

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	22/02/2021 12:01 (SGT)
Date of Accident	22/02/2021 06:51 (SGT)
Exact Location of Accident	Compassvale Cres, Singapore
Additional Location Information	TOWARDS COMPASSVALE ROAD (LAMPPOST 23)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1717Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	199303821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-96996272
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 - Reporting only
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	TEOW JIT SING
NRIC No	S7420074E
Date Of Birth	20/06/1974
Occupation	Outdoor

Date Of Driving Pass	09/10/1995
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96996272
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 292B COMPASSVALE STREET #13-208
Address complement	-
Postcode	542292
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 - Major/Minor Rd
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)	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 22.02.2021 AT ABOUT 0651HRS I WAS DRIVING MY VEH A SHC1717Z OUT FROM BLK 289A COMPASSVALE CRESCENT CARPARK TURNING LEFT TO COMPASSVALE ROAD. THERE WAS A HUMP BEFORE THE STOP LINE, I DROVE REALLY SLOWLY, CHECK MY RIGHT, THEN INCHED OUT. SUDDENLY VEH B FBN1076K ON MY RIGHT, RIDING AT A FAST SPEED, COLLIDED ONTO MY VEH A FRONT RIGHT. I IMMEDIATELY SWERVED TO MY LEFT TO MINIMIZE IMPACT. VEH B RIDER SKIDDED AND FELL OFF HIS BIKE. HE WAS CONSCIOUS ALL THE WHILE TILL THE AMBULANCE CAME AND ATTENDED TO HIM. HE WAS THEN CONVEYED TO THE HOSPITAL. OVERHEARD ATTENDANT INFORM TRAFFIC POLICE THAT RIDER WILL BE CONVEYED TO CHANGI HOSPITAL. AT THAT POINT OF TIME I DO NOT SEE ANY BLEEDING ON HIM.

NOTE: AT THAT POINT OF ACCIDENT, SKY WAS STILL DARK. BUSHES WAS ON THE RIGHT SIDE AND THE ROAD IS A CURVE ROAD, ALL THESE HINDERED MY VISIBILITY.

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	FBN1073K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	INDIAN MALE
Contact Number	-
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	UNKNOWN RIDER (INDIAN MALE)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG AND BACK PAIN
Injured person in which vehicle?	FBN1073K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

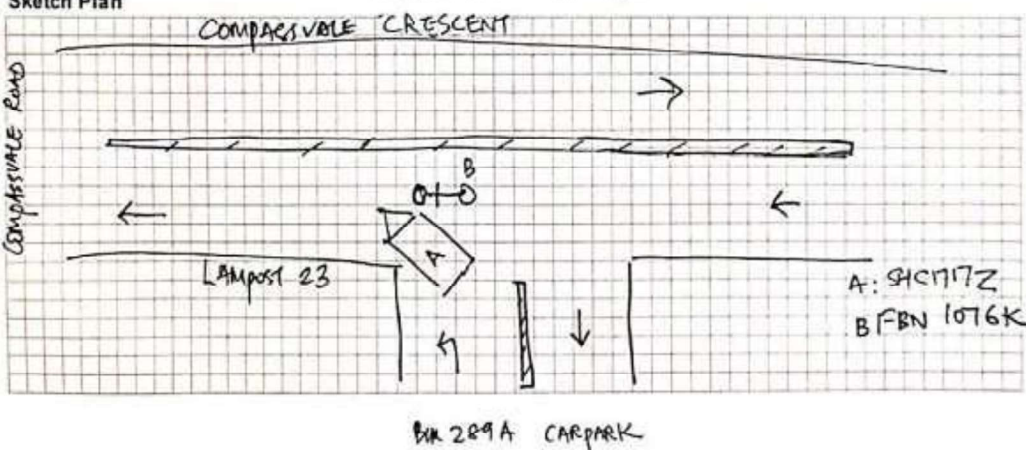
SKETCH PLAN

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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 this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time 	Driver's Signature (If driver is not the policyholder) / Date & Time  22.02.2021 0930HRS	Witnessed by Reporting Centre Personnel 
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Sketch Plan



Describe Circumstances of the Accident

ON 22.02.2021 AT ABOUT 0651 HRS I WAS DRIVING MY VEH A SHC1717Z OUT FROM BUK 289A COMPASSVALE CRESCENT CARPARK ~~EXIT~~ ^{TRANSITION LEFT} TO COMPASSVALE ROAD. THERE WAS A HUMP BEFORE THE STOP LINE. I DROVE REALLY SLOWLY, CHECK MY RIGHT, THEN INCHED OUT. SUDDENLY VEH B FBN 1076K ON MY RIGHT, RIDING AT A FAST SPEED, COLLIDED ONTO MY VEH A FRONT RIGHT. I IMMEDIATELY SWERVE TO MY LEFT TO MINIMIZE IMPACT. VEH B RIDING RIDER SKIDDED AND FELL OFF HIS BIKE. HE WAS CONSCIOUS ALL THE WHILE THEN THE AMBULANCE CAME AND ATTENDED TO HIM. HE WAS THEN CONVEYED TO THE HOSPITAL. OVERHEARD ATTENDANT INFORM TRAFFIC POLICE THAT RIDER WILL BE CONVEYED TO CHONGI HOSPITAL. AT THAT POINT OF TIME I DO NOT SEE ANY BLEEDING ON HIM.

NOTE. AT THAT POINT OF ACCIDENT, SKY WAS STILL DARK, BUSHES WAS ON THE RIGHT SIDE AND THE ROAD IS A CURVE ROAD, ALL THESE HINDERED MY VISIBILITY.

Declaration

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

Witnessed by Reporting Centre Personnel

[Signature]

22.02.2021 0930 HRS















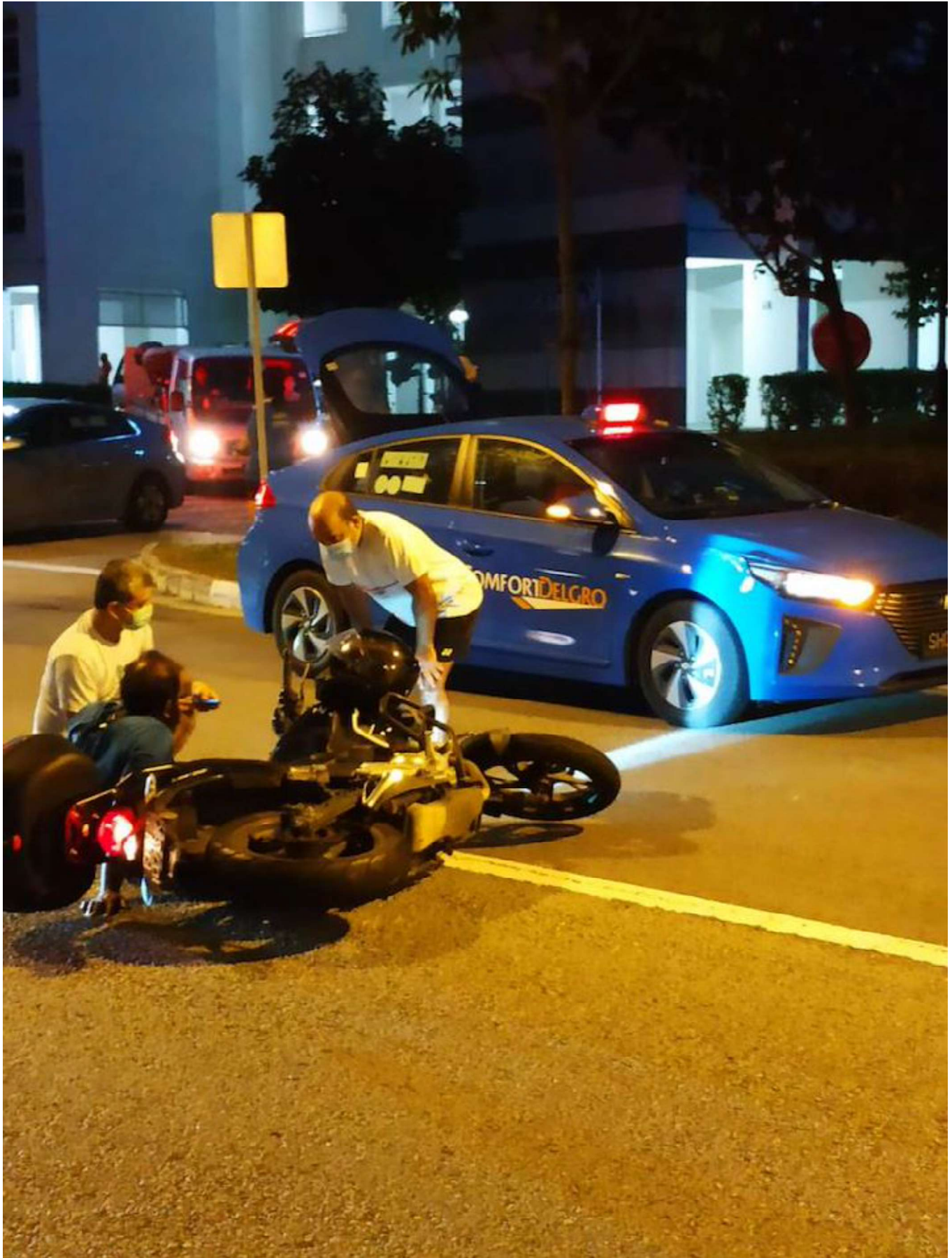


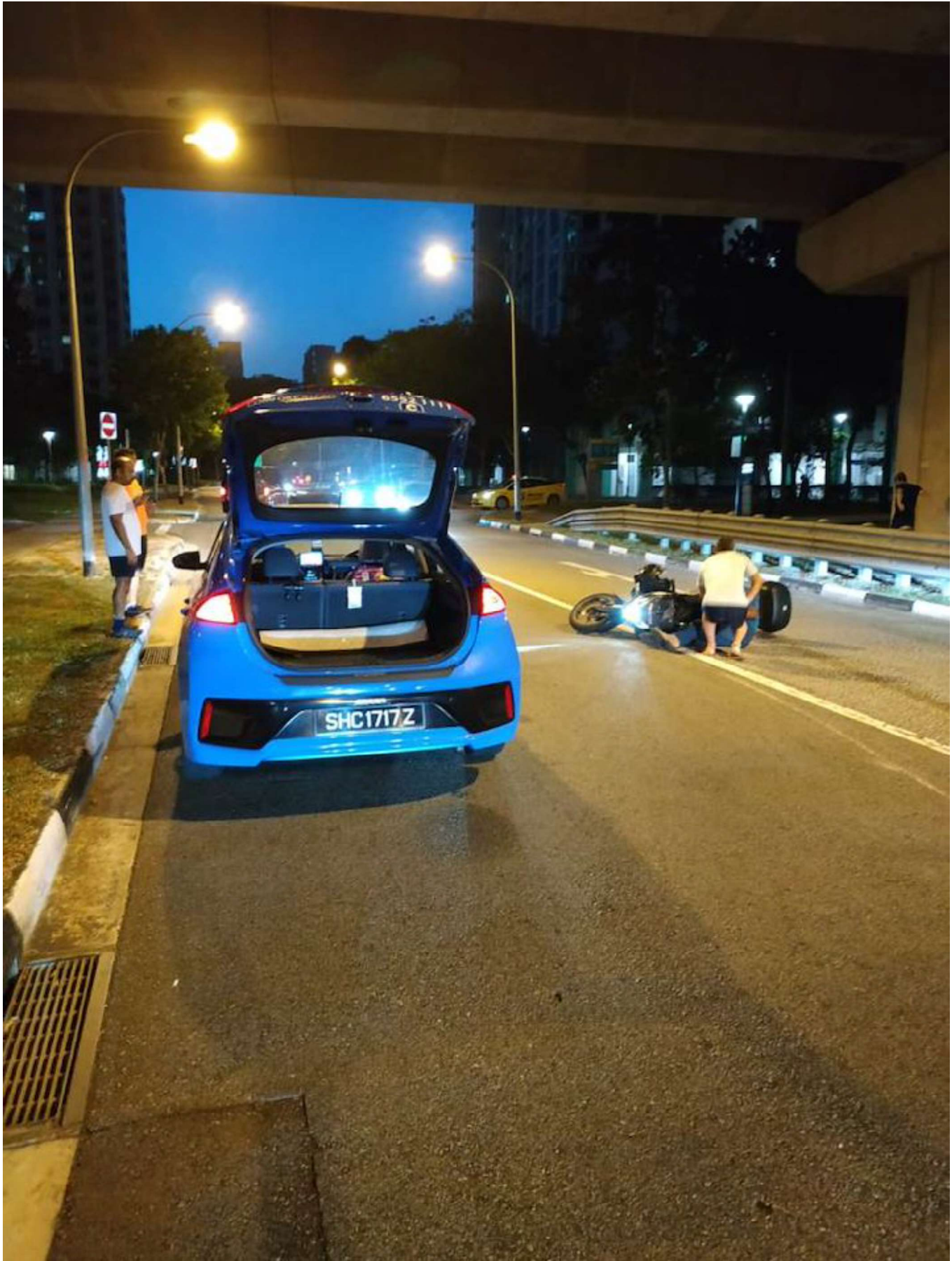


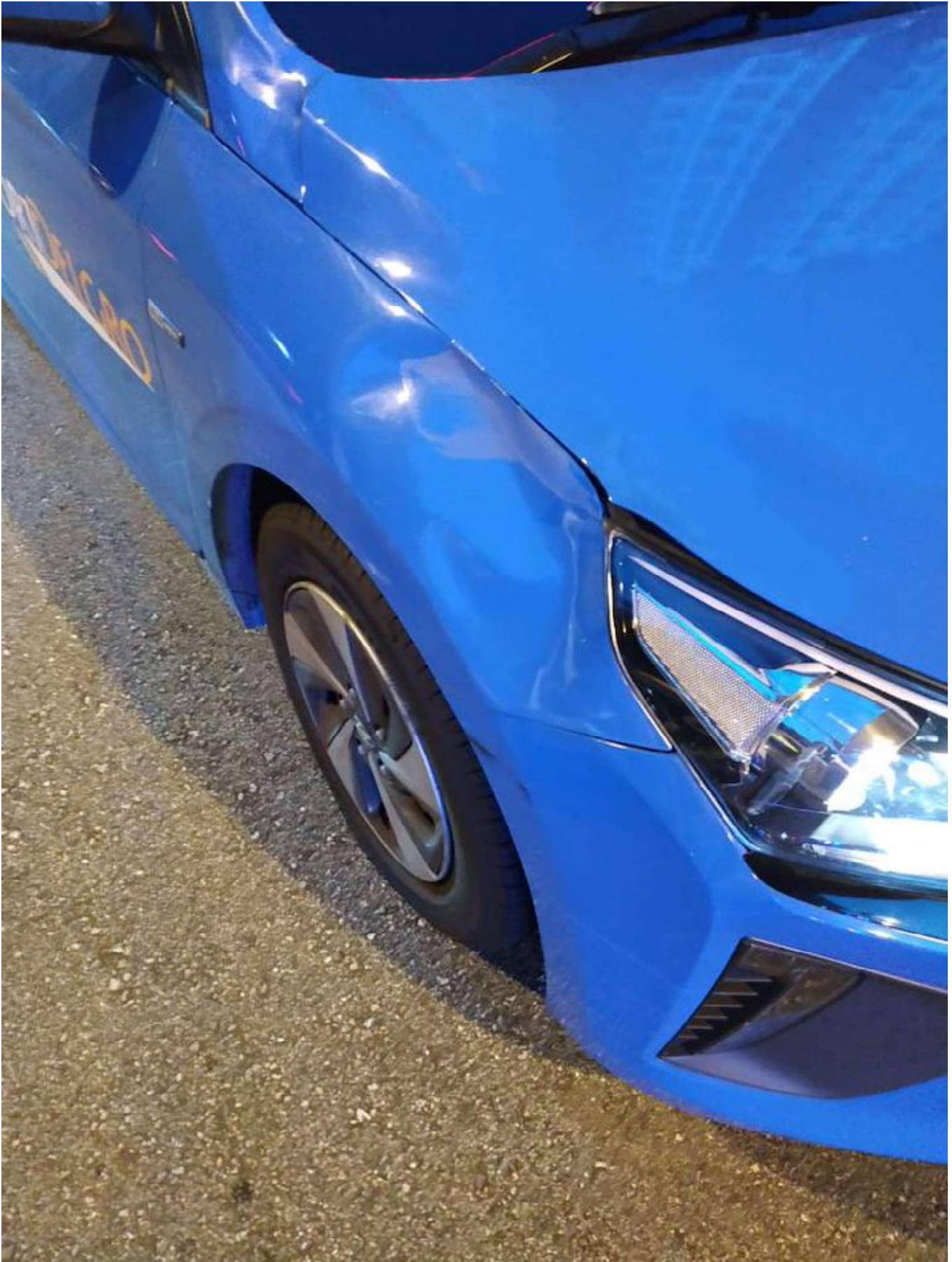


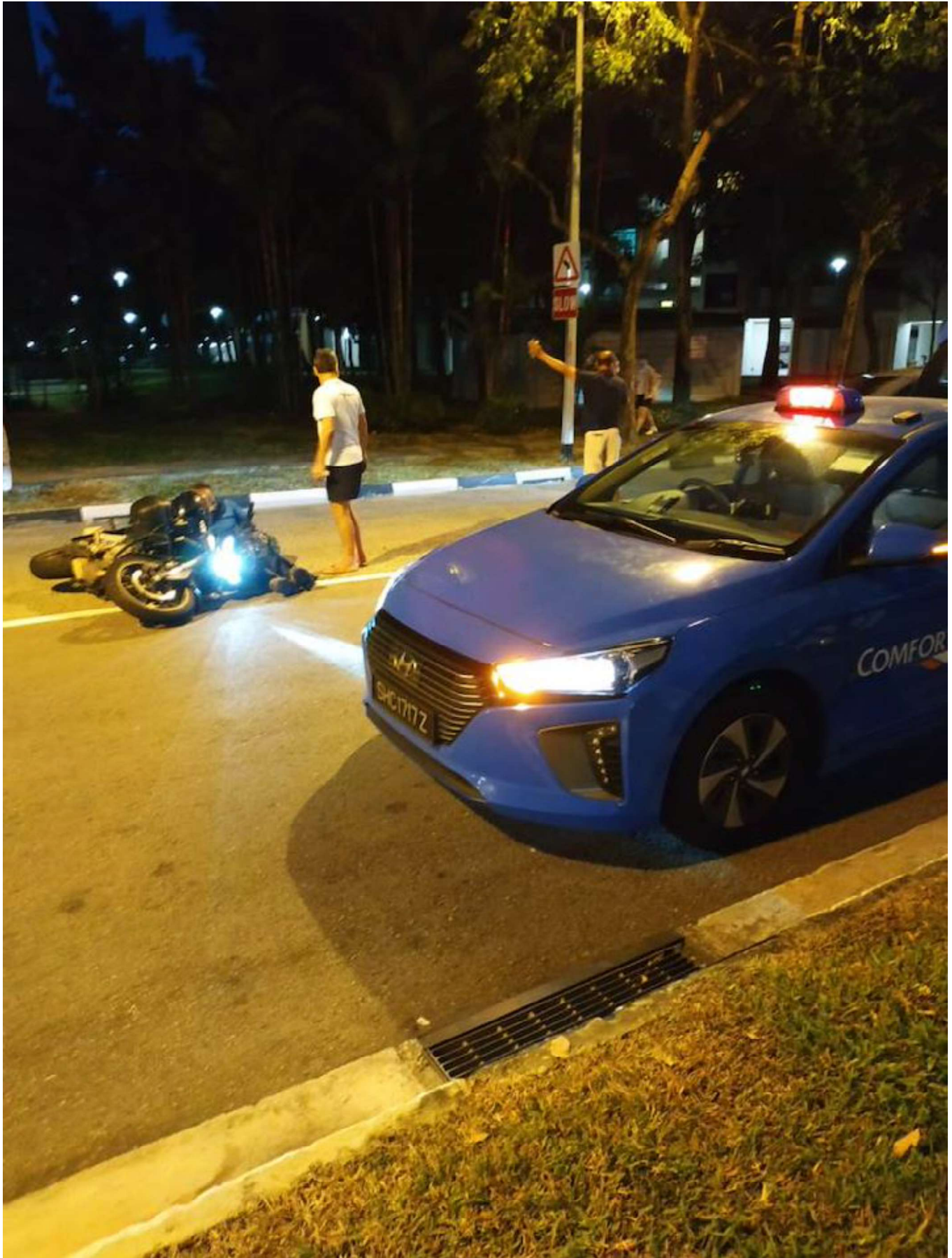


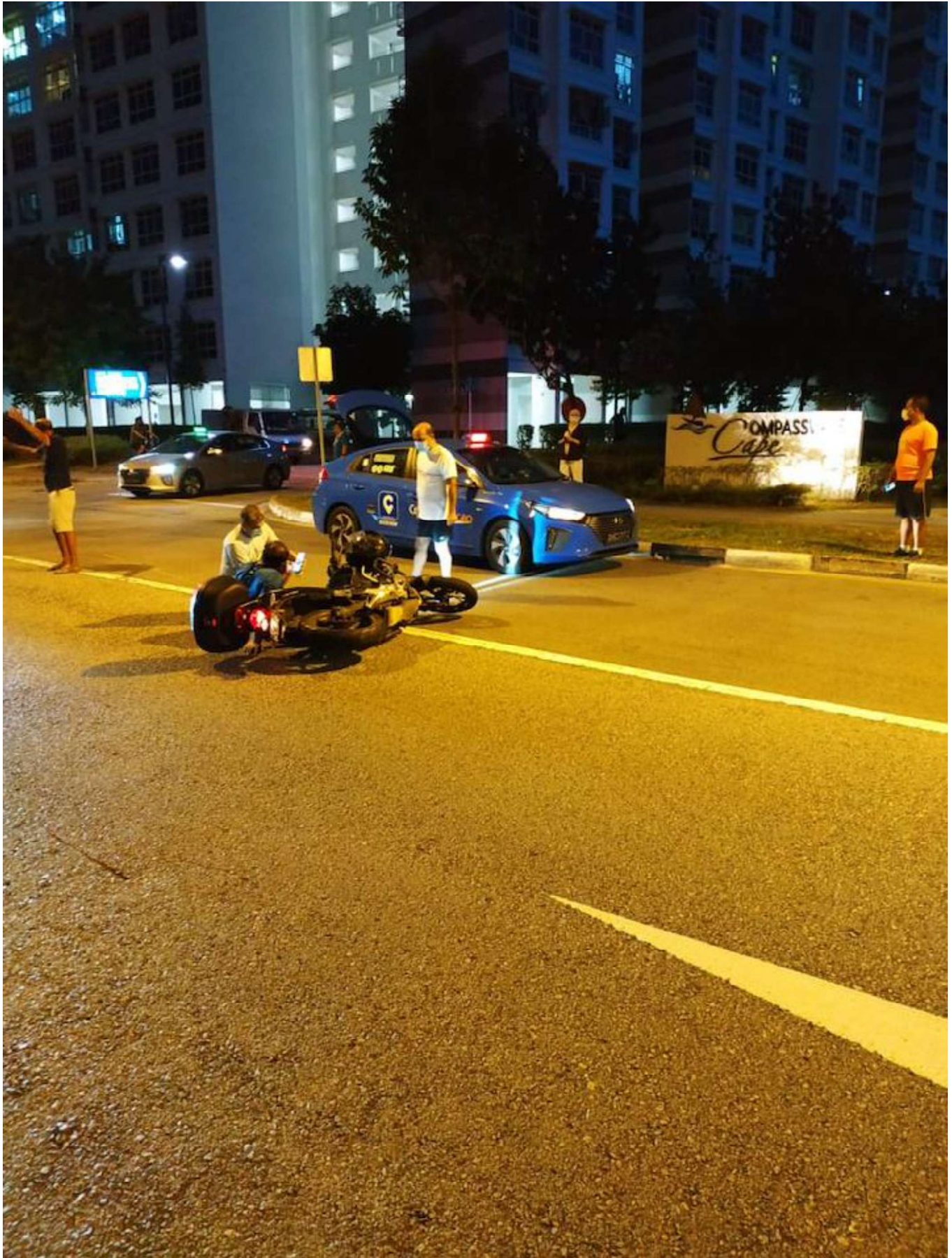


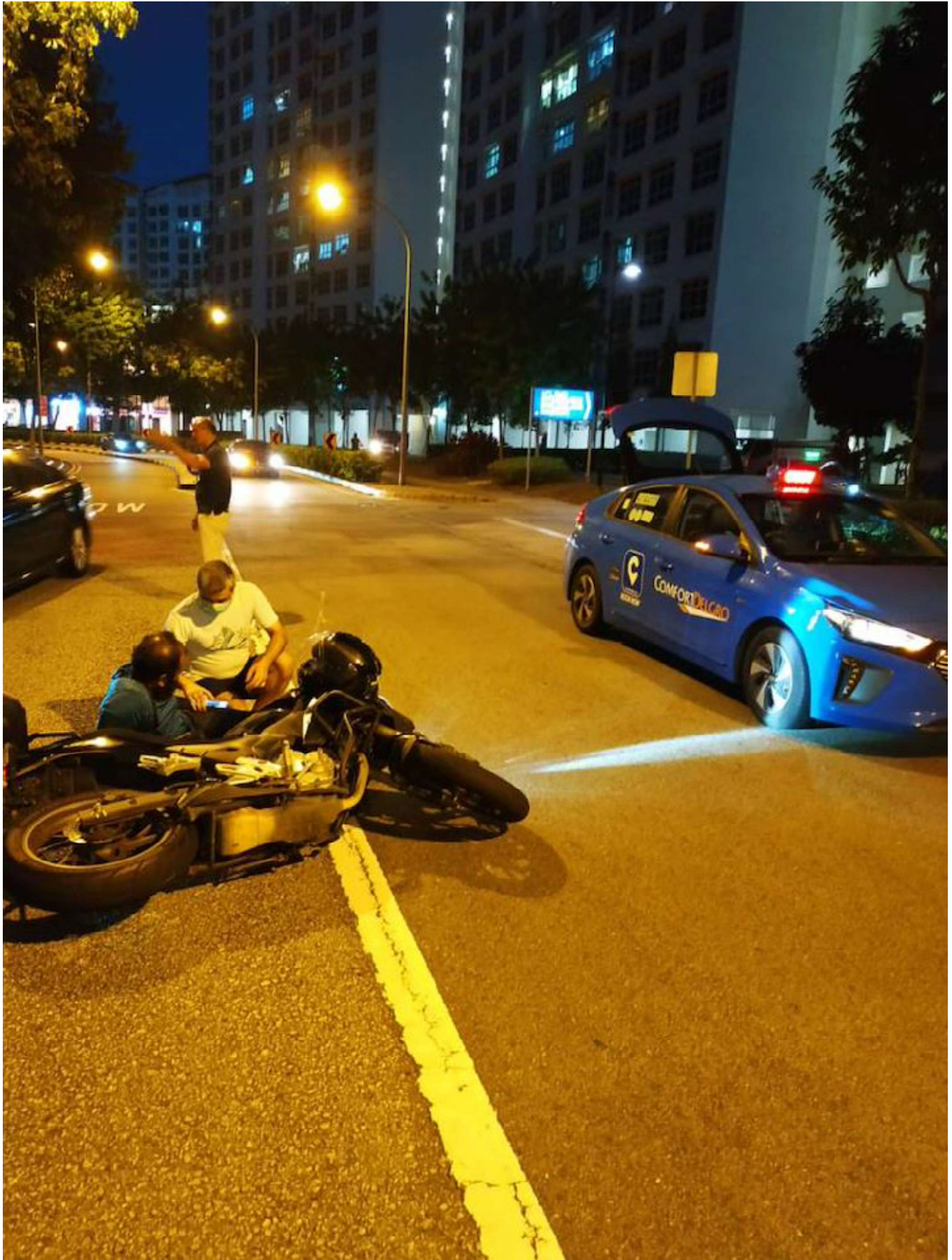


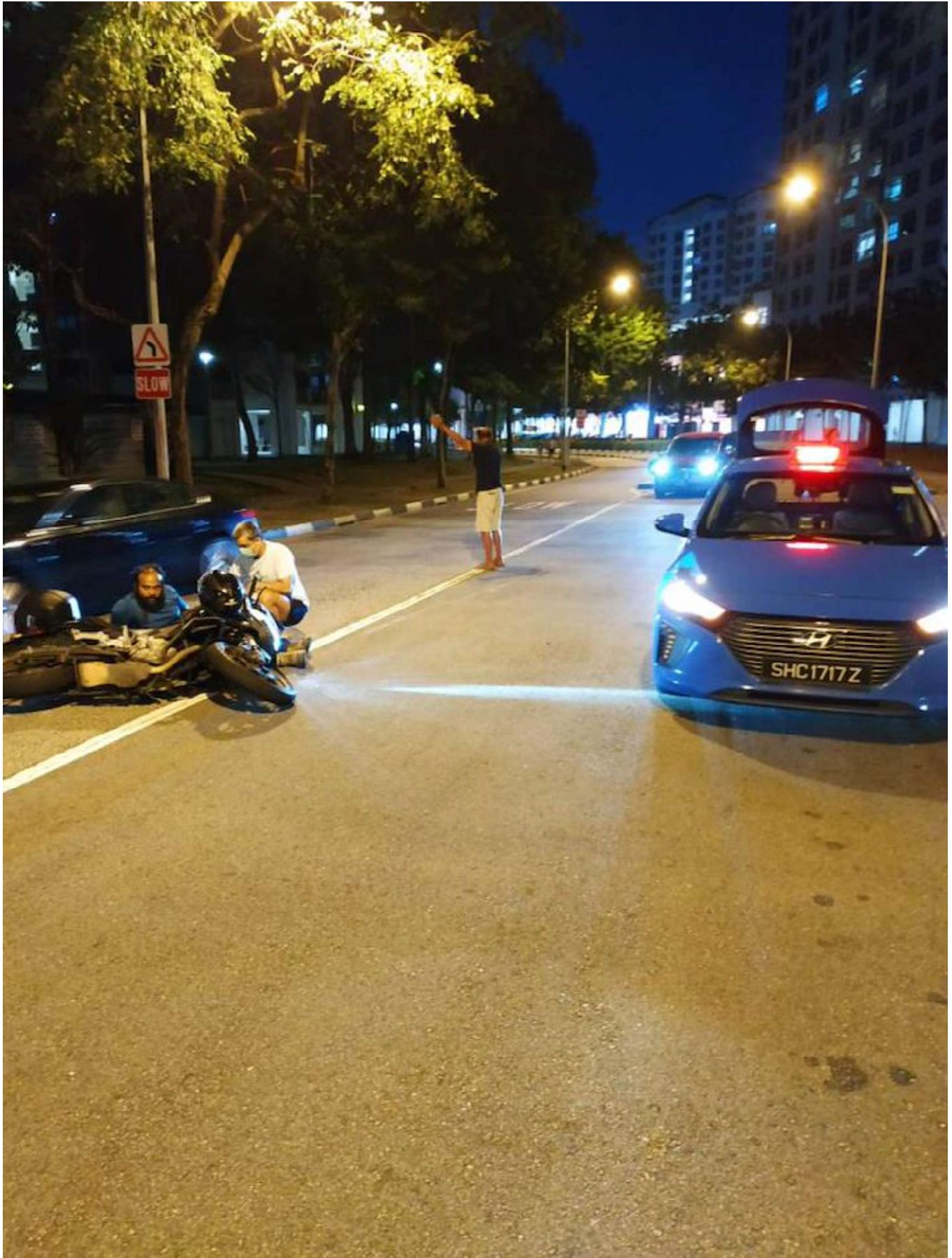













**SINGAPORE
POLICE FORCE**


T/20210222/2030

1 of 3

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

Report No: T/20210222/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2021 10:53	Vide Report No: F/20210222/0046	Station Diary No: 27
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Informant's Particulars

Name of Informant: TEOW JIT SING			Address: APT BLK 292B COMPASSVALE STREET #13-208 SINGAPORE 542292	
ID Type / ID No.: NRIC NO / S7420074E			Contact No.: Home/Office:	Mobile: 96996272
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 20/06/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3	Date of Expiry

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/02/2021 06:50	Type of Location: Bend
Location: COMPASSVALE CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1073K	Motorcycle					0
SHC1717Z	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20210222/2030

2 of 3

Report No. T/20210222/2030

CONTINUATION OF REPORT

Driver			
Name	TEOW JIT SING		ID No. S7420074E
Related Vehicle	SHC1717Z (Car)		Contact No. 96996272
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/02/2021 at about 0651hrs, I was driving taxi bearing plate number SHC1717Z (Comfort Delgro, Blue in colour). I was driving out of the carpark onto the mainroad (From Blk 289A Compassvale crescent onto the mainroad). There was a hump before heading to stop line and onto the main road. I slowed down and check my right side for any oncoming vehicle. As there were bushes planted at side of the road which hinder my sight, I slowly inch out to make a check on the oncoming vehicle. While doing so, a motorcycle bearing plate number FBN1073K suddenly appeared on my right side, I tried to swerve my vehicle to the left however it was too late. The motorcycle hit onto the front right side of my taxi and fell off from his motorcycle.

I immediately rendered assistance, called police and ambulance. The rider was still conscious however there was no visible injuries found on him. He only claimed that his leg and back was in pain. We did not managed to exchange particulars as he was in pain and later conveyed by ambulance.

Traffic police was also at scene. There is a dashboard camera installed in my vehicle and the SD card was handed over to the TP officer.

I was advised to lodged a police report under TP IO Jofi contact 65476960 instruction.

**SINGAPORE
POLICE FORCE**

T/20210222/2030

3 of 3

Report No. T/20210222/2030

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

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 /

Sr Staff Sgt MUHAMMAD YASSER BIN OSMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/02/2021 10:53

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD ZICKIE BIN AHMAD

SUYUTI

Contact No.: 65476904

Authentication Stamp

NP168

Classification Of Case:

SN 159

