

# 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 .....	05/07/2024 15:06 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/07/2024 09:00 (SGT)
Exact Location of Accident .....	Jurong West Ave 5, Singapore
Additional Location Information .....	BEFORE JURONG WEST STREET 72
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB6270S
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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) +65-93474013
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 - Reporting only
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1798

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	LIM KIM SENG
NRIC No .....	S0957700I
Date Of Birth .....	14/05/1950
Occupation .....	Outdoor

Driving Pass Date .....	13/12/1969
Driving experience .....	54 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93474013
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 228 BUKIT BATOK CENTRAL #03-25
Address complement .....	-
Postcode .....	650228
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	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/20240704/2090

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	LIM KIM SENG
Gender .....	Male
Phone No .....	(Phone) +65-93474013
Address .....	228 BUKIT BATOK CENTRAL #03-25
Address Complement .....	-
Post Code .....	650228
Approximate Age Years Old .....	74
Injuries Sustained .....	NECK AND BACK PAIN
Injured person in which vehicle? .....	SHB6270S
Were seat belts worn? .....	Yes
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.

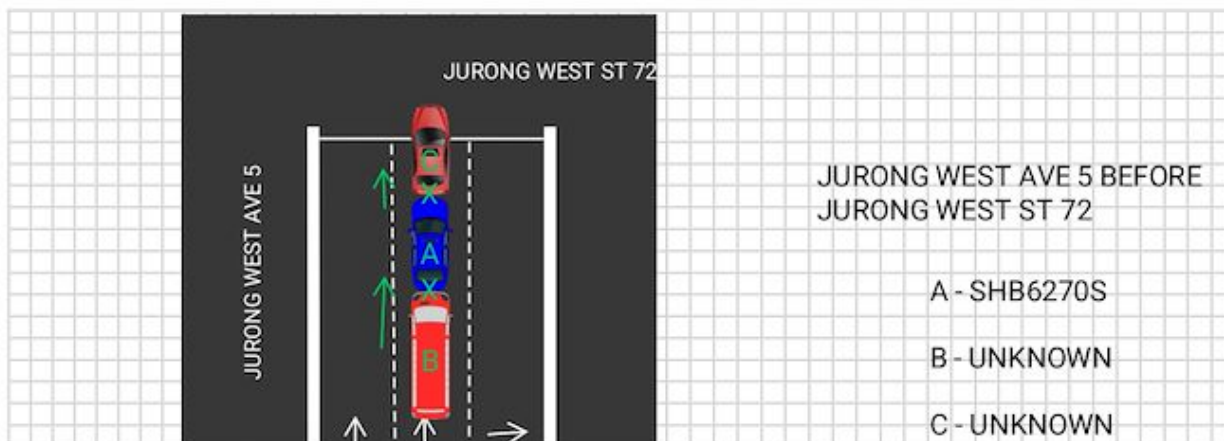
Policyholder's Signature / Date & Time

**Sketch Plan**

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

05/07/2024 1235HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT:T/20240704/2090

Declaration

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

05/07/2024 1235HRS



**SINGAPORE  
POLICE FORCE**



T/20240704/2090

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/20240704/2090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/07/2024 19:53		Vide Report No.:		Station Diary No.: 94
<b>Informant's Particulars</b>				
Name of Informant: LIM KIM SENG		Address: 228 BUKIT BATOK CENTRAL #03-25 SINGAPORE 650228		
ID Type / ID No.: NRIC NO / S09577001		Contact No.: Home/Office: Mobile: 93474013		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 74	Date of Birth: 14/05/1950	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/07/2024 09:00	Type of Location: T-Junction
Location:  JURONG WEST AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB6270S	Motor car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20240704/2090

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

2 of 3  
Report No. T/20240704/2090

**CONTINUATION OF REPORT**

Driver			
Name	LIM KIM SENG	ID No.	S0957700I
Related Vehicle	SHB6270S (Motor car)	Contact No.	93474013
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	04/07/2024	Date Discharge	04/07/2024
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the above mentioned date, time and location, I was driving my Comfort Delgro taxi bearing registration number SHB6270S along Jurong West Ave 5. I came to a complete stop at a red traffic light behind one red coloured car at the junction of Jurong West Ave 5 and Jurong West St 72. While waiting at the traffic light, I felt a huge impact coming from the rear of my vehicle. After the impact, I was in pain and could not move and therefore remained in my vehicle. I managed to catch a glimpse of the vehicle that had struck my taxi and had established it to be a white bus, however I was unable to take note of the registration number. A short while later, I was approached by a member of the public who assisted to contact for assistance. Subsequently I was conveyed to National University Hospital where I was given a total of three days outpatient sick leave.

I wish to state that my vehicle has a working front and rear facing in-car camera.



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



T/20240704/2090

3 of 3

Report No. T/20240704/2090

CONTINUATION OF REPORT

Signature of Officer Recording The  
D/  
SGT 2 PIUS ZAI ZHEN NING

Signature Of Interpreter:  
Not applicable

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

Signature Of Informant:

Date/Time:  
04/07/2024 19:53

Classification Of Case:

NP168