

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 11/04/2021 17:34 (SGT)
Date of Accident 10/04/2021 02:00 (SGT)
Exact Location of Accident Upper Serangoon Rd & Hougang Ave 8, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4440L

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) +65-96830073
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 - Reporting only
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 TAN EK PHENG GALVIN
NRIC No S1699754D

Date Of Birth	27/03/1965
Occupation	Outdoor
Date Of Driving Pass	12/06/1984
Driving experience	36 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96830073
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 48 DORSET ROAD #11-111
Address complement	-
Postcode	210048
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-1800295999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

- REFER TO POLICE REPORT -

ADDITIONAL INFO: RIDER OFFERED TO SETTLE PRIVATELY. I SAID OK, IF YOU WANT TO SETTLE OR REPORT ACCIDENT. RIDER TOLD ME IS OLD INJURY.

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	FBR9500X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	HEM SIM LOONG
NRIC No	S7955823J
Contact Number	(Phone) +65-82679965
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	HEM SIM LOONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR9500X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

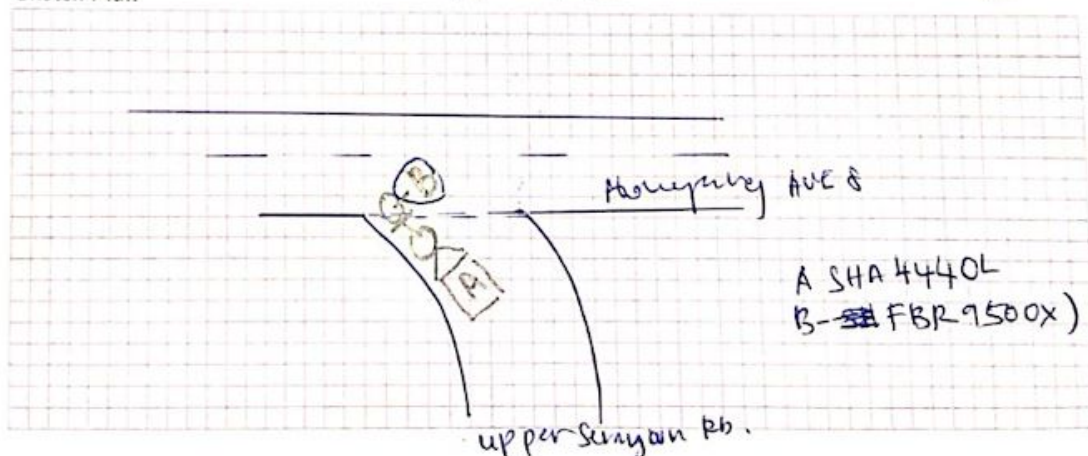
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

Sketch Plan



Describe Circumstances of the Accident

~ REFER to police report ~

Additional Info:

Rider offer to settle privately.
I said OK, if you want to settle or report
accident
Rider told me is old injury

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

Witnessed by Reporting Centre Personnel





























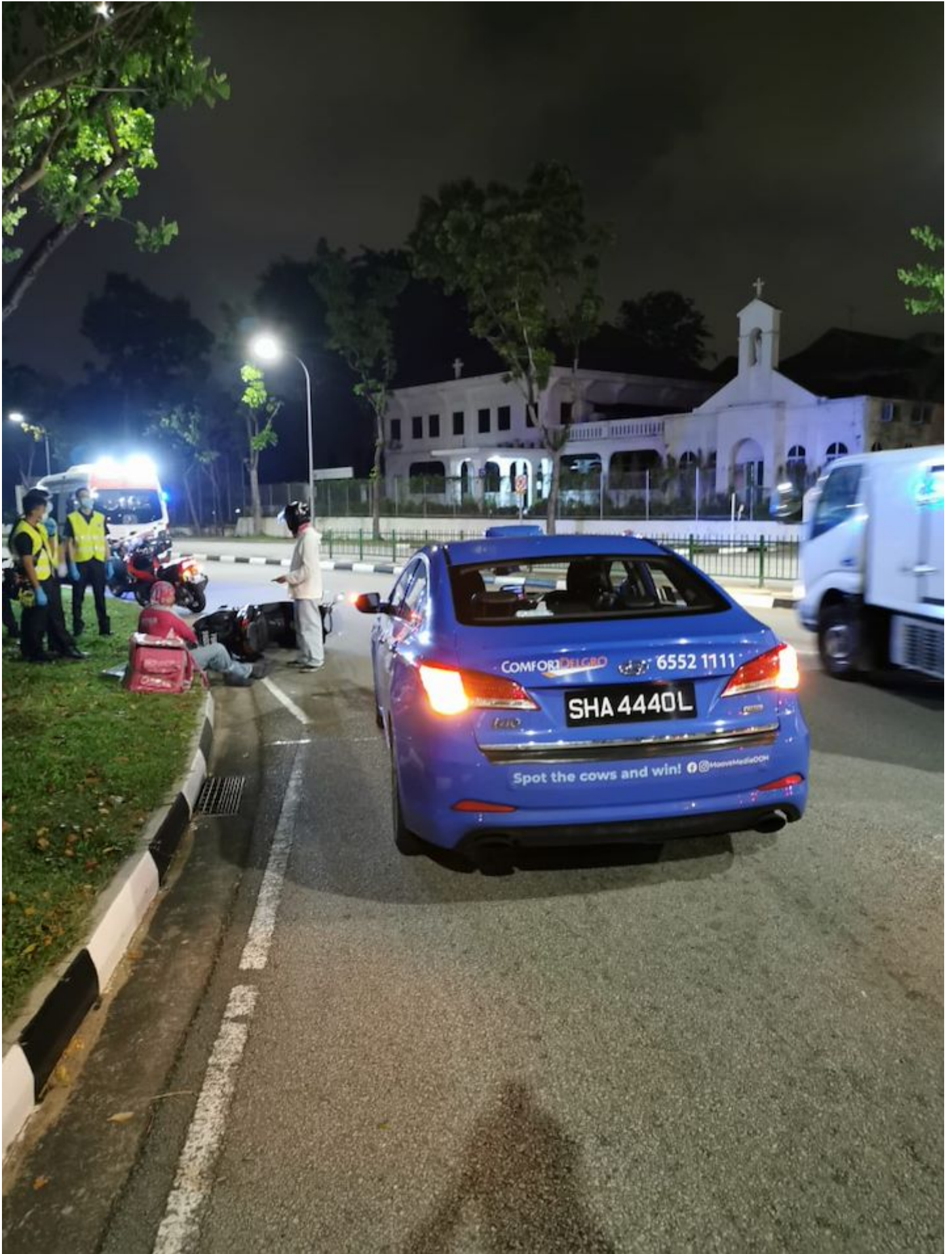


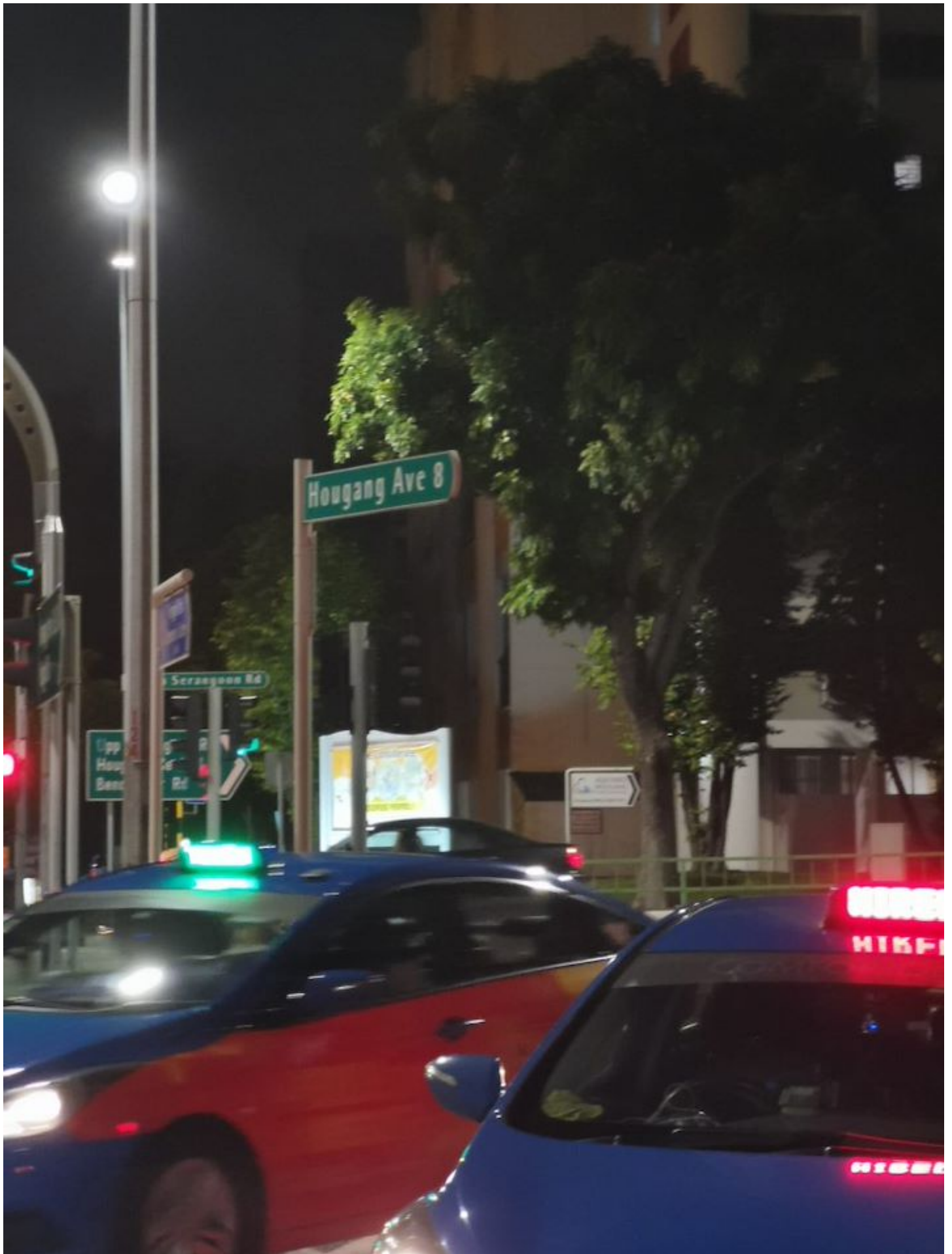


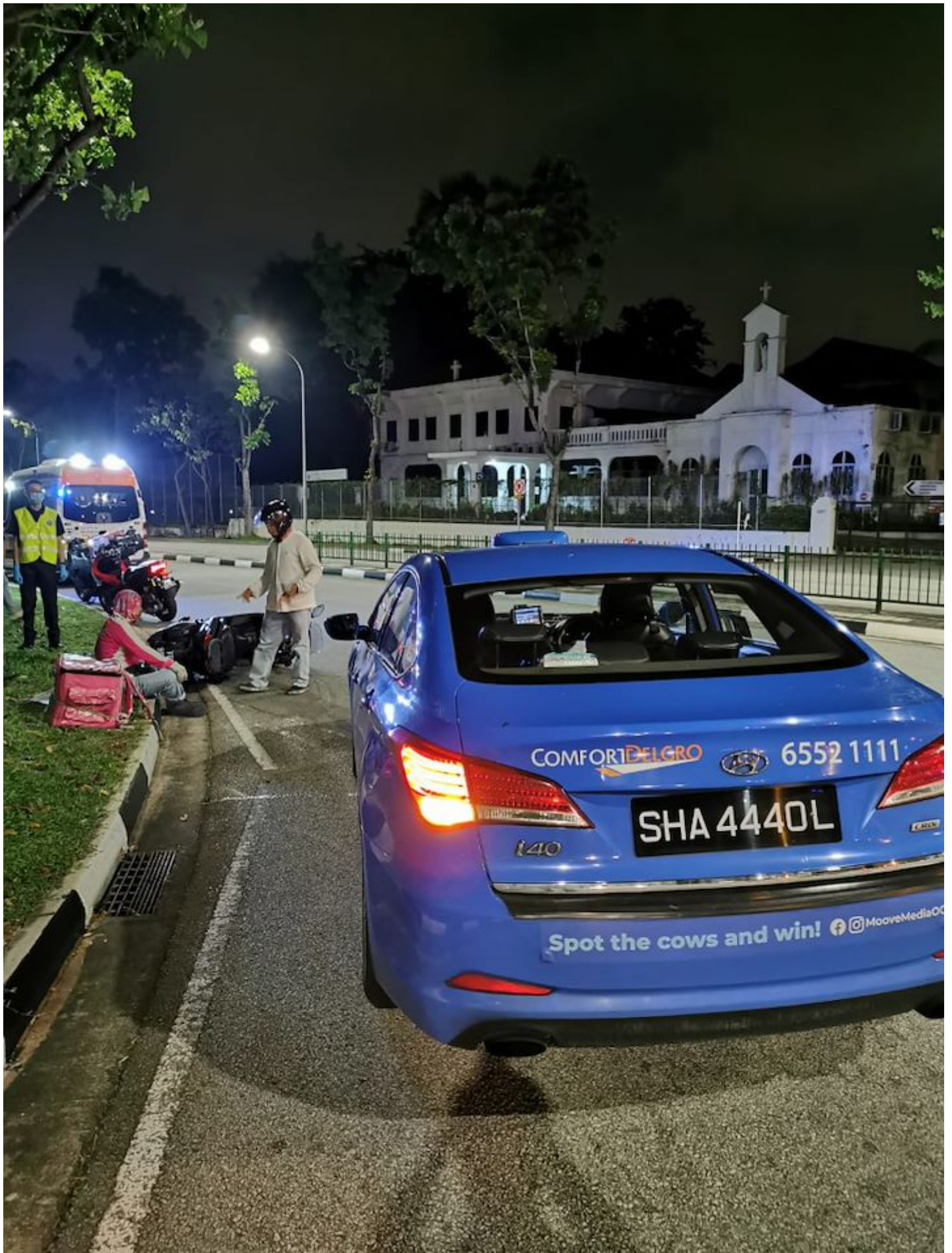

























**SINGAPORE
POLICE FORCE**


T/20210410/2016

1 of 4

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210410/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2021 05:46		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: TAN EK PHENG GALVIN			Address: APT BLK 48 DORSET ROAD #11-111 SINGAPORE 210048		
ID Type / ID No.: NRIC NO / S1699754D			Contact No.: Home/Office: Mobile: 96830073		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 27/03/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/04/2021 02:00	Type of Location: Filterlane
Location: HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBR9500X	Motorcycle		Yamaha	Silver	Slightly Damaged	0
SHA4440L	Car		Hyundai		Slightly Damaged	2

Details of Person Involved

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



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T/20210410/2016

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Report No. T/20210410/2016

CONTINUATION OF REPORT

Name	HEM SIM LOONG		ID No.	S7955823J
Related Vehicle	FBR9500X (Motorcycle)		Contact No.	82679965
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver				
Name	TAN EK PHENG GALVIN		ID No.	S1699754D
Related Vehicle	SHA4440L (Car)		Contact No.	96830073
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 10/4/2021 at about 0200hrs, I was travelling along Upper Serangoon Rd in my blue Comfort Del Gro Cab (SHA4440L). I then turned left into the filter lane towards Hougang Ave 8. I had stopped behind a motorcycle (FBR9500X) before the dotted line. I then saw the bike moving forward and moved I forward too, concurrently checking my right for oncoming vehicles. I then heard a thud and realized my car had collided with the rear of the motorbike. I then looked forward to see the rider jump off the bike and landing on the floor. Said bike had then dropped towards the right.

I am unsure of the exact damages suffered on the bike, and my cab suffered scratches and dents on the front left headlight.

The rider was then conveyed by ambulance.

I had 2 passengers at that period of time and neither of them were injured. I do not have any of their particulars. I am not injured as well.

I am lodging this report for investigative purposes.



**SINGAPORE
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21 Kampong Java Road SINGAPORE
228892
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T/20210410/2016

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Report No. T/20210410/2016

CONTINUATION OF REPORT



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228892
Tel No. 1800-2959999



T/20210410/2016

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Report No. T/20210410/2016

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:
E /
Sgt 2 ADAM MALIK BIN MOHAMED ABUSALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/04/2021 05:46

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE
INVESTIGATIONAL REPORT

SN 72

SIGNATURE