

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	21/04/2021 19:08 (SGT)
Date of Accident	21/04/2021 08:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2096K
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) +65-96267144
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 - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1685

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	LOO KIM POH
NRIC No	SXXXX332F

Date Of Birth	01/09/1959
Occupation	Outdoor
Date Of Driving Pass	04/09/1979
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96267144
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 113 BEDOK RESEVOIR ROAD #03-250
Address complement	-
Postcode	470113
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)	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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210421/2031

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 SEIZED BY TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK7893L
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASIONS ON RIGHT LEG
Injured person in which vehicle?	FBK7893L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

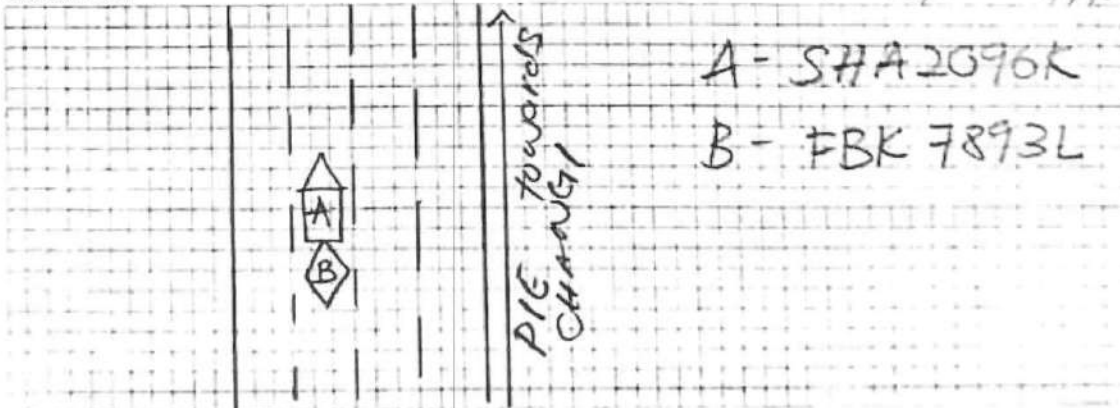
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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) 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 *At Hashim*
12:15pm 21/4/20

Sketch Plan



Describe Circumstances of the Accident

Describe Circumstances of the Accident

Refer to Police Report T/20210421/2031

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	
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Witnessed by Reporting Centre
Personnel *Ad Hashy*

Personnel *Det Harrison*
12:15pm 2/4/20



SINGAPORE POLICE FORCE



T/20210421/2031

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Report No. T/20210421/2031

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2021 10:54	Vide Report No.: G/20210421/0054	Station Diary No.: 40
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Informant's Particulars

Name of Informant: LOO KIM POH			Address: APT BLK 113 BEDOK RESERVOIR ROAD #03-250 SINGAPORE 470113		
ID Type / ID No.: NRIC NO / S1364332F			Contact No.: Home/Office: Mobile: 96267144		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 01/09/1959	Type of Informant: Driver		
Race: Chinese			Language:		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 Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2021 08:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7893L	Motorcycle			White		0
SHA2096K	Car	HYUNDAI	I40	Blue	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210421/2031

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Report No. T/20210421/2031

CONTINUATION OF REPORT

Driver				
Name	LOO KIM POH		ID No.	S1364332F
Related Vehicle	SHA2096K (Car)		Contact No.	96267144
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,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 21/04/21 at about 7.45am, I was driving a taxi bearing registration plate number SHA2096K and picked up 2 passengers along Bedok Reservoir Road to No 9 Loyang Way. Everything is in order.

At about 8am on the same day, while driving along the left most lane of PIE towards Changi, the traffic was super heavy and there was intermittent stop in between. While stopping along the left most lane of PIE, suddenly there was a collision felt at the back of my taxi. I came down and noticed that one motorcycle bearing registration plate number FBK7893L, lying on the ground, with the rider seen on the left side of my vehicle. I noticed that after the collision, I saw the rider flew up and over my taxi, and landed on the left side of the my taxi, on the ground. Passerby vehicle noticed the accident and stop by the road shoulder and called for Police and Ambulance. I made a check on both of my passengers (Female, Malay, HP:97939311, Male, Malay, HP:90019226) that was seated in the rear passengers and they informed that they were fine. There was no visible injuries seen on them. I noticed there was some abrasions seen on the right leg of the rider.

Ambulance arrived at scene and conveyed the rider to hospital. Traffic Police arrived at scene and asked on the facts of the case reference to G/20210421/0054. However I wished to lodge a complain against the traffic police officer, SGT T170241 Fizzi (Male, Malay). I wished to state that there was no courtesy shown on the traffic Police Officer. There was one question on how long I have stopped before the accident, I replied that I could not remember the exact timing and he just replied and keep insisted me to say a time. There was another time when the Traffic police return my particulars and requested me to lodge a police report at any police station I apologized to the traffic Police for the time wasted. The traffic Police Officer then shouted at me by saying " Say sorry for what". I felt disheartened by this and left the place. I wished to state that I find that the officer was rude and does not have the heart to help me throughout the incident. Prior to leaving, Traffic Police issued me with a acknowledgement slip for taking one Micro SD Card 128GB EVO Samsung Red/white.

I wished to state that as of now, there was no injuries on me. I am lodging this report as requested by Traffic police and for Comfort Delgro.



**SINGAPORE
POLICE FORCE**

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30 Bedok North Road SINGAPORE 469676
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T/20210421/2031

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Report No. T/20210421/2031

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210421/2031

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Report No. T/20210421/2031

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 /

Sgt 3 GOH JIAN WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/04/2021 10:54

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Classification Of Case:

Authentication Stamp

NP168