

# 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	11/03/2021 15:40 (SGT)
Date of Accident	10/03/2021 17:00 (SGT)
Exact Location of Accident	Commerce St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC7589L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	XXXXXXX21R
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	CHAN CHUAN WEE (ZENG QUANWEI)
NRIC No	SXXXX740F
Date Of Birth	07/07/1972
Occupation	Outdoor

Date Of Driving Pass	13/04/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96938821
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 921 TAMPINES STREET 91
Address complement	#06-191
Postcode	520921
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 on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO ATTACHED  
Type of accident: HEAD TO SIDE  
POLICE REPORT : T/20210311/2046

#### 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	SML955C
Vehicle Manufacturer	-



Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90274729
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE
Details of property damaged in accident	FRT RIGHT
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	CHAN CHUAN WEE (ZENG QUANWEI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	48
Injuries Sustained	HEAD AND NECK PAIN, ON 3 DAYS MC.
Injured person in which vehicle?	SHC7589L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No





Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210311/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 12:50	Vide Report No.:	Station Diary No.: 32
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Informant's Particulars

Name of Informant: CHAN CHUAN WEE			Address: APT BLK 921 TAMPINES STREET 91 #06-191 SINGAPORE 520921		
ID Type / ID No.: NRIC NO / S7227740F			Contact No.: Home/Office: Mobile: 96938821		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 07/07/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2021 17:00	Type of Location: T-Junction
Location:  COMMERCE STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7589L	Car	HYUNDAI	IONIQ	Yellow	Seriously Damaged	1
SML955C	Car	HYUNDAI		Grey	Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHAN CHUAN WEE		ID No. S7227740F
Related Vehicle	SHC7589L (Car)		Contact No. 96938821
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	10/03/2021	Date Discharge	10/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	OTHER DRIVER		ID No. NIL
Related Vehicle	SML955C (Car)		Contact No. 90274729
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 10/03/2021 at about 1700hrs, I was driving my taxi Reg No: SHC7589L Hyundai yellow in colour along Commerce Street towards Raffles Quay. As I was passing the T-junction of Shenton Lane and Commerce Street, a car Reg No: SML955C Hyundai Grey I colour who was travelling from the opposite direction of Commerce Street make right turn towards Shenton Lane and hit my taxi on the rear right side. The impact of the collision causes me to hit my head on the driver car window. I stopped my taxi and remain in the car for some time as I was feeling a bit dizzy. After I felt ok, I checked my passenger to see if he is injured and require any immediate medical attention. When he told he is ok, I then went out and check the damage of the vehicles. I then took photos of the vehicles and accident scene. The other driver then move his vehicle to the side as traffic began to get congested. I then exchange contact number with him. I also took down my passenger contact number before he left.

My taxi suffered damages on the right rear side near to the right rear tyre and rear passenger door. My taxi has to be towed away as I felt it is not safe to drive as the damage could be to the tyre axels too. The other car suffer damages to its front bumper and bonnet. After taking photos and my details, he manage to drive off with the car. He does not seem injured at that time. I have reported to my taxi company and also proceed to CGH A&E for treatment on the same day. I was given 3 days medical leave.

My taxi has in-car camera both front and back and the traffic police can write in to my taxi company should they require the video footage.



**SINGAPORE  
POLICE FORCE**



T/20210311/2046

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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Report No. T/20210311/2046

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20210311/2046

Police Station Of Origin:  
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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20210311/2046

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 /  
Sr Staff Sgt MUHAMAD FAISAL BIN MOHD  
SALEH

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/03/2021 12:50

Classification Of Case:



SIGNATURE

## SKETCH PLAN

### IMPORTANT NOTICE

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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. 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 by interested parties.
7. By the lodgment 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) 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' 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, investigating, 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.

CITYCAB PTE LTD  
CO. REG. NO. 1995028200

Policyholder's Signature  
Date & Time:

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

11.03.2021  
@ 13:45 hrs

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



Hand-drawn diagram of a street intersection on grid paper. The diagram shows Commerce Street running horizontally and Raffles Quay running vertically. A vehicle labeled 'A' (SHC 7589L) is in the top lane of Commerce Street, moving right. A vehicle labeled 'B' (SML 955C) is in the bottom lane of Commerce Street, moving left. Arrows indicate the direction of traffic flow. The intersection is marked with a cross. The text 'Along Commerce Street' is written at the bottom left, and 'Raffles Quay' is written vertically on the right side.

[illegible]

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

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11.03.2021  
@ 13:45 hrs