

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	05/08/2024 18:54 (SGT)
Reported by	Actual Driver
Date of Accident	05/08/2024 11:50 (SGT)
Exact Location of Accident	325 Woodlands Street 32, Block 325, Singapore 730325
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH8363S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORTDELGRO RENT A CAR PTE LTD
Company Reg No	1XXXXX775H
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-98314971
Alternative Phone No	(Office) +65-81337662

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NOAH HYBRID 1.8X CVT
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	Private hire
Transmission	Auto
CC	1797
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0003414_05

DRIVER

Name of Driver	NEO WEE TAT (LIANG WEIDA)
NRIC No	SXXXX786J
Date Of Birth	20/11/1977
Occupation	Outdoor
Driving Pass Date	03/01/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98314971
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 101 RIVERVALE WALK 10-40
Address complement	-
Postcode	540101
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 - Major/Minor Rd
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?	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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLAESE REFR TO POLICE REPORT T/20240805/2041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1807E
Vehicle Manufacturer	Mazda
Vehicle Model	MAZDA3 4DR 1.5 AT M-HYBRID CLASSIC MK
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

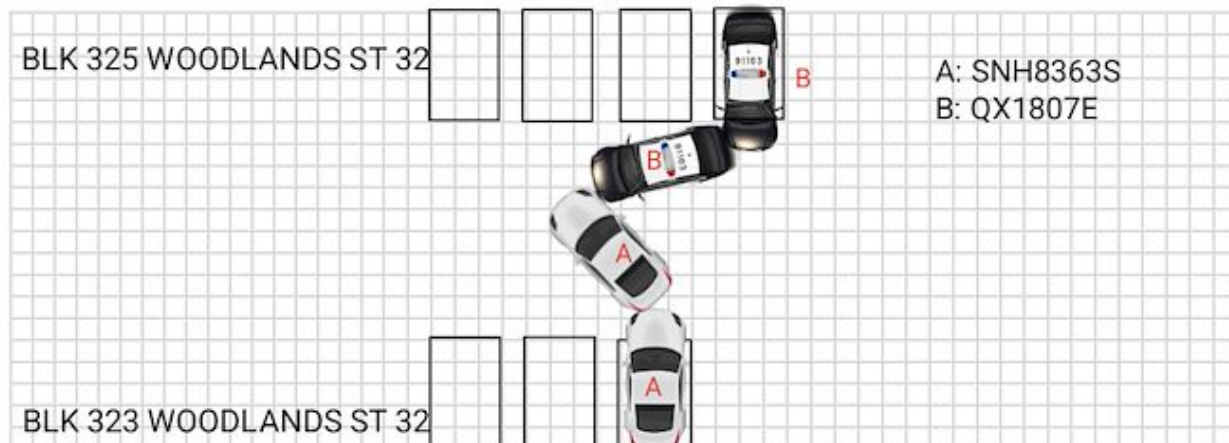
Policyholder's Signature / Date & Time

Sketch Plan

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

05/08/2024
1530hrs

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLAESE REFR TO POLICE REPORT
T/20240805/2041

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

05/08/2024
1530hrs

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**

T/20240805/2041

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3
Report No. T/20240805/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2024 14:14	Vide Report No.: L/20240805/0068	Station Diary No.: 20
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Informant's Particulars

Name of Informant: NEO WEE TAT			Address: APT BLK 101 RIVERVALE WALK #10-40 SINGAPORE 540101		
ID Type / ID No.: NRIC NO / S7734786J			Contact No.: Home/Office: Mobile: 98314971		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 20/11/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 05/08/2024 11:50	Type of Location: Car Park
Location: WOODLANDS STREET 32				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
QX1807E	POLICE CAR					0
SNH8363S	Motor car				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/20240805/2041

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Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20240805/2041

CONTINUATION OF REPORT

Driver			
Name	JOY TAY HUI LIN	ID No.	NIL
Related Vehicle	QX1807E (POLICE CAR)	Contact No.	92248338
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	NIL
Driver			
Name	NEO WEE TAT	ID No.	S7734786J
Related Vehicle	SNH8363S (Motor car)	Contact No.	98314971
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 05/08/2024, at about 11.49am, I was at the OCSP next to Blk 323 Woodlands St 32. My car SNH8363S was parked at lot 369. I received a job order at that point of time as such after checking both ways of the road clear of traffic, I drove out from my lot and made a left turn. While making the turn, suddenly there was an impact on my front right side of my vehicle. I discovered my car was in a collision with a police car QX1807E (front left side got damage). Before I can go out to make a check on my vehicle, the driver of the police car reversed back to its lot which was somewhere opposite the carpark lot where I had parked my vehicle.

We then exchange particulars and also took picture of the car damages. I was informed by the police officer to wait out for traffic police to come down to the scene. I was later on given a case card vide U/20240805/0068 and was advised to lodge a traffic accident report for this case. Purpose to lodge this report is for traffic police investigation purpose and also for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20240805/2041

3 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20240805/2041

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SR STAFF SGT AZMI BIN
MOHAMED HAMZAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI STEPHANIE, CHEUNG TSZ YING
Contact No.: 65476209

Signature Of Informant:

Date/Time:
05/08/2024 14:14

Classification Of Case:

NP168