

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	04/03/2021 14:34 (SGT)
Date of Accident	04/03/2021 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP OF OF TOA PAYOH TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3526P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXXX21R
Email Address	fleetsafety@cdgtaxi.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	SEE MENG IMM
NRIC No	SXXXX548J
Date Of Birth	18/01/1962
Occupation	Outdoor

Date Of Driving Pass	25/10/1983
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98198848
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 299C COMPASSVALE STREET
Address complement	#10-116
Postcode	543299
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	Collision - Head to Rear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED

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	SJW1629R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG

Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEE MENG IMM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	59
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SHD3526P
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: 4/3 @ 1320

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

SKETCH PLAN

A) SHD 3526P
B) SSW 1629R



Slip Rd of Teo Payoh towards
PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4/3/21 @ 12:10 hrs. I was stationary at slip Rd of Teo Payoh towards PIE, waiting for traffic to clear on my right. Suddenly, I felt an impact from the rear. I came out to inspect and realised a vehicle SSW 1629R had collided onto my taxi rear portion. No passenger onboard at that time.
I felt slight pain on my back and will consult a doctor later.

DECLARATION

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

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

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 4/3 @ 1320

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

Our Family Physician Clinic & Surgery
829 Tampines St 81 #01 - 292, Singapore 520829
Phone: 6785 0147

MEDICAL CERTIFICATE

MC No: OD-TP0000079577

NAME: SEE MENG IMM

NRIC: S1538548J

This is to certify that the above patient name is Unfit for Duty for a period of **5 day**
from **04-03-2021** to **08-03-2021** inclusive.

Note: This certificate is not valid for absence from court or other judicial
proceedings.

In accordance with the Infectious Diseases Act (Chapter 137) under Regulation
2020, patients diagnosed with acute respiratory infection must not leave their place
of accommodation within the duration of this medical certificate other than to seek
medical attention.

Timothy Tan
M.D. (UKM), DWD (CAW),
Practical cert in Andrology (S'pore)



Signature

04/03/2021

Date

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1I2134000A Vehicle Registration No: SHD3526P
Name(as shown in NRIC) : SEE MENG IMM NRIC/FIN/Passport No : SXXXX548J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 299C COMPASSVALE STREET #10-116 Singapore 543299
Contact (Tel) : Mobile No. :
Email Address :
Date of Accident : 04/03/2021 Time of Accident : 12:10
Place of Accident : SLIP OF OF TOA PAYOH TWDS PIE
Insurance Company : AXA Insurance Singapore Pte Ltd


(B) ADDITIONAL INFORMATION AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Upload Police Report : T/20210304/7014

Felt pain on neck and lower back, on 5 days mc.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: xiaoyan
NRIC/FIN No.:
Date: 10.03.2021

Date Of Driving Pass	25/10/1983
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98198848
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 299C COMPASSVALE STREET
Address complement	#10-116
Postcode	543299
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	Collision - Head to Rear
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)	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

DOES REFER TO ATTACHED
POLICE REPORT : T/20210304/7014

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	SJW1629R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG
Nature Of Damage	SLIGHT
Details of property damaged in accident	FRT
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SEE MENG IMM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	59
Injuries Sustained	FELT PAIN ON NECK AND LOWER BACK, ON 5 DAYS MC.
Injured person in which vehicle?	SHD3526P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SINGAPORE POLICE FORCE



T/20210304/7014

1 of 3

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

RECEIVED
09 MAR 2021

Report No. T/20210304/7014

BY:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2021 14:28	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SEE MENG IMM			Address: 299C COMPASSVALE STREET #10-116 SINGAPORE 543299		
ID Type / ID No.: NRIC NO / S1538548J			Contact No.: Home/Office: Mobile: 98198848		
Nationality: SINGAPORE CITIZEN			Email: sylvester_07@hotmail.com		
Sex: Male	Age: 59	Date of Birth: 18/01/1962	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 Others	Drink Drive: No	Date/Time of Accident: 04/03/2021 12:10	Type of Location: Bend
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3526P	Car					0
SJW1629R	Car					1

Details of Person Involved

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



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

3 of 3

Report No. T/20210304/7014

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 / TPIB /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

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

Date/Time:
04/03/2021 14:28

Classification Of Case: