



## 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 Authorised 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 Submission	15/01/2021 16:43 (SGT)
Date of Accident	08/01/2021 12:00 (SGT)
Exact Location of Accident	Sengkang E Dr, Singapore
Additional Location Information	SENGKANG EAST DR
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3933Y
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	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi

### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

### DRIVER

Name of Driver	LAI CHI KEUNG
NRIC No	SXXXX047Z
Date Of Birth	06/04/1962
Occupation	Outdoor



Date Of Driving Pass	26/07/1991
Driving experience	29 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93809283
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	323B 02-01 HOMSON ROAD
Address complement	-
Postcode	307668
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

#### 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 material 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

#### 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

see attach

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6469H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	moderate
Details of property damaged in accident	frt left
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LAI CHI KEUNG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, CHEST PAIN
Injured person in which vehicle?	SHD3933Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



# SINGAPORE POLICE FORCE



T/20210114/7038

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

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Report No. T/20210114/7038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/01/2021 18:39	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: LAI CHI KEUNG		Address: 323B THOMSON ROAD #02-01 SINGAPORE 307668	
ID Type / ID No.: NRIC NO / S2595047Z		Contact No.: Home/Office:                      Mobile: 93809283	
Nationality: SINGAPORE CITIZEN		Email: wilson.lai.ck@gmail.com	
Sex: Male	Age: 58	Date of Birth: 06/04/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/01/2021 12:00	Type of Location: T-Junction
Location:  SENGKANG EAST DRIVE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3933Y	Car	TOYOTA	PURIS	Blue	Seriously Damaged	0
SMA6469H	Car			White	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210114/7038

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

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Report No. T/20210114/7038

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LAI CHI KEUNG	ID No.	S2595047Z
Related Vehicle	SHD3933Y (Car)	Contact No.	93809283
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	08/01/2021	Date	14/01/2021
No. of Days granted Medical Leave	21	Degree of	Serious

Brief Details.

On 8/1/2021 at about 1200 Hrs i SHD3933Y was traveling along Sengkang East Dr towards PUNGGOL East with no passenger onboard. When i was driving near to the Junction of Sengkang East Dr and Sengkang East Ave, the light is on my favorite so i continue drive straight. Suddenly a car SMA6469H from the opposite direction fail to give way to the oncoming vehicle and recklessly make a right turn and we collided together. After the accident the driver SMA6469H call for Ambulance and Police and i was convey to Changi General Hospital and discharged on 14/1/2021 and was given 21 days MC from 8/1/2021 to 28/1/2021.



**SINGAPORE  
POLICE FORCE**



T/20210114/7038

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

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Report No. T/20210114/7038

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
QHAIRIL BIN ZULKEFLEE  
Contact No.: 65476187

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
14/01/2021 18:39

Classification Of Case:

## SKETCH PLAN

### IMPORTANT NOTICE

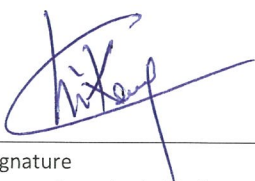
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (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.

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

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15.01.2021  
@ 12:30 hrs

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

[illegible]

Along Sengkang East Drive

[illegible]

I/We declare the foregoing particulars are true in every respect.

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