



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 | 20/04/2021 11:28 (SGT) |
| Date of Accident | 19/04/2021 18:20 (SGT) |
| Exact Location of Accident | Woodlands Ave 9 & Gambas Ave, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA2981E |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | COMFORT TRANSPORTATION PTE LTD |
| Company Reg No | 1XXXXX821R |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Mobile Phone No | (Phone) +65-82990629 |
| 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 |
| Transmission | Auto |
| CC | 1598 |

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 | KHOO LAI KWEE |
| NRIC No | SXXXX683A |

| | |
|--|------------------------------------|
| Date Of Birth | 12/11/1955 |
| Occupation | Outdoor |
| Date Of Driving Pass | 12/09/1978 |
| Driving experience | 42 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82990629 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 507B WELLINGTON CIRCLE #03-138 |
| Address complement | - |
| Postcode | 752507 |
| 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 - Head to Rear |
| 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 | Sembawang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005549999 |
| Police Station Address | 4 Sembawang Crescent Singapore 757633 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 19/4/21 AT ABOUT 1820HRS, I WAS DRIVING VEHICLE A SHA2981E ALONG WOODLANDS AVE 9 TOWARDS GAMBAS AVE. I WAS A MIDDLE LANE AND STATIONARY POSITIONS AS MY SIGNAL WAS RED AT CONTROLLED JUNCTION OF WOODLANDS AVE 9 X GAMBAS AVE. SUDDENLY MOTORCYCLE B FBN5554M FROM BEHIND HIT ONTO MY VEHICLE REAR LEFT. MY VEHICLE REAR LEFT DAMAGED. UNABLE TO EXCHANGE PARTICULARS. THIRD PARTY INJURED AND CONVEYED TO KTPH BY AMBULANCE.

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 | SD CARD WITH TRAFFIC POLICE |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBN5554M |
| 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 | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | UNKNOWN RIDER |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBN5554M |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLANIMPORTANT 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.
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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.

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.:

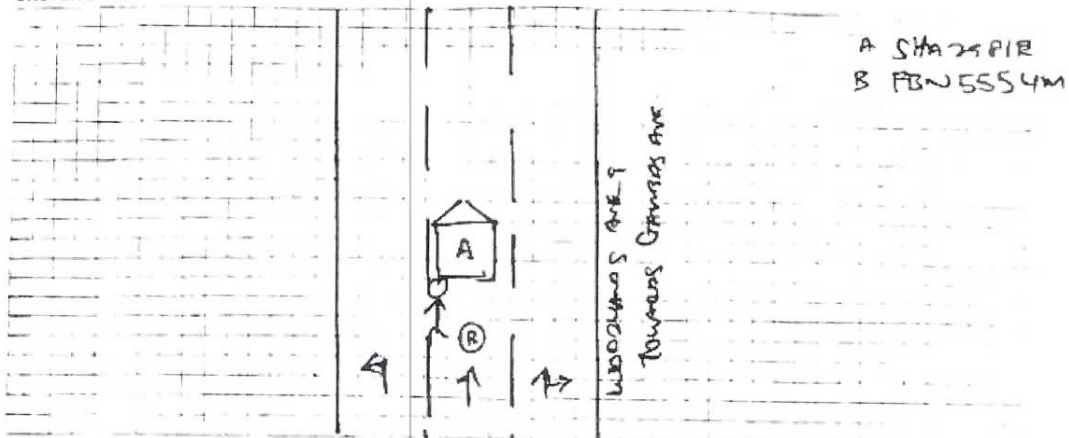
GIA RMC SketchPlanForm_V3

19/11/19 19:40 hrs

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19/4/21 AT ABOUT 1830HRS, I WAS DRIVING VEHICLE A
STATIONARY ALONG WOODLANDS AVE & TOWARDS GAMBOS AVE.
I WAS IN MIDDLE LANE AND STATIONARY POSITION AS MY SIGNAL
WAS RED ~~TO~~ AT CONTROLLED JUNCTION OF WOODLANDS AVE & ~~AND~~
X GAMBOS AVE. SUDDENLY MOTORCYCLE B FROM S574M FROM BEHIND
HIT ONO MY VEHICLE REAR LEFT. MY VEHICLE REAR LEFT DAMAGED.
UNABLE TO EXCHANGE INFORMATION. THIRD PARTY INJURED AND CONVEYED
TO KPPH BY AMBULANCE.

DECLARATION

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

Policyholder's Signature _____
Date & Time _____

Q101722: *Sheldrake, Robert* *Q101722*

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

Date & Time:

1914m / 1940m

Reporting Centre Personnel's Signature
Name
NRIC/FIN No

NRIC/FIN No



SINGAPORE POLICE FORCE



T/20210419/2152

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20210419/2152

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|--|------------------------------|
| Date/Time Report Made: 19/04/2021 22:11 | | Vide Report No.: | Station Diary No.: 86 |
| Informant's Particulars | | | |
| Name of Informant: KHOO LAI KWEE | | Address: APT BLK 507B WELLINGTON CIRCLE #03-138 SINGAPORE 752507 | |
| ID Type / ID No.: NRIC NO / S1210683A | | Contact No.: Home/Office: Mobile: 82990629 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 65 | Date of Birth: 12/11/1955 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | Driving Licence Information: Class: 3,4,5 Date of Expiry: | |

General information of the Accident

| | | | | |
|---|---------------------------|---|--|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 19/04/2021 18:20 | Type of Location: Straight Road |
| Location: WOODLANDS AVENUE 9 | | | | |
| Lamp Post Number: 110 | | | | |
| Weather: Clear | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy | |
| 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 |
|-------------|------|------|-------|-------|------------------|-----------------|
| SHA2981E | 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**



T/20210419/2152

2 of 3

Report No. T/20210419/2152

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

| Driver | | | | |
|-----------------------------------|---------------|--|--|-------------------------------------|
| Name | KHOO LAI KWEE | | ID No. | S1210683A |
| Related Vehicle | NIL | | Contact No. | 82990629 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3,4,5 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and location, I was driving my taxi in the middle lane along Woodlands Avenue 9. I suddenly heard a bang on the left rear of my taxi. I came down and to make a check, saw a motorbike and a female subject on the road. Shortly after 10-15 minutes, Traffic Police and ambulance came. The ambulance conveyed the female subject to Khoo Teck Puat Hospital. I gave my Samsung EVO 128GB memory card to the TP Officer and an Acknowledgement Slip was given to me. I am lodging this report for record purposes.

Ref Report No: L/20210419/0103



**SINGAPORE
POLICE FORCE**



T/20210419/2152

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Report No. T/20210419/2152


Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

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: 
L /
Sgt 2 DANIAL SYAFIQ BIN MOHAMED SHARIL

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No: 65476232

SN 085

Authentication Stamp
NP168

Signature: 

Singapore Police Force

Signature Of Informant:



Date/Time:
19/04/2021 22:11

Classification Of Case: