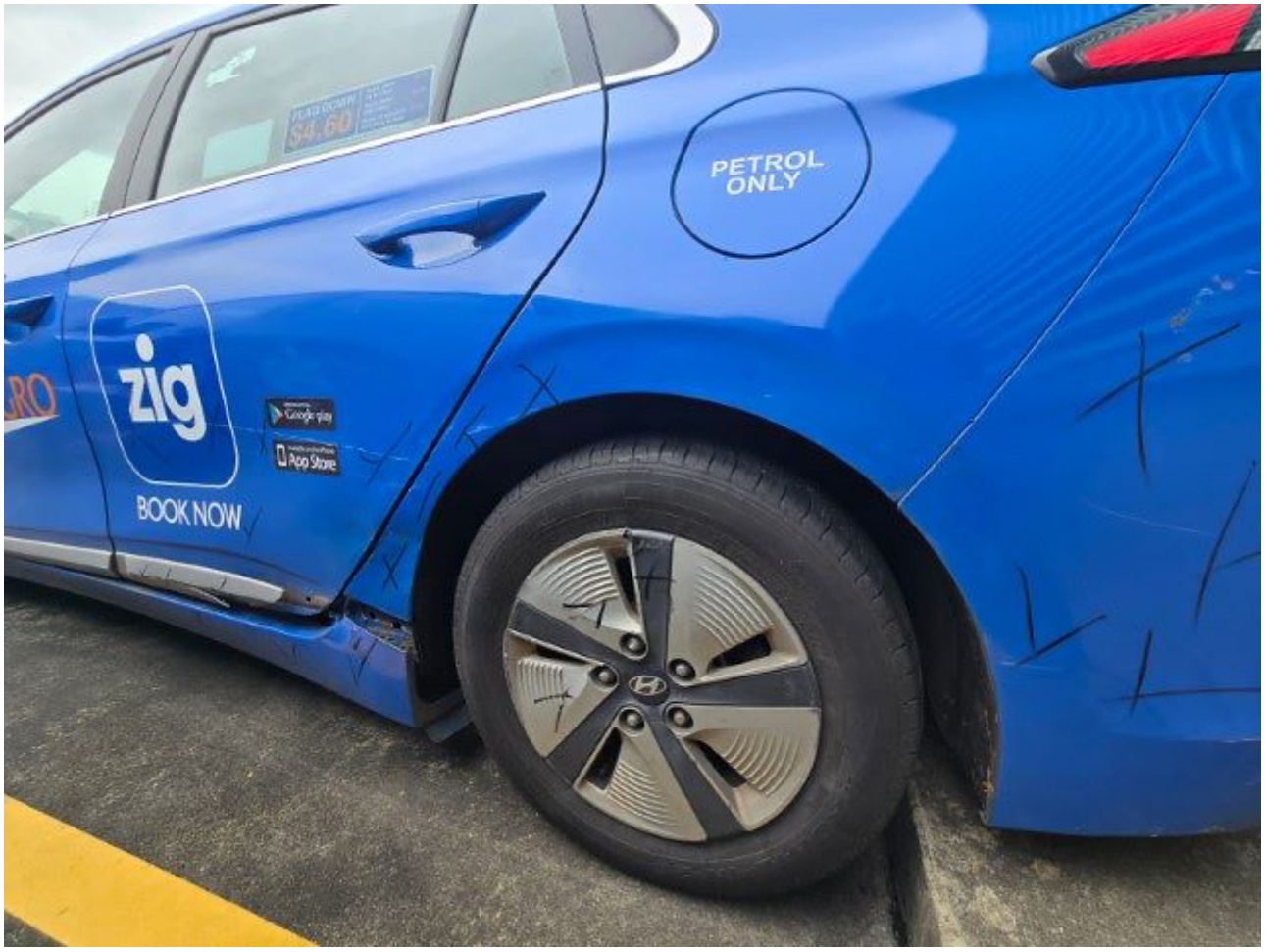
IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7



IMAGES #8


COMFORTDELGRO
zig
BOOK NOW
PETROL ONLY
COMFORTDELGRO
6552

IMAGES #9

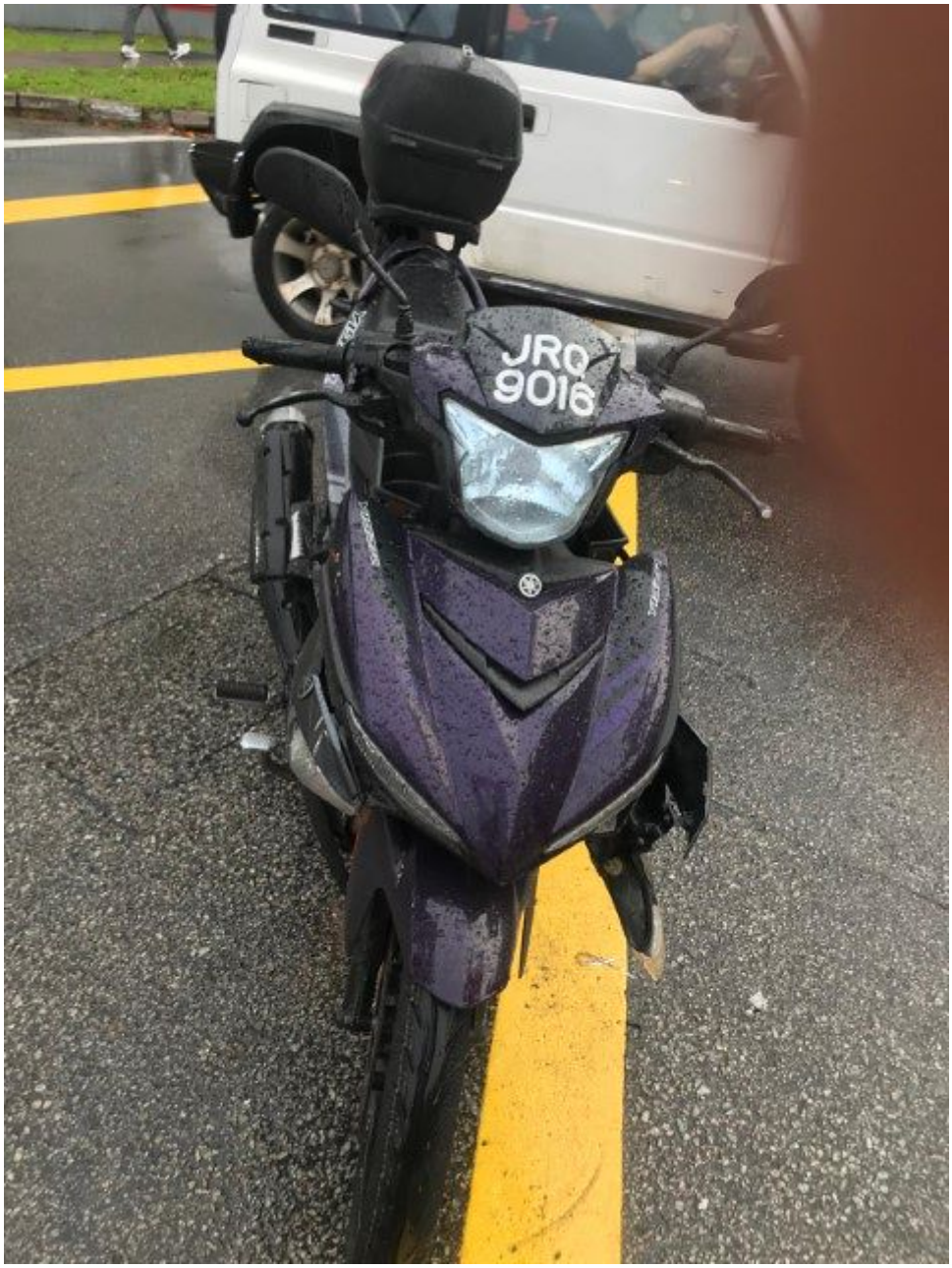

ComfortDelGro
zig
BOOK NOW
PETROL ONLY
ComfortDelGro
6552 1111

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13



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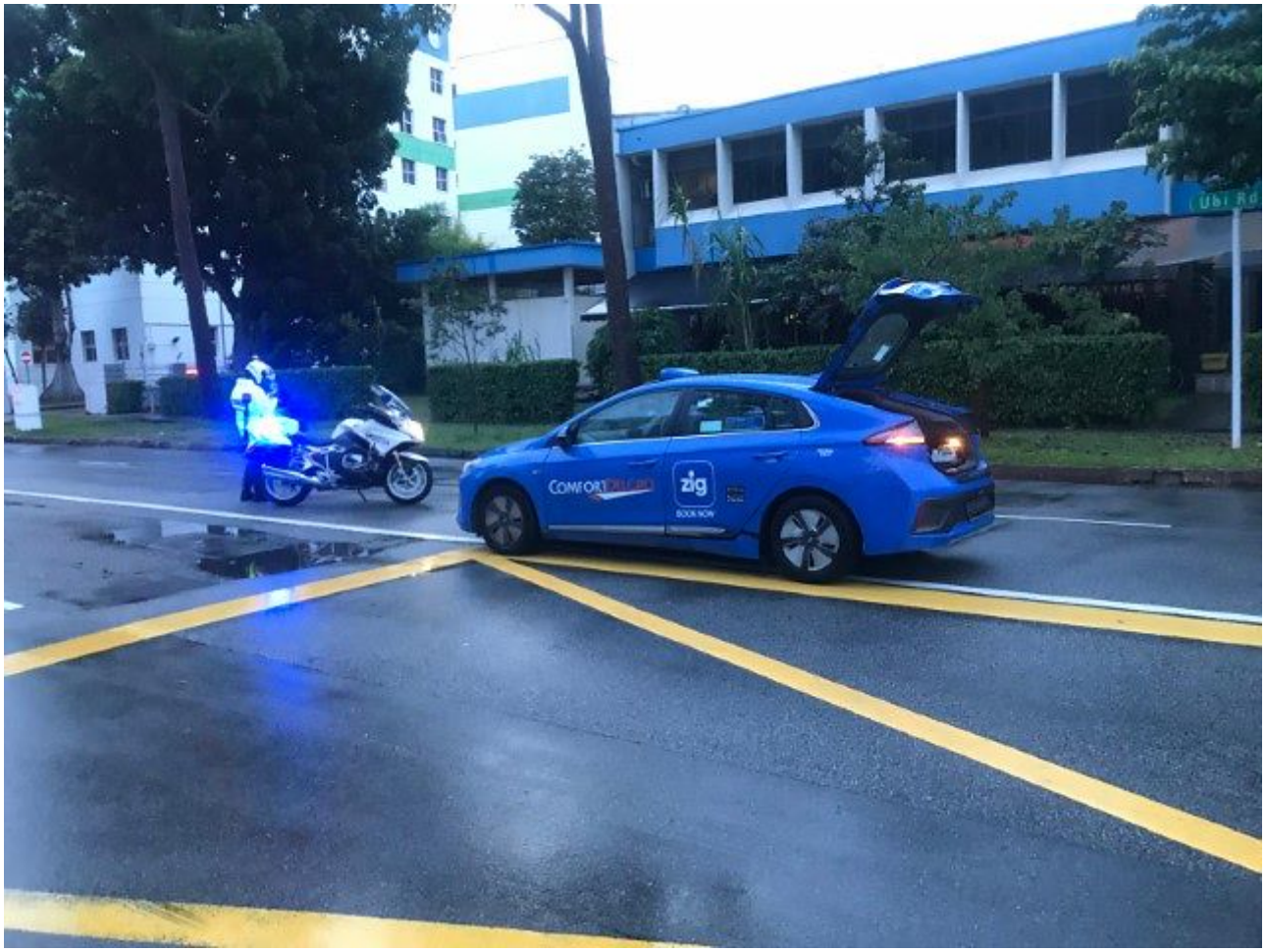
IMAGES #15



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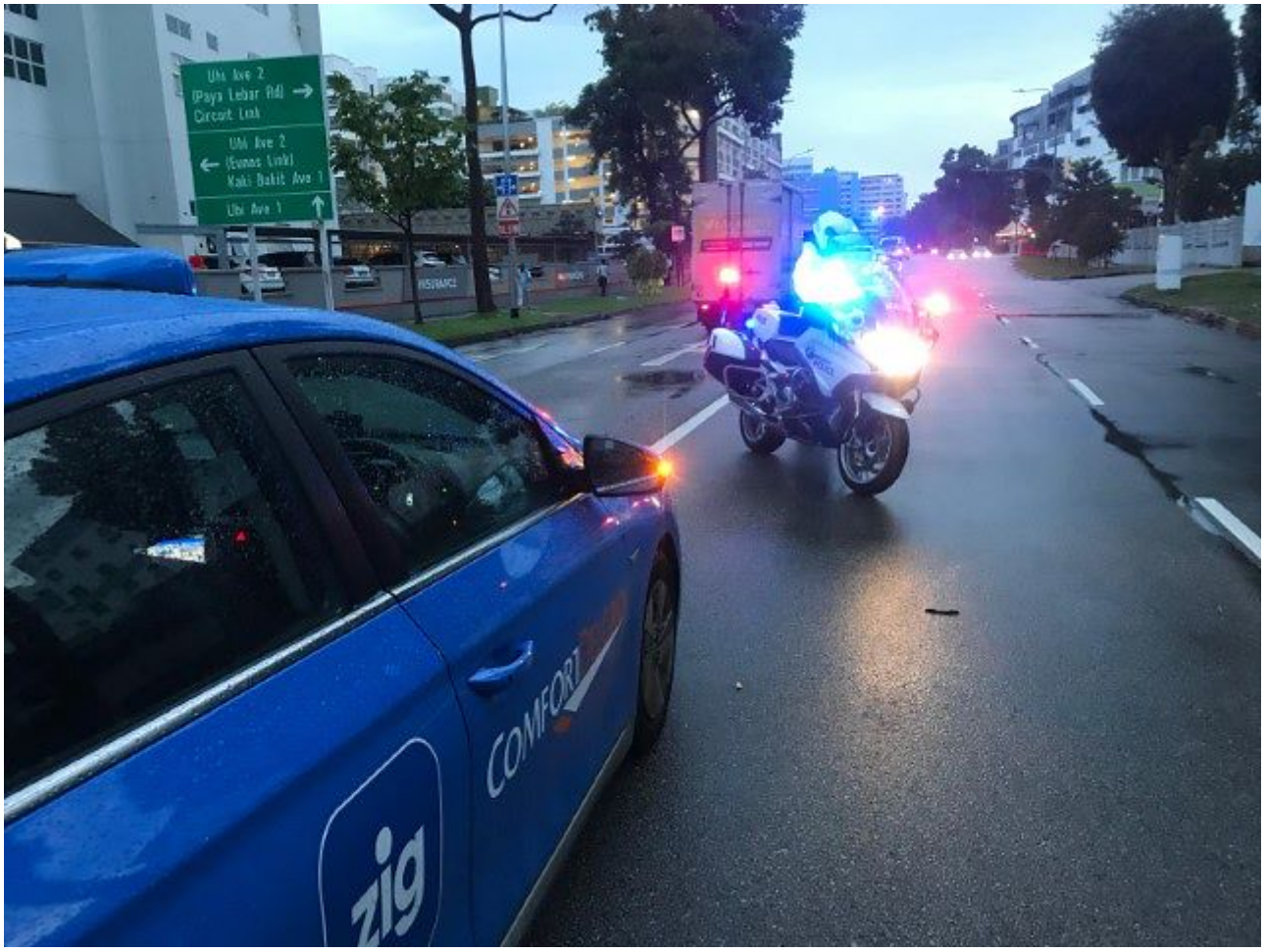
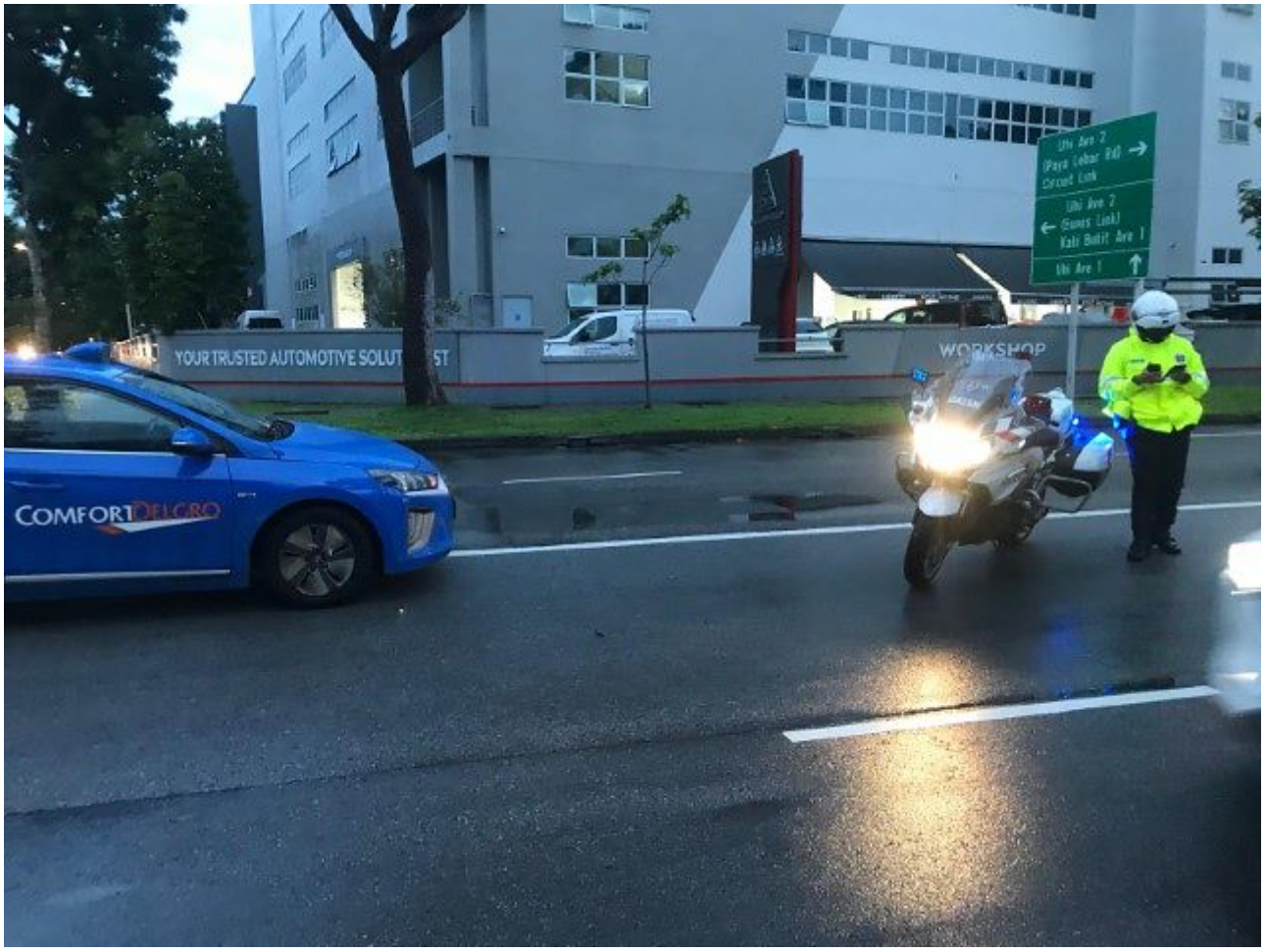

Ubi Ave 2
(Paya Lebar Rd)
Circuit Link
Ubi Ave 2
(Eunos Link)
Kaki Bukit Ave 1
Ubi Ave 1
COMFORT
zig

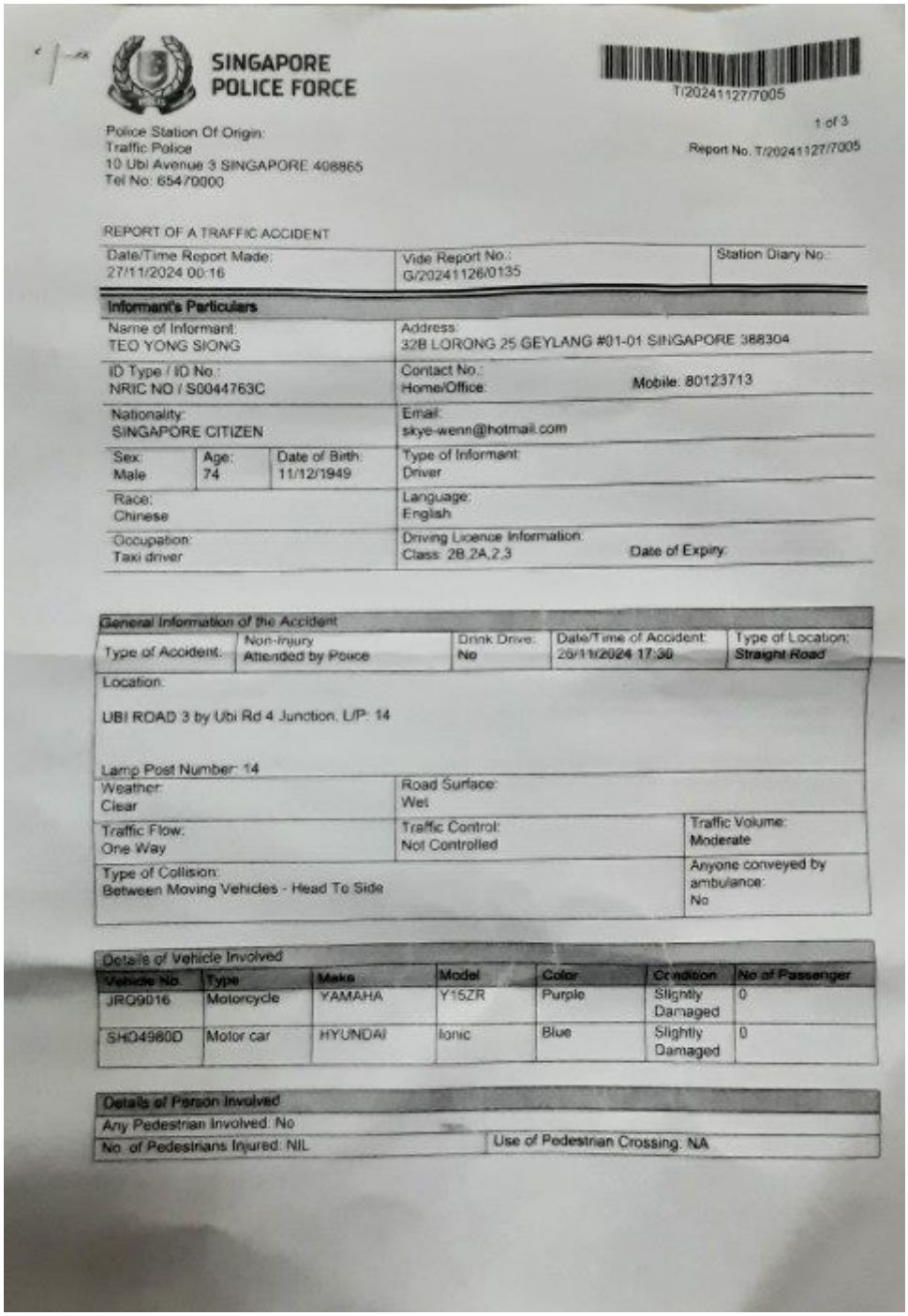
IMAGES #17



IMAGES #18


Ubi Ave 2
(Paya Lebar Rd)
Circuit Link
Ubi Ave 2
(Eunos Link)
Kaki Bukit Ave 1
Ubi Ave 1
WORKSHOP
POLICE
COMFORTDELGRO
zig
BOOK NOW

IMAGES #19



SINGAPORE POLICE FORCE

T/20241127/7005

1 of 3

Report No. T/20241127/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 6547 0000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No:
27/11/2024 00:16	G/20241126/0135	

Informant's Particulars

Name of Informant: TEO YONG SIONG		Address: 32B LORONG 25 GEYLANG #01-01 SINGAPORE 388304
ID Type / ID No.: NRIC NO / S0044763C		Contact No.: Home/Office: Mobile: 80123713
Nationality: SINGAPORE CITIZEN		Email: skye-wenn@hotmail.com
Sex: Male	Age: 74 / Date of Birth: 11/12/1949	Type of Informant: Driver
Race: Chinese		Language: English
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/11/2024 17:30	Type of Location: Straight Road

Location:
UBI ROAD 3 by Ubi Rd 4 Junction, LP: 14

Lamp Post Number: 14

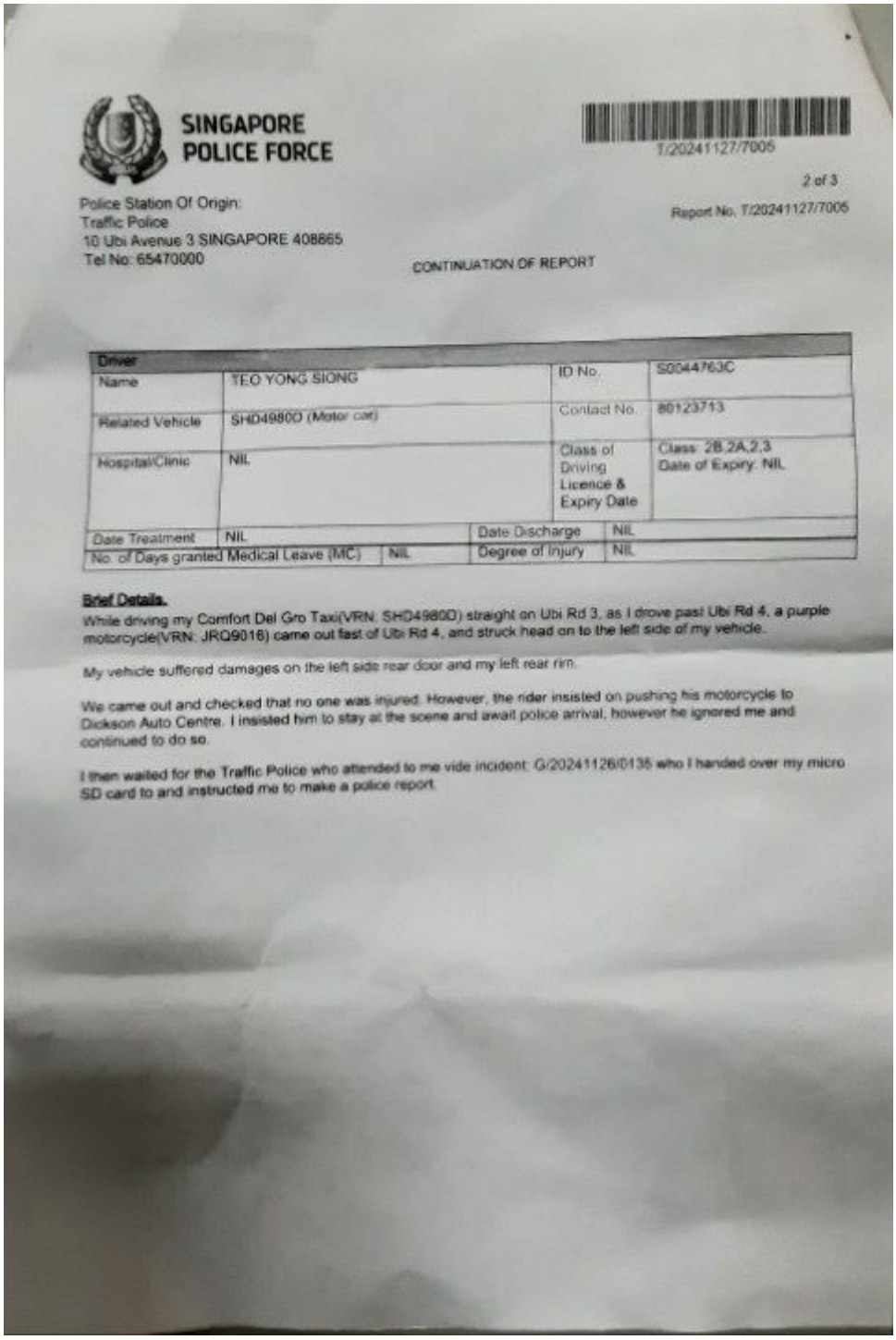
Weather: Clear	Road Surface: Wet	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRQ9016	Motorcycle	YAMAHA	Y15ZR	Purple	Slightly Damaged	0
SHD4960D	Motor car	HYUNDAI	Ionic	Blue	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/20241127/7005

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20241127/7005

CONTINUATION OF REPORT

Driver			
Name	TEO YONG SIONG	ID No.	S0044763C
Related Vehicle	SHD4980D (Motor car)	Contact No.	80123713
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

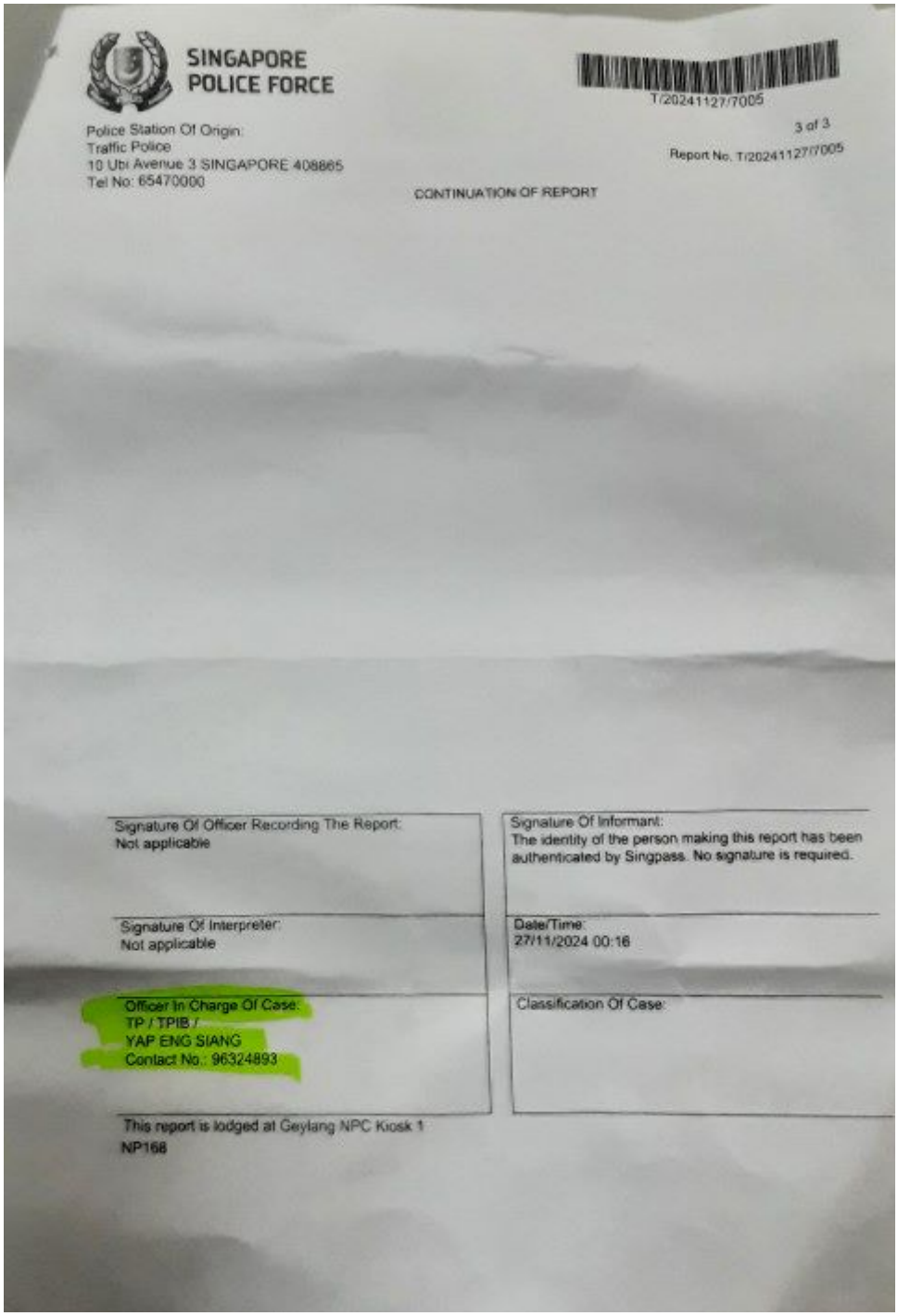
Brief Details.

While driving my Comfort Del Gro Taxi(VRN: SHD4980D) straight on Ubi Rd 3, as I drove past Ubi Rd 4, a purple motorcycle(VRN: JRQ9016) came out fast of Ubi Rd 4, and struck head on to the left side of my vehicle.

My vehicle suffered damages on the left side rear door and my left rear rim.

We came out and checked that no one was injured. However, the rider insisted on pushing his motorcycle to Dickson Auto Centre. I insisted him to stay at the scene and await police arrival, however he ignored me and continued to do so.

I then waited for the Traffic Police who attended to me vide incident: G/20241126/0135 who I handed over my micro SD card to and instructed me to make a police report.



SINGAPORE POLICE FORCE

T/20241127/7005

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20241127/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Signature Of Interpreter:
Not applicable

Date/Time:
27/11/2024 00:16

Officer In Charge Of Case:
TP / TPIB /
YAP ENG SIANG
Contact No.: 96324893

Classification Of Case:

This report is lodged at Geylang NPC Kiosk 1
NP168


PWR
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0 km/h
ECO
565km
754569km
EV