

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	18/01/2021 15:49 (SGT)
Date of Accident	16/01/2021 19:20 (SGT)
Exact Location of Accident	Tampines Central 5, Singapore
Additional Location Information	TAMPINES CENTRAL 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9931L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	199303821R
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Mobile Phone No	(Phone) +65-65508768
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	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

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	KOH EIK SENG
NRIC No	S1473262D
Date Of Birth	17/03/1961
Occupation	Outdoor

Date Of Driving Pass	14/08/1978
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97952706
Alt. Phone Number	-
Email Address	FLEETSAFETY@CDGETAXI.COM.SG
Address	BLK 291D COMPASSVALE STREET
Address complement	#10-266
Postcode	544291
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	-
Gender	Male

PASSENGER 2

Name	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210118/2059

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	SLH8303P
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM HENG LEONG
Contact Number	(Phone) +65-82820130
Address	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SLIGHT
Details of property damaged in accident	RH FRONT
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH EIK SENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER AND WAIST
Injured person in which vehicle?	SH9931L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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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.
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)
 - (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, investigation, 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:

Reporting Centre Personnel's Signature
Name: Loke Wei Yeng
NRIC/Fin No.:

As per attached

As per attached police report.

T/20210118/2039

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:

Reporting Centre Personnel's Signature
Name: Loke Wei Yieng
NRIC/Fin No.:



**SINGAPORE
POLICE FORCE**



T/20210118/2059

1 of 3

Report No. T/20210118/2059

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2021 12:53	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: KOH EIK SENG			Address: APT BLK 291D COMPASSVALE STREET #10-266 SINGAPORE 544291		
ID Type / ID No.: NRIC NO / S1473262D			Contact No.: Home/Office: Mobile: 97952706		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 17/03/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3		
			Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2021 19:20	Type of Location: Straight Road
Location: TAMPINES CENTRAL 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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	Condition	No of Passenger
SH9931L	TAXI	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	2
SLH8303P	Car	HONDA	VEZEL 1.5X W SENSING	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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Tel No: 1800-7819999



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Report No. T/20210118/20

CONTINUATION OF REPORT

Driver				
Name	KOH EIK SENG		ID No.	S1473262D
Related Vehicle	SH9931L (TAXI)		Contact No.	97952706
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/01/2021		Date Discharge	18/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	LIM HENG LEONG		ID No.	S7802622G
Related Vehicle	SLH8303P (Car)		Contact No.	82820130
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 16/01/2021 at about 1920hrs, I picked up a passenger from the taxi stand of Tampines Mall. Thereafter, I drove towards the exit of the taxi stand. I then exited into Tampines Central 5. As I was driving down the road on the middle lane, suddenly a vehicle (SLH8303P) from the left lane turned into my lane and collided with my vehicle. Upon the collision, both the other driver and I drove in front a bit more to avoid hogging the traffic as there was a lot of vehicle. We then alighted our vehicles and exchanged our particulars.

Traffic Police was around however there was no paramedics as there was no immediate medical attention required. There was no government property damaged. There was no one else involved in the accident. My vehicle has an in car camera that was able to record the incident.

My vehicle had passengers and they informed that they were not injured.



**SINGAPORE
POLICE FORCE**

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20210118/2059

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Report No. T/20210118/2059

CONTINUATION OF REPORT**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:

G /

Sgt 3 KHAIRUL HAZWAN BIN AZMI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

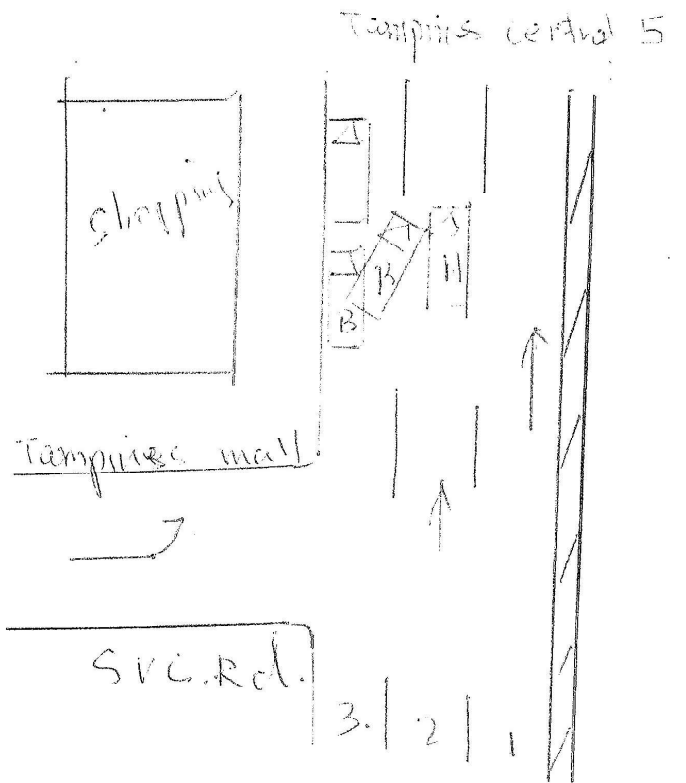
NP168

Signature Of Informant:

Date/Time:

18/01/2021 12:53

Classification Of Case:



A - SH99
A - SH9931 L
B - SLH8303P

















