

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 12/03/2021 10:30 (SGT)
 Date of Accident 11/03/2021 15:15 (SGT)
 Exact Location of Accident Singapore
 Additional Location Information DUNEARN RD AFTER GOLDHILL AVE
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4079S

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) +65-65508768
 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 - 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 TAN THIAN THOE
 NRIC No S1137438G
 Date Of Birth 12/10/1949
 Occupation Outdoor

Date Of Driving Pass	07/03/1978
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-90688920
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 20 EUNOS CRESCENT
Address complement	#02-2959
Postcode	400020
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	No 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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLS REFER TO ATTACHED
POLICE REPORT : T/20210311/2116 & T/20210312/2028

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	SJC3679M
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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

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 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 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, 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:

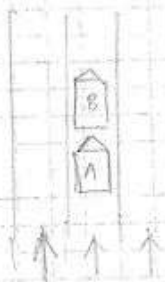
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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



A SHB 46795

B SJC 3679m



Dunearn Rd. after
Goldhill Ave.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report: T/2021 03/11/2016

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:

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

12/3/21

Signature



**SINGAPORE
POLICE FORCE**



T/20210311/2116

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

1 of 4

Report No. T/20210311/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2021 18:08	Vide Report No.: E/20210311/0085	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: TAN THIAN THOE	Address: APT BLK 21 EUNOS CRESCENT #02-2959 SINGAPORE 400021 20		
ID Type / ID No.: NRIC NO / S1137438G	Contact No.: Home/Office: Mobile: 90688920		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 71	Date of Birth: 12/10/1949	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: TAXI DRIVER	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2021 15:15	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4079S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SJC3679M	Car	TOYOTA	ESTIMA AERAS 2.4 A	Silver		0



SINGAPORE
POLICE FORCE



T/20210311/2116

2 of 4

Report No. T/20210311/2116

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN THIAN THOE	ID No.	S1137438G
Related Vehicle	SHB4079S (Car)	Contact No.	90688920
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
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJC3679M (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 STATDE DATE, TIME AND LOCATION

ON 11/03/2021 AT ABOUT 1515HRS. I WAS BEARING A VEHICLE PLATE NUMBER SHB4079S, AND THE OTHER PARTY WAS BEARING A VEHICLE PLATE NUMBER SJC3679M. I WAS TRAVELLING ALONG BUKIT TIMAH ROAD. I WAS DRIVING ON THE CENTRE LANE, I NOTICE THERE WAS A PRIVATE CAR INFRONT OF ME AND THE TRAFFIC FLOW WAS HEAVY. THE TRAFFIC VOLUME CAUSING A JAM FROM WHAT I SEE, I NOTICE ON MY LEFT LANE WAS MOVING, MY INITIAL THOUGHT WAS MY LANE WAS MOVING TOO. SUDDENLY I REALISE INFRONT OF THE VEHICLE STILL NOT MOVING LUCKILY I ABLE TO BRAKE ON TIME AFTER WHICH THE CAR INFRONT OF ME BLAMING ME THAT I HIT ON HER CAR. I WENT OUT TO CHECK MY CAR THERE WHERE NO SIGN OF DAMAGES OR SCRATCHES ON MY VEHICLE NOR HER VEHICLE. IN THE FIRST PLACE I DID NOT BANG ON TO HER AND SHE IS ASKING ME TO PAY MONEY FOR HER DAMAGES ON HER VEHICLE, HENCE I IMMEDIATELY CALL THE POLICE, AND THE POLICE ADVISE ME TO MAKE A POLICE REPORT, THEREFORE I AM MAKING A POLICE REPORT.



SINGAPORE
POLICE FORCE



T/20210311/2116

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

3 of 4

Report No. T/20210311/2116

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20210311/2116

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

4 of 4

Report No. T/20210311/2116

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:

TP /

SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/03/2021 18:08

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

































T/20210312/2028

1 of 3

Report No. T/20210312/2028

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No. T/20210311/2116

Report Number: T/20210312/2028

Vide Report Number:

Date/Time of Report Made: 12/03/2021 11:06

Place Report Lodged: Traffic Police

Type of Informant: Driver

Name of Informant: TAN THIAN THOE

ID Type / ID No.: NRIC NO / S1137438G

Home Office:

Mobile: 90688920

Email:

Type of Accident: Non-Injury


Drink Drive: No

Anyone conveyed by ambulance: No

Date/Time of Accident: 11/03/2021 15:15

Accident Location: DUNEARN ROAD

RECEIVED
12 MAR 2021

BY: 

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4079S	Car					0
SJC3679M	Car					0

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

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
801-01 Singapore 519457
Tel: 1800-5852999



T/20210312/2028

2 of 3

Report No: T/20210312/2028

Continuation of CSF For NP168

Driver			
Name	TAN THIAN THOE		ID No. S1137438G
Related Vehicle	SHB4078S (Car)		Contact No. 90688920
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 Facts.

Vide T/20210311/2116, instead of "I was travelling along Bukit Timah Road", it should be "I was travelling along Dunearn Road".

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
801-01 Singapore 519457
Tel: 1800-5852999



T/20210312/2028

3 of 3

Report No. T/20210312/2028

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / WONG SIEU LUI
Classification of Case	1) NON-INJURY

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5852958



ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SC1I213C0003 Vehicle Registration No: SHB4079S
 Name (as shown in NRIC) : TAN THIAN THOE NRIC/FIN/Passport No : SXXXX438G
 (☒ Vehicle Driver ☐ Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 20 EUNOS CRESCENT #02-2959 Singapore 400020
 Contact (Tel) : Mobile No. :
 Email Address :
 Date of Accident : 11/03/2021 Time of Accident : 15:15
 Place of Accident : DUNEARN RD AFTER GOLDHILL AVE
 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 Amended Police Report : T/20210312/2028

Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: xiaoyan
 NRIC/FIN No.:
 Date: 12.03.2021