

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 31/03/2021 10:39 (SGT)
Date of Accident 30/03/2021 16:45 (SGT)
Exact Location of Accident Orange Grove Rd & Stevens Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6662J

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) +65-80104238
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E220
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
Transmission Auto
CC 2143

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419138
Cover Note Number -

DRIVER

Name of Driver SIT SOONG LIP
NRIC No S0178650D

Date Of Birth	19/02/1950
Occupation	Outdoor
Date Of Driving Pass	21/09/1979
Driving experience	41 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80104238
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 612 ANG MO KIO AVENUE 4 #11-1107
Address complement	-
Postcode	560612
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	Collided into Motorcyclist
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 30/03/2021 AT ABOUT 1645HRS, I WAS DRIVING ON THE MOST RIGHT LANE OF THE 2 LANES ROAD OF ORANGE GROVE ROAD TOWARDS STEVENS ROAD. UPON APPROACHING THE INTERSECTION OF ORANGE GROVE ROAD AND STEVENS ROAD, VEHICLE B FBD802H SUDDENLY JAMMED BRAKE AT THE STOP LINE AND I WAS UNABLE TO STOP IN TIME AND COLLIDED ONTO REAR OF VEHICLE B.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD802H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CHIN AH PENG
NRIC No	S2629532G
Contact Number	(Phone) +65-96663782
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	CHIN AH PENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SPRAINED RIGHT HAND AND LEFT LEG ABRASION.
Injured person in which vehicle?	FBD802H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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) 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")

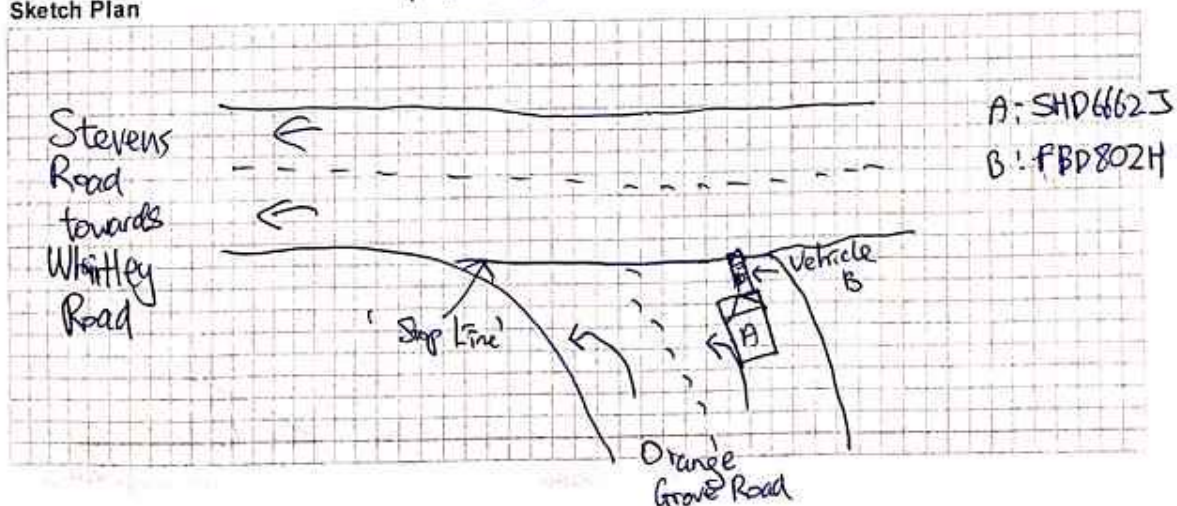
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

On 30/03/2021, at or about 1645hrs, I was driving on the most right line of the 2 lanes road of Orange Grove Road towards Stevens Road. Upon approaching the intersection of Orange Grove Road and Stevens Road, vehicle B P5802H suddenly jammed brakes at the stop line and I was unable to stop in time and collided into rear of vehicle B.

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 30/03/2021 1935hrs

Witnessed by Reporting Centre Personnel Hu Jia Ming







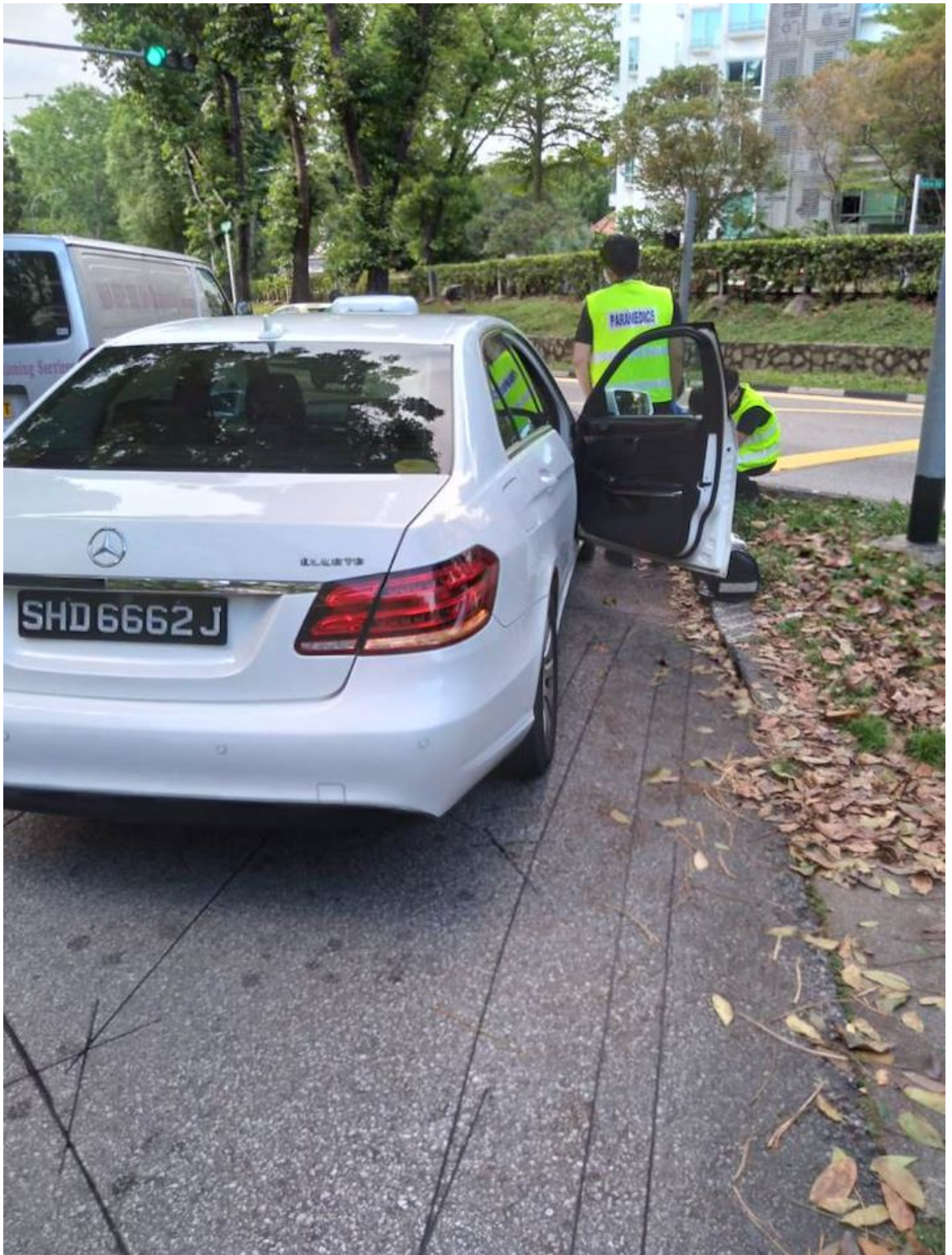




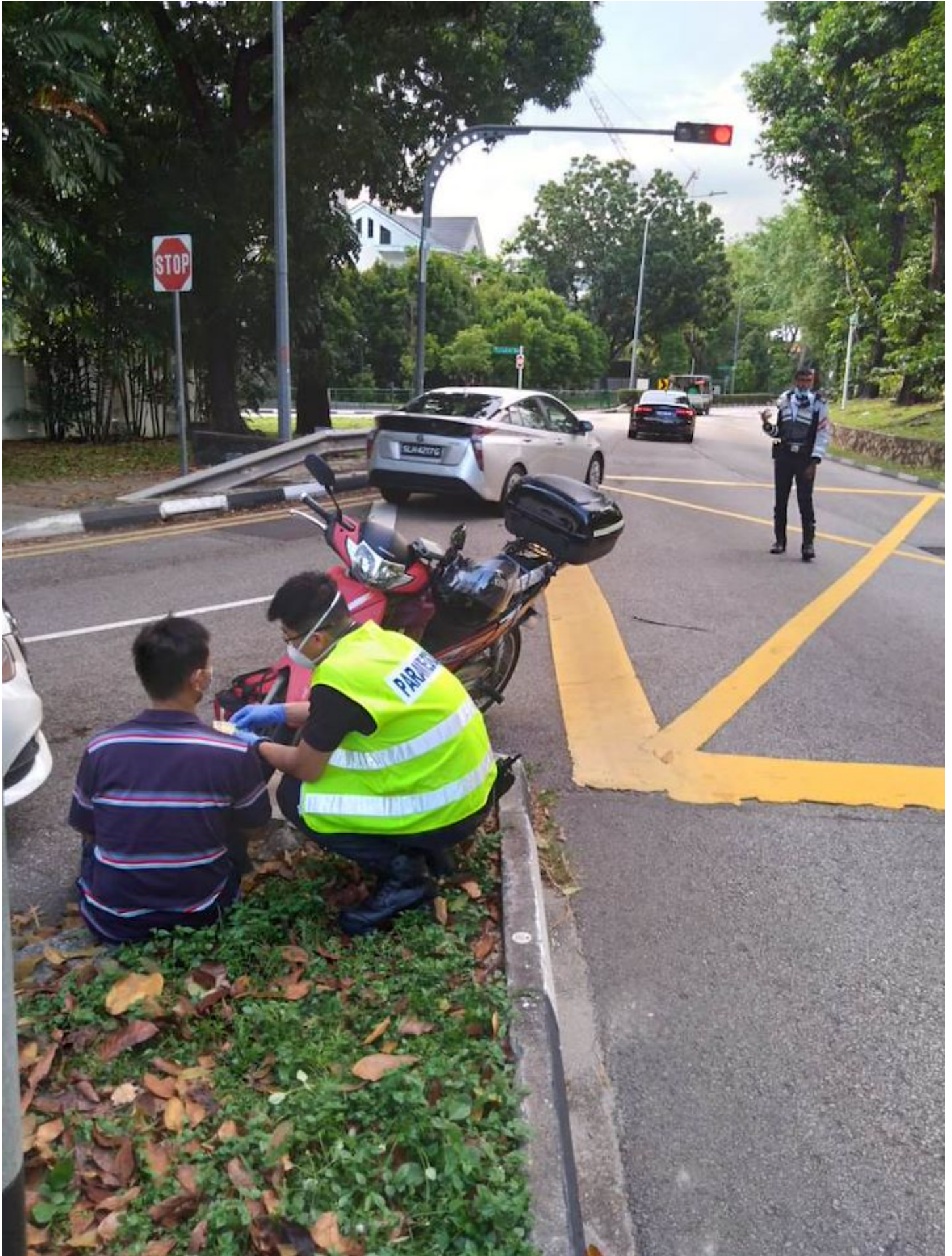






















**SINGAPORE
POLICE FORCE**



F/20210330/2108

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POLICE REPORT (NP299)

Report No F/20210330/2108

Police Station Of Origin
Ang Mo Kio North N P C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No 1800-4849999

Date/Time Report Made 30/03/2021 21:19		Vide Report No		Station Diary No 71	
Name Of Informant SIT SOONG LIP		Address APT BLK 612 ANG MO KIO AVENUE 4 #11-1107 SINGAPORE 560612			
ID Type / ID No. NRIC NO / S0178650D		Contact No. Home/Office Mobile 80104238			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Taxi driver		Sex Male	Age 71	Date of Birth 19/02/1950	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 30/03/2021 16:45 - 30/03/2021 16:45		Location Of Incident ORANGE GROVE ROAD SINGAPORE towards Stevens road			

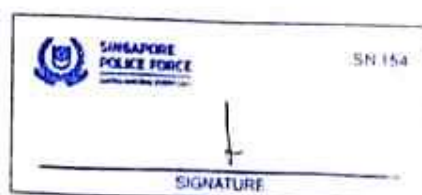
Brief details.

On 30/3/2021 at around 1645hrs, I was met with an accident at the junction of Orange Grove Road and Stevens Road. I was driving my taxi, SHD6662J under comfortdelgro. I was in a filter lane going towards Stevens Road from Orange Grove Road and was looking at the oncoming traffic. At the same time my vehicle was on the move.

As I looked back forward, I noticed that a motorcycle was in front of my vehicle, as I had assumed that

Signature Of Officer Recording The Report: F / SC2 FAKHRUL HAAZIQ BIN MOHD FIKRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2021 21:19
Officer In-Charge Of Case: F / Ang Mo Kio North N P C / Sgt 3 KERK LI PING Contact No. 64849999	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



F/20210330/2108

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210330/2108

the motorbike had already moved off. It was too late to react and I hit the motorcycle causing the rider to fall off from his motorbike. A passer-by called for the ambulance. Two Traffic Police motorbikes were also at scene.

The said rider refused to be conveyed to the hospital as he wanted to see the doctor on his own accord. At this current time of lodging the report, the rider have not get back to me whether he received a MC or not. I am lodging this report for insurance purposes.

Motorbike details:

Chin Ah Peng: IC: S2629532G, HP: 96663782, Plate no: FBD802H

Signature Of Officer Recording The Report F / SC2 FAKHRUL HAAZIQ BIN MOHD FIKRI	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time 30/03/2021 21 19
Officer In-Charge Of Case F / Ang Mo Kio North N P C / Sgt 3 KERK LI PING Contact No.: 64849999	Classification Of Case
Authentication Stamp	



