# 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 witholding 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 23/04/2021 15:30 (SGT) Date of Accident 22/04/2021 21:40 (SGT) Exact Location of Accident Collyer Quay, Singapore Additional Location Information

Outside Ocean Financial Centre towards Nicoll Highway Country/State of Loss

Singapore

Private hire

Yes

No - Claiming third party

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHD3846R

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

Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai Model

Ae ioniq

Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Taxi

Transmission Auto

CC 1580

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd

Type of Coverage ThirdPartyFireTheft

Fleet Policy

Policy Number VFX/P2419138

Cover Note Number

DRIVER

Name of Driver **CHUA HUP SOON** NRIC No

Accident report SJ04214N000J

SXXXX600H

Date Of Birth

Occupation Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder? If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No. Alt. Police Station Phone No.

Police Station Address

Was notice of intended Prosecution given? If yes, against whom?

Yes

SHU QI

Female

Outdoor

Male

No

Nο

Hirer

Clear

Drv

No

Yes

No

Yes

2

No

2

10/12/1983

37 YEARS AND 4 MONTHS

fleetsafety@cdgtaxi.com.sg

Collision - Change/cross lane

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

Nο

CIRCUMSTANCES OF ACCIDENT

ON 22 APR 2021 AT ABOUT 2140 HOURS, I WAS TRAVELLING ALONG COLLYER QUAY TOWARDS NICOLL HIGHWAY. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE AND REALISED THAT ANOTHER VEHICLE, SHF69B HAD CRASHED INTO THE RIGHT SIDE OF MY VEHICLE. AFTER THE ACCIDENT HAPPENED, THE OTHER VEHICLE'S DRIVER AND I STEPPED OUT OF OUR VEHICLES. THE OTHER VEHICLE'S DRIVER TOLD ME THAT HE RECEIVED A BOOKING AT OCEAN FINANCIAL CENTRE AND NEEDED TO TURN LEFT INTO THE DRIVEWAY FOR PICK UP.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

Yes

FILE IS NOT SUITABLE

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF68B Vehicle Manufacturer Tovota Vehicle Model Prius Vehicle Variant Vehicle Colour Vehicle Category Taxi 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 CHUA HUP SOON

Address

Address Complement

Post Code

Approximate Age Years Old 57

Injuries Sustained NECK AND BACK PAIN, GIVEN 5 DAYS MC.

Injured person in which vehicle? SHD3846R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Yes

No

# **WITNESS DETAILS**

WITNESS 1

Name SHU QI

Phone





Moderate

ambulance:

Anyone conveyed by

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210423/7006

# REPORT OF A TRAFFIC ACCIDENT

One Way

Type of Collision:

Between Moving Vehicles - Head To Side

Date/Time Report Made: 23/04/2021 10:14			Vide Report No.:				Station Diary No.:	
Informant'	s Partic	ulars						
Name of Informant: CHUA HUP SOON			Addre	ess:				
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile			Mobile <sup>r</sup>	-	
Nationality: SINGAPORE CITIZEN			Email: chuahupsoon@gmail.com					
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver					
Race: Chinese			Language: In:			Institution	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3			Date of Expiry:		
General Info	ormation	of the Accident						
Type of Accident:	e of Injury			Drink   Date/Time of   Accident:   No   22/04/2021 21:40			Type of Location: Straight Road	
Location:					1 11 11	-1		
COLLYER	QUAY							
Weather: Clear			Road Surface: Dry			Ro	Road Speed Limit:	
Traffic Flow:			Traffic Control:			Traffic Volume:		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD3846R	Car	HYUNDAI	IONIC	Blue	Seriously Damaged	1
SHF69B	Car	ТОУОТА	PRIUS	Maroon	Seriously Damaged	0

Not Controlled





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210423/7006

#### **CONTINUATION OF REPORT**

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No			2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
No. of Pedestrian	Use of Pedestrian Crossing: NA					
Driver						
Name	CHUA HUP SOON			ID No	•	S1583600H
Related Vehicle	SHD3846R (Car)			Contact No.		92210330
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	23/04/2021 Date		Date	23/04		/2021
No. of Days granted Medical Leave 05			Degree of	of Slight		

# Brief Details.

On 22/4/2021 at about 2140 Hrs,i was driving my taxi SHD3846R along Collyer Quay towards Esplanade Dr with 1 passenger onboard.I was traveling straight on the extreme Left Lane of 4 Lane Road at the point of time.Out of sudden,i felt a great impact from my right side portion and the impact surged my body to the left and pull back by the safety belt.After the accident i alight my taxi and realized that a taxi SHF69B encroach into my Lane from the right and cause damage and dented to my taxi right side portion.The said driver admitted his fault as he get a booking and did not check his blind spot and recklessly cut into my Lane.I request to exchange particular but the driver refuse to give,so i take some scene photo and leave the scene.My neck and back was in pain due to the impact of the accident and today when i wakes up the pain more worse so i consult doctor and was given 5 days MC from 23/4/2021 to 27/4/2021.





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

3 of 3 Report No. T/20210423/7006

# **CONTINUATION OF REPORT**

Sketch	Plan
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Informant is not able to provide sketch

Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2021 10:14
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168

#### SKETCH PLAN

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- 7. By the ledgment 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)

Lunderstand, 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;
  - (lv) 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
- 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.
- 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:

(If driver is not the policyholder)

Date & Time: Wyym 22/04/2021

Reporting Céntre Personnel's Signature

Name: Kyny No NRIC/FIN No.:

Scanned with CamScanner

collyer Quay towards NICOH Highway SKETCH PLAN A-= SHD3846R B= SHF698 brean Financial (entre DESCRIBE CIRCUMSTANCES OF THE ACCIDENT travelling alona NOS 2140 hours, DM 22 Apr 2021 at about 1 felt Highmay. Collyer Quay towards SHF698. another vehicle that realised vehicle. After the accident happened, the right side of out of our vehilles. stepped other vehicle's Uriver and I received told other vehicle's driver needed turn Octan Financial Centre and duveway for pick up. DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Reporting Centile Personnel's Signature Driver's Signature Name: Agris Llo Date & Time: (if driver is not the policyholder)

Date & Times LOSK PM CA 41021

NRIC/FIN No.: