

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 13/03/2021 12:00 (SGT)
Date of Accident 12/03/2021 21:30 (SGT)
Exact Location of Accident Geylang Bahru, Singapore
Additional Location Information geylang bahru rd
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3070C

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 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 TAN CHOON CHUAN
NRIC No S2085495B
Date Of Birth 18/06/1953
Occupation Outdoor

Date Of Driving Pass	14/10/1978
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98152561
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	965 #05-632 HOUGANG AVENUE 9
Address complement	-
Postcode	530965
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	Side Swipe
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

see attach

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP3216S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-

Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage slight
 Details of property damaged in accident overall bodywork
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person rider
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BLOOD FROM NOSE, LOWER LEFT EYE LID AND MINOR
 ABRASION ON BOTH UPPER AND LOWER LIMB
 Injured person in which vehicle? FBP3216S
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

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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.

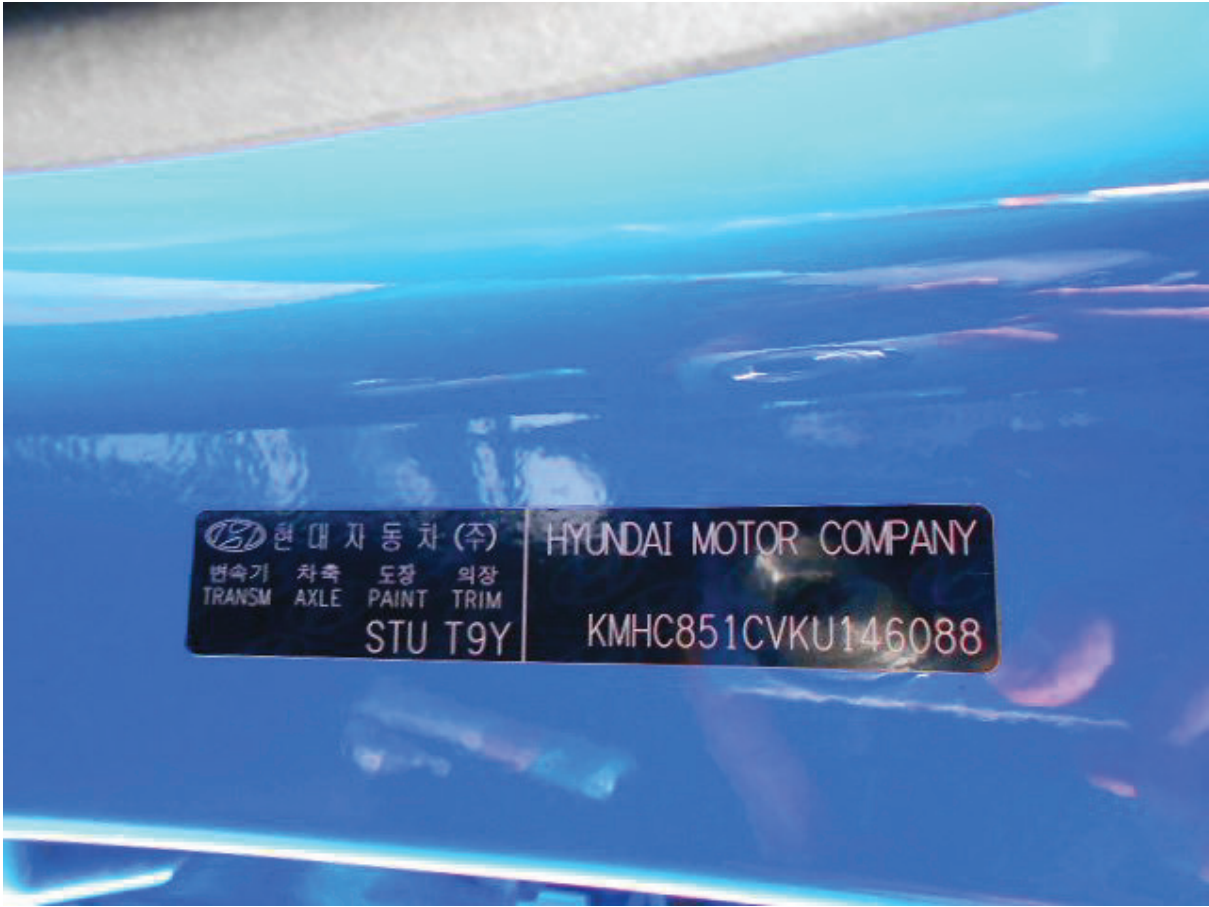
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189303R21R

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.:

13 MAR 2021













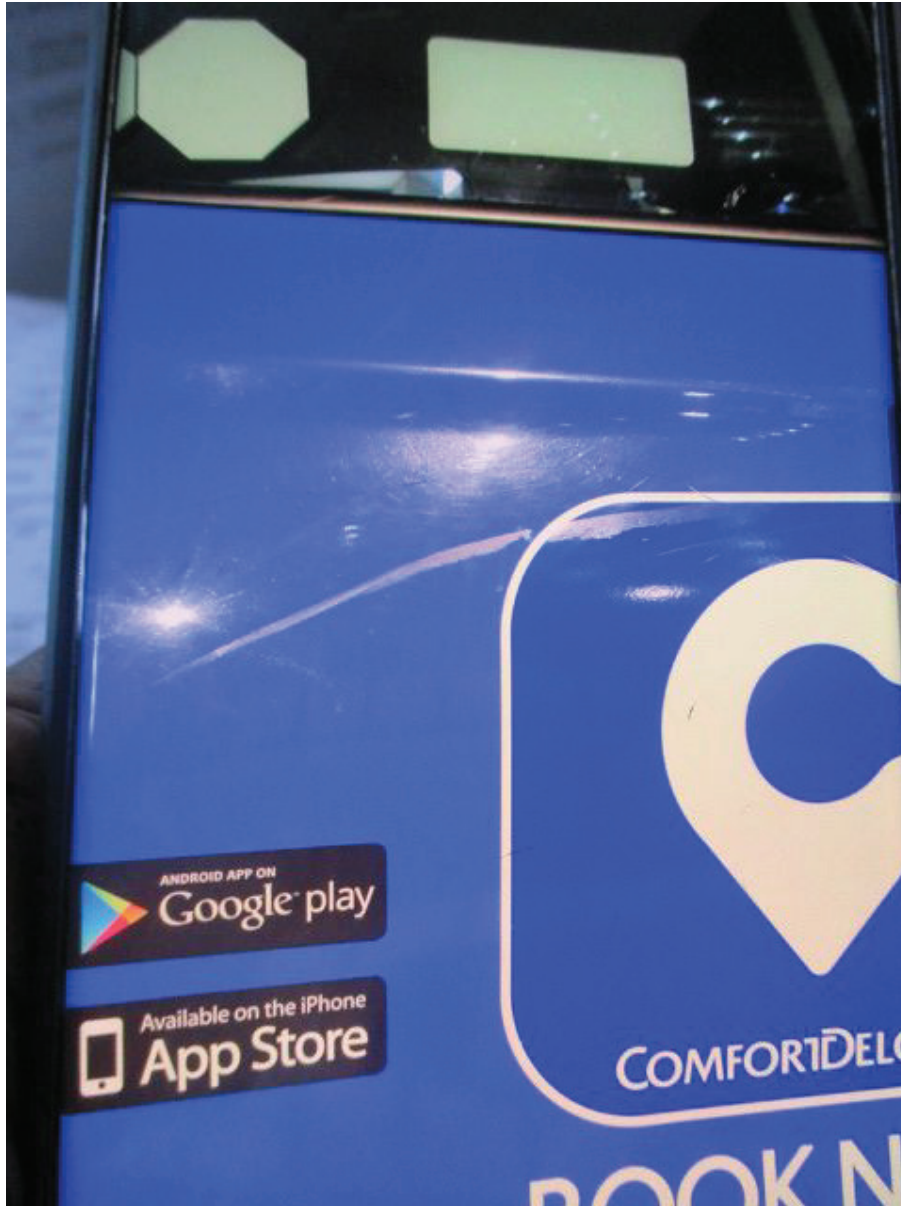






















**SINGAPORE
POLICE FORCE**



T/20210313/2000

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No. T/20210313/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2021 00:19	Vide Report No.: A/20210312/0121	Station Diary No.: 2
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Informant's Particulars

Name of Informant: TAN CHOON CHUAN		Address: APT BLK 965 HOUGANG AVENUE 9 #05-632 SINGAPORE 530965	
ID Type / ID No.: NRIC NO / S2085495B		Contact No.: Home/Office: Mobile: 98152561	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 18/06/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: COMFORT DELGRO TAXI DRIVER		Driving Licence Information: Class: 2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/03/2021 21:30	Type of Location: Straight Road
Location: GEYLANG BAHRU				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBP3216S	Motorcycle				Slightly Damaged	0
SHA3070C	Car				Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20210313/2000

CONTINUATION OF REPORT

Driver			
Name	TAN CHOON CHUAN		ID No. S2085495B
Related Vehicle	SHA3070C (Car)		Contact No. 98152561
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/03/2021 at about 2130hrs, I was driving my taxi bearing plate number SHA3070C with no passenger aboard along Geylang Bahru Road. It was a three lane road and I was driving on the middle lane. While driving, a vehicle of unknown make and model suddenly filtered into my lane from the left. As everything happened so quickly, I decided to drive to the most right lane to avoid collision. It was at this point I suddenly felt that I had collided onto something, I quickly slow down and from my side mirror I saw a rider falling down from his motorcycle bearing plate number: FBP3216S. I immediately stopped my car and proceed to render assistance to the rider. Based on my observation, I saw that there was blood coming from the nose, lower left eye lid and minor abrasion on both the upper and lower limb. The rider was still conscious and with the assistance of others, we brought him to sit at the road divider while a member of public called for paramedic assistance.

Shortly after, the ambulance arrived and attended to the motorcyclist before bringing him into the ambulance while waiting for traffic police. When the traffic police arrived, they interviewed all parties and advised me to lodge a traffic police report. During the interview, the Traffic Police officer also took my in-vehicle SD card for follow up investigation. Once everything was done, the rider was conveyed to Tan Tock Seng Hospital and I continue on with my journey.

I wish to inform that based on my observation my taxi suffered a minor scratch on the right rear door whereas the motorcycle suffered scratches on the right portion of the body and damage to the mirror.



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T/20210313/2000

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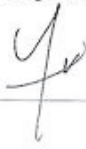


Report No. T/20210313/2000

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 KOH YEWEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2021 00:19
Officer In Charge Of Case: TP / GIT / Staff Sgt ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case: 
Authentication Stamp NP168	