

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 Authorized 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	04/02/2021 11:22 (SGT)
Date of Accident	03/02/2021 16:20 (SGT)
Exact Location of Accident	Tampines Ave 2, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7204S
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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) +65-90700183
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	YAP PAU FA
NRIC No	SXXXX070I
Date Of Birth	30/09/1956
Occupation	Outdoor

Date Of Driving Pass	18/03/1982
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90700183
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 468 TAMPINES STREET 44 #04-176
Address complement	-
Postcode	520468
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	Collided into Motorcyclist
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?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 3/2/2021 AT ABOUT 1620HRS, I WAS DRIVING MY VEHICLE A (SHD7204S) ALONG TAMPINES AVENUE 2 TOWARDS TAMPINES AVENUE 9. I WAS AT MIDDLE LANE (2ND) AND WAITING FOR TRAFFIC SIGNAL TO TURN GREEN. AS I WAS AT CONTROLLED JUNCTION, MY VEHICLE WAS AT STATIONARY POSITION AT THAT POINT OF TIME. SUDDENLY VEHICLE B (MOTORCYCLE) FBQ3773U HIT ONTO MY LEFT SIDE OF MY VEHICLE AS VEHICLE B TRIED TO SQUEEZE BETWEEN VEHICLES. MY VEHICLE LEFT SIDE MIRROR AND FRONT BUMPER DAMAGED. TP INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE. EXCHANGED CONTACT NUMBERS ONLY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ3773U
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	GAN HOCK SOON
Contact Number	(Phone) +65-83103352
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GAN HOCK SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	FBQ3773U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 the 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/real 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.

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

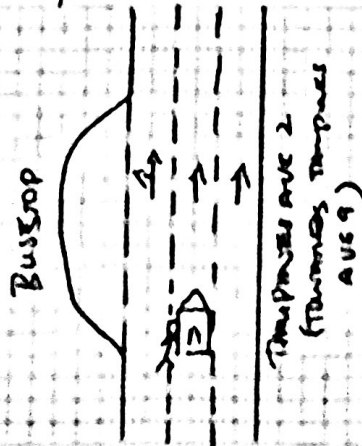
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by (Signing Centre Personnel)

Buang



A S11072045
B F00 37734

Describe Circumstances of the Accident

ON 3/2/21 AT ABOUT 1600HRS, I WAS DRIVING MY VEHICLE A (SIDP 77015) ALONG THOMPINES AVE 2 TOWARD THOMPINES AVE 9. I WAS AT MIDDLE LANE (2ND) AND WAITING FOR TRAFFIC SIGNAL TO TURN GREEN. AS I WAS AT CONTROLLED JUNCTION. MY VEHICLE WAS AT STATIONARY POSITION AT THAT POINT OF TIME. SUDDENLY VEHICLE B (MOTORCYCLE) FBQ 37734 HIT ONTO MY LEFT SIDE OF MY VEHICLE AS VEHICLE B TRIED TO SQUEEZE BETWEEN VEHICLES. MY VEHICLE LEFT SIDE, MIRROR AND FRONT BUMPER DAMAGED. TP INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE. EXCHANGE CONTACT NO ONLY.

Declaration

We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 100003021R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

3/2/21 / 1840 HRS

Pravus



SINGAPORE POLICE FORCE



T/20210203/2141

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20210203/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2021 19:20	Vide Report No.: G/20210203/0134	Station Diary No.: 19
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Informant's Particulars

Name of Informant: YAP PAU FA		Address: APT BLK 468 TAMPINES STREET 44 #04-176 SINGAPORE 520468	
ID Type / ID No.: NRIC NO / S25060701		Contact No.: Home/Office: Mobile: 90700183	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 30/09/1956	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2021 16:20	Type of Location: Straight Road
Location: TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving vehicle(motorycle) against stationary vehicle(car)				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ3773U	Motorcycle				Seriously Damaged	0
SHD7204S	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210203/2141

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Report No. T/20210203/2141

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Rider				
Name	GAN HOCK SOON		ID No.	NIL
Related Vehicle	FBQ3773U (Motorcycle)		Contact No.	83103352
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	Slight
Driver				
Name	YAP PAU FA		ID No.	S2506070I
Related Vehicle	SHD7204S (Car)		Contact No.	90700183
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 03/02/2021, at about 1620hrs, I was driving my taxi(SHD7204S) along Tampines Ave 2, heading towards Tampines Ave 9 via TPE to send my passenger to Hougang. My taxi was stationary on Tampines Ave 2 lane 2 while waiting for the traffic light to turn green. Suddenly a motorcycle was riding fast beside my taxi and collided against the left side of my taxi, causing the rider to fall on the ground on the front left of my vehicle.

The van driver behind my taxi called for the ambulance and traffic police, whom came shortly after. I wish to state that the van driver witnessed the entire incident and was willing to be my witness. He provided me with his details(Mr Tay, Hp No:88238934). The rider was observed to be injured however, I do not know what injury the rider suffered. I wish to state that my passenger and I were not injured from this incident.

My taxi sustained a broken left side mirror, scratches on the left side and a broken front bumper. The motorcycle seemed to only have a broken side mirror.

The traffic police took my dash cam SD card as evidence. I am lodging this report under the instruction of TP Farhan who attended to us at scene.



**SINGAPORE
POLICE FORCE**



T/20210203/2141

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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Report No. T/20210203/2141

CONTINUATION OF REPORT

Sketch Plan

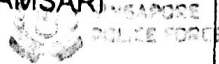
Informant is not able to provide sketch plan

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 2 HO QI ZHI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt FARHAN SARMI BIN KAMSARI
Contact No.: 97428559



Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
03/02/2021 19:20

Classification Of Case: