

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	26/06/2024 15:45 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2024 09:45 (SGT)
Exact Location of Accident	MCE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6959C
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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) +65-85886667
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

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	LEE SECK HAN
NRIC No	S6926667C
Date Of Birth	27/07/1969
Occupation	Outdoor

Driving Pass Date	13/10/1989
Driving experience	34 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85886667
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 239 BUKIT BATOK EAST AVENUE 5 #05-169
Address complement	-
Postcode	650239
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	Collided into Motorcyclist
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT:T/20240626/2037

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	FBL8420G
Vehicle Manufacturer	Yamaha
Vehicle Model	SUPER TENERE
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ABDUL FATTAH
NRIC No	S9431819Z
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	ABDUL FATTAH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND INJURY
Injured person in which vehicle?	FBL8420G
Were seat belts worn?	No
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")

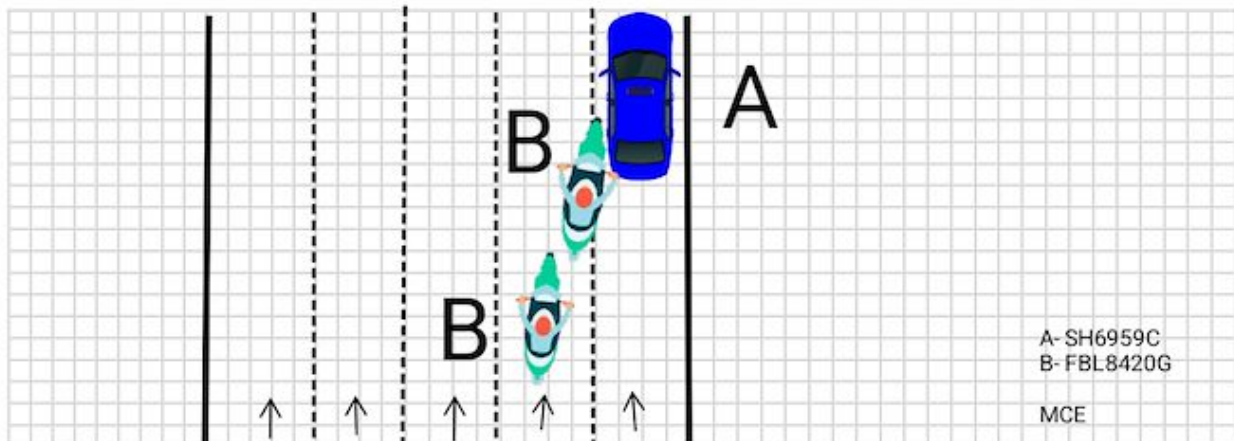
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Driver's Signature (If driver is not the policyholder) / Date & Time
260624 14.45HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE
REPORT :T/20240626/2037

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

260624 14.45HRS



Witnessed by Reporting Centre
Personnel





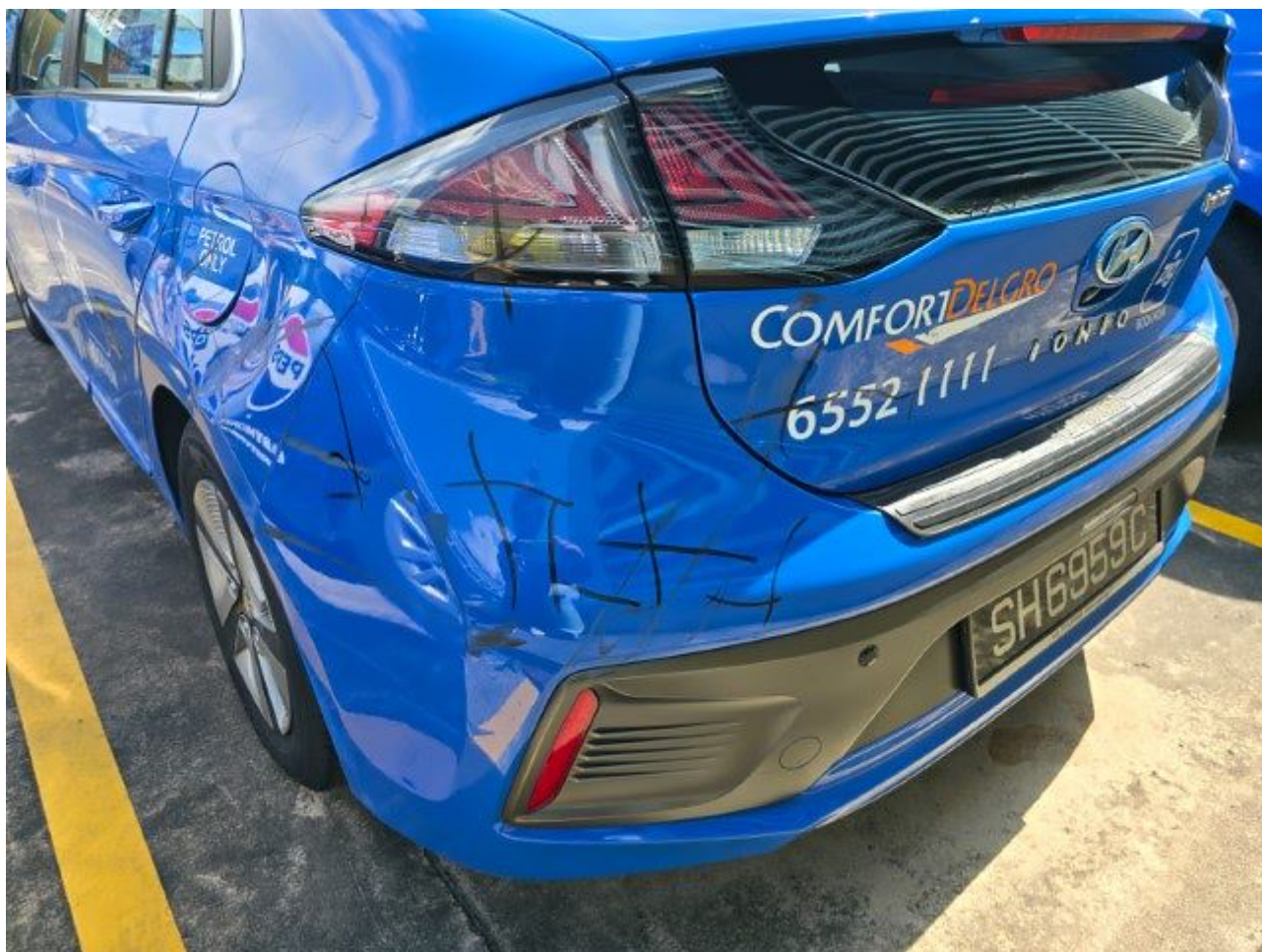














 SINGAPORE POLICE FORCE		 T/20240626/2037				
Police Station Of Origin: Jurong East N.P.C. 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999		1 of 3 Report No: T/20240626/2037				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 26/06/2024 13:03		Vide Report No.: D/20240626/0033	Station Diary No.: 40			
Informant's Particulars						
Name of Informant: LEE SECK HAN		Address: 239 BUKIT BATOK EAST AVENUE 5 #05-169 SINGAPORE 650239				
ID Type / ID No.: NRIC NO / S6926667C		Contact No.: Home/Office:	Mobile: 85886667			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Male	Age: 54	Date of Birth: 27/07/1969	Type of Informant: Driver			
Race: Chinese		Language:				
Occupation: Taxi driver		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: 26/06/2024 09:45			
Type of Location: Straight Road						
Location: MARINA COASTAL EXPRESSWAY						
Weather: Clear		Road Surface: Dry				
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy			
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
FBL8420G	Motorcycle				Slightly Damaged	0
SH6959C	Motor car				Slightly Damaged	1
Details of Person Involved						


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999



T/20240626/2037

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Report No: T/20240626/2037

CONTINUATION OF REPORT

Rider			
Name	ABDUL FATTAH BIN SHAIK AHMAD	ID No.	S9431819Z
Related Vehicle	FBL8420G (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LEE SECK HAN	ID No.	S6926667C
Related Vehicle	SH6959C (Motor car)	Contact No.	85886667
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 26/6/2024 at 9.45am, I driving my Taxi bearing the registration plate number SH6959C and was in the midst of sending a female passenger from Bedok to Pasir Panjang. While driving on lane 1/5 along MCE(AYE) towards Tuas after exiting the tunnel before the exit of Maxwell Shenton Way, suddenly a light color car in front of me jammed brake. I then immediate made an emergency brake to avoid the collision while remaining inside my lane. Before coming to a complete stop, I heard a "bang" sound and felt a light impact from the left rear of my vehicle. After putting my vehicle to a complete stationary position, I then checked with my passenger if she is injured which she mentioned that she is ok. I then got out of my car and spotted a motorcycle lying on the ground and a motorcyclist leaning against the wall at the side of the road with his right forearm bleed. I then approached the motorcyclist to check on him and he informed me to call for ambulance. I then called for ambulance. I did not suffer any injury from the accident. Subsequently the ambulance came to make a check on the motorcyclist and the motorcyclist was subsequently conveyed to hospital. The traffic police who came attend to us, instructed us to exchange particulars before the motorcyclist was conveyed. Traffic police officer also retrieved my SD card and issued me a police acknowledgement slip. I was then advised to lodge a police traffic police before making a report at comfort delgo company.

 SINGAPORE POLICE FORCE		 T/20240626/2037
Police Station Of Origin: Jurong East N.P.C. 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999		3 of 3 Report No: T/20240626/2037
CONTINUATION OF REPORT		
Signature of Officer Recording The D / SGT 2 AMANDA NEO YAN LIN		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 26/06/2024 13:03
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105		Classification Of Case:
NP168		