

0007 / COMFORTDELGRO ENGINEERING PTE LTD [508969]  
DATE & TIME: 20/02/2021 12:13 (SGT)  
REPORTED BY: Janet Lim Siang Gek  
DATE: 1 (20/02/2021 12:13 (SGT))

## 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	20/02/2021 12:13 (SGT)
Date of Accident	19/02/2021 16:30 (SGT)
Exact Location of Accident	Anchorvale Link, Singapore
Additional Location Information	ANCHORVALE LINK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2227U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYCAB PTE LTD
Company Reg No	1XXXXXXX1R
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/P2419140
Cover Note Number	-

#### DRIVER

Name of Driver	LOW BOON TECK
NRIC No	SXXXX541J
Date Of Birth	19/04/1956
Occupation	Outdoor

SHOT ON MI A2

Driving Pass  
experience  
er  
le Number  
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

16/12/1977  
43 YEARS AND 2 MONTHS  
Male  
(Phone) +65-93290601  
-  
FLEETSAFETY@CDGETAXI.COM.SG  
BLK 124 ANG MO KIO AVENUE 6  
#05-4056  
560124  
No  
Other  
No  
-  
-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Side Swipe  
Clear  
Dry

#### 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?

No  
2  
Yes  
No  
Yes  
2  
No

#### PASSENGER 1

Name  
Gender

-  
Female

#### 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?

Yes  
Sengkang Neighbourhood Police Centre  
(Phone) +65-18003438999  
(Fax) +65-63438939  
2 Sengkang Square #01-02  
No  
-

#### CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210219/2104

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Was there any audio recorded?

Yes  
No  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Manufacturer  
Vehicle Model  
Vehicle Variant

FBR4056U  
-  
-  
-

Colour	-
Category	Motorcycle
of Driver	-
act Number	-
dress	-
Address complement	-
Postcode	-
Insurance Company Name	NTUC
Nature Of Damage	SLIGHT
Details of property damaged in accident	RH FRONT
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	UNKNOWN(RIDER)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ARM AND SHOULDER
Injured person in which vehicle?	FBR4056U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes



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6. The 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 to 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.
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 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.

CITYCAP PTE LTD  
CO. REG. NO. 150220199

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No:

PLAN #2

SKETCH PLAN

A SHB 2274

B FBR 40564

To  
car  
park

To car park

8A

↑ ↓

Anchorvale Link.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report: 7/2021 0219/2104

DECLARATION

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

CITYCAR PTE LTD  
CO. REG. NO. 150502039G

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/Fin No:

20/2/2024  
Hong Leong Tan



# SINGAPORE POLICE FORCE



T/20210219/2104

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210219/2104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
19/02/2021 18:44

Vide Report No.:  
F/20210219/0128

Station Diary No.:  
103

## Informant's Particulars

Name of Informant: LOW BOON TECK			Address: 124 ANG MO KIO AVENUE 6 #05-4059 SINGAPORE 560124		
ID Type / ID No.: NRIC NO / S1153541J			Contact No.: Home/Office: Mobile: 93290601		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 19/04/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/02/2021 16:30	Type of Location: T-Junction
Location: ANCHORVALE LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR4056U	Motorcycle			Black	Slightly Damaged	0
SHB2227U	Car			Yellow	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/20210219/2104

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No T/20210219/2104

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBR4056U (Motorcycle)		Contact No. NIL
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
<b>Driver</b>			
Name	LOW BOON TECK		ID No. S1153541J
Related Vehicle	SHB2227U (Car)		Contact No. 93290601
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Passenger</b>			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	SHB2227U (Car)		Contact No. NIL
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 the 19/02/2021, at around 1630hrs, I was travelling along Anchorvale Link near Block 304B. It was a single lane and I and travelling straight. I noticed a motorbike travelling behind my vehicle (SHB2227U). Suddenly I felt an impact coming from my left side and I stopped immediately to make a check. I found the rider of the motorbike (FBR4056U) and the motorbike lying on the floor. I called for Ambulance and he was conveyed. I got to know from the motorcycle that he wanted to turn right but he misjudged the distance and collided into my vehicle.

Traffic police was activated and my sim card was seized for investigation purpose. No one else was injured. No government property, pedestrian, cyclist or foreign vehicle was involved in the accident. the left side of the car body was scratched and the left front passenger window was damaged as well.



**SINGAPORE  
POLICE FORCE**



T/20210219/2104

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Report No. T/20210219/2104

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

I was advised to lodge for police report.



**SINGAPORE  
POLICE FORCE**

T/20210219/2104

4 of 4

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20210219/2104

**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:

F /

Sgt 2 PHUA WEN XUE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NG BEIFENG

Contact No.: 65476845

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

19/02/2021 18:44

Classification Of Case: