

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
- 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
- 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 Submission 13/01/2021 14:44 (SGT) Date of Accident 12/01/2021 15:20 (SGT) **Exact Location of Accident** Woodlands Drive 14, Singapore Additional Location Information WOODLANDS DRIVE 14 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH7506U

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD

Company Reg No 1XXXXX821R

Email Address fleetsafety@cdgtaxi.com.sg Mobile Phone No (Phone) +65-65508768 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

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Private hire

No - Claiming third party

Taxi

Axa

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage ThirdPartyFireTheft

Fleet Policy Yes

Policy Number VFX/P2419138

Cover Note Number

DRIVER

Name of Driver LIM TONG GEE NRIC No SXXXX029J Date Of Birth 18/04/1954 Occupation

Outdoor

Date Of Driving Pass

Driving experience Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

SEE ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number

(Phone) +65-91735206

fleetsafety@cdgtaxi.com.sg

43 YEARS AND 4 MONTHS

520 07-301 WOODLANDS DRIVE 14

730520

22/09/1977

No

Male

Hirer

No

Side Swipe

Raining Wet

No

2

Yes No

Yes

No

Yes

Tampines North Neighbourhood Police Post

(Phone) +65-18007818999

(Fax) +65-67838603

Blk 461 Tampines Street 44 #01-56 Singapore 520461

No

Yes

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

GBA7820A

Commercial vehicle

Accident report SC1I211D0006

INJURED PERSONS DETAILS

Yes

No

INJURED 1

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

NECK,BACK

Injured person in which vehicle?

LIM TONG GEE

NECK,BACK

SH7506U

Accident report SC1I211D0006





1 of 3

Report No. T/20210112/2118

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

				Otation Diam No.		
Date/Time	Report Ma	ade:	Vide Report No.:	Station Diary No.:		
12/01/2021 20:07				29		
	- A SUBSTITUTE OF THE SUBSTITU					
Informant	's Particul	ars				
Name of Informant:			Address:			
LIM TONG GEE			APT BLK 520 WOODLANDS DRIVE 14 #07-301 SINGAPORE			
			730520			
ID Type / ID No.:			Contact No.:			
NRIC NO / S0173029J			Home/Office: Mobile: 91735206			
Nationality:			Email:			
SINGAPORE CITIZEN						
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	66	18/04/1954	Driver			
Race:			Language:	Institution / School Name:		
Chinese			English			
Occupation:			Driving Licence Information:			
Taxi driver			Class: 3	Date of Expiry:		

General Infor	mation of the Acc	ident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2021 15:2	Type of Lo T-Junction		
Location:						
WOODLAND	S DRIVE 14					
Weather:		Road Surface:	Road Surface:			
Drizzling		Wet				
Traffic Flow:		Traffic Control:	Traffic Control:			
Two Way		Traffic Light - Wor	Traffic Light - Working			
Type of Collis	sion:	•		Anyone conveye	ed by	
Between Moving Vehicles - Head To Rear				ambulance:	•	
				No		

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA7820A	Lorry	ТОУОТА	DYNA 150 MANUAL	Silver	Slightly Damaged	0
SH7506U	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Blue	Slightly Damaged	0

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





2 of 3

Report No. T/20210112/2118

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

520461 Tel No: 1800-7818999 **CONTINUATION OF REPORT**

Driver						
Name	LIM TONG GEE			ID No	•	S0173029J
Related Vehicle	SH7506U (Car)			Conta	ct No.	91735206
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	12/01/2021 Date Disc			harge	12/01	/2021
No. of Days gran	05	Degree of	Injury	Sligh	t	

Brief Details.

On 12/01/2021 at around 1520 hours I was driving my taxi, SH7506U along Woodlands Avenue 1. I was approaching a T Junction between Woodlands Avenue 1 and Woodlands Drive 14.

Another lorry, GBA7820A was behind my taxi.

when approaching the turn towards Woodlands Drive 14, suddenly the lorry hit the rear of my taxi.

After the accident, both my taxi and the lorry stopped. We alighted and I took photo of the accident. I did not take down particulars of the other driver's particulars.

The damage to my taxi due to the accident are dents and scratches to the right rear bumper and the right rear tail lights were cracked.

I had seen a doctor at Sunshine Family Practice and Surgery located at 445 Tampines Street 42 #01-02 and was given with 5 days MC from 12/01/2021 till 16/01/2021.





3 of 3

Report No. T/20210112/2118

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461 **CONTINUATION OF REPORT**

Tel No: 1800-7818999

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
G/	~ 300
Sgt 3 SOH ZHENG YONG, JONATHAN	
V	, i
	D. L. C.
Signature Of Interpreter:	Date/Time:
Not applicable	12/01/2021 20:07
Officer In Charge Of Case	Classification Of Casa
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT /	
Insp BOON YEN KIAN	- veridante (
Contact No.: 65476172	
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get to the control of	100,000

A-SH-7506-U B-GBA-7820A

woodlands Aue I.

Lim Tong Gee JM2 13/01/2021

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time: 13 01 2021

ate & Time: 13.01.2021 @ 10:30 hrs Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

DECLARATION

COMFORT TRANSPORTATION PTE LTD

CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13.01.2021 @ 10:30 hrs Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: