

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	14/05/2021 22:26 (SGT)
Date of Accident	13/05/2021 20:50 (SGT)
Exact Location of Accident	248 Kim Keat Link, Singapore 310248
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1722H
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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) +65-96646022
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	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	1580

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	LEE KONG WAI, RAYMOND
NRIC No	SXXXX101J

Date Of Birth	22/04/1959
Occupation	Outdoor
Date Of Driving Pass	05/10/1983
Driving experience	37 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96646022
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 248 KIM KEAT LINK
Address complement	#02-71
Postcode	310248
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 Parked Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 13/05/2021 @ 2050HRS, I WAS PARKING MY VEHICLE A SHC1722H BELOW MY BLOCK 248 KIIM KEAT LINK. ON 14/05/2021 @ 0615HRS, I CAME DOWN TO TAKE MY CAR THEN ONLY I NOTICE THAT SOMEONE HIT AND RUN ON MY VEHICLE FRONT DRIVER SIDE. THE WITNESS WAS LEAVE A NOTE TO ME WITH HIS CONTACT : 9669 4682 NUMBER. THE VEHICLE B SLL8955L WAS REVERSE HIS VEHICLE OUT FROM PARKING LOT THEN ONLY HIT MY VEHICLE A. NO 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	FILE NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL8955L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

SKETCH PLAN

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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:

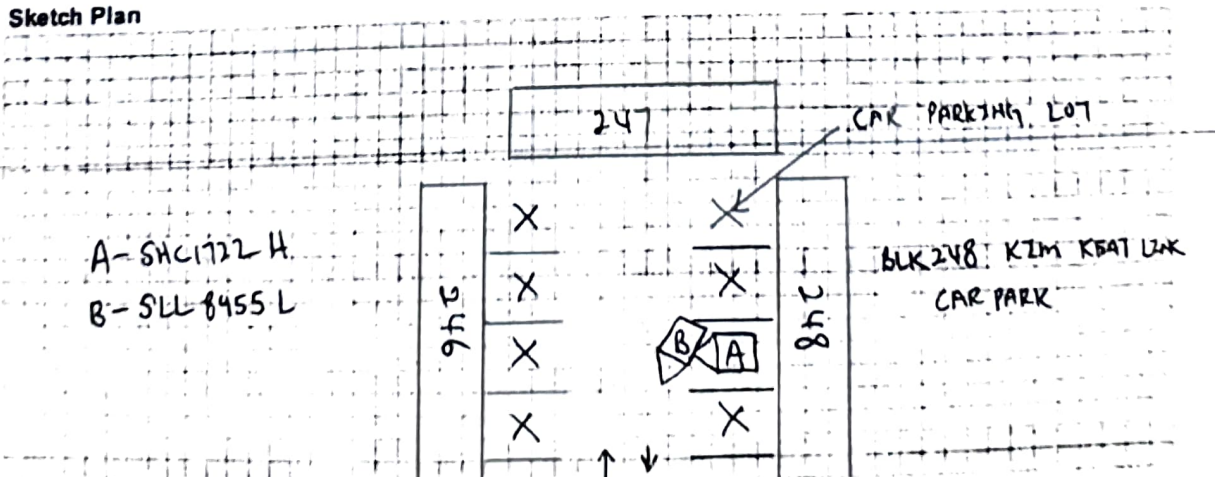
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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 13/5/21 @ 2050 HRS I WAS PARKING MY VEHICLE

A - SHC 1722 H BELOW MY BLK 248 KIM KBAT LINK. ON 14/5/21 @ 0615 HRS

I CAME DOWN TO TAKE MY CAR THAN ONLY I NOTICE THAT

SOMEBODY HIT AND RUN ON MY VEHICLE FRONT DRIVER SITE.

THE WITNESS WAS LEAVE A NOTE TO ME WITH HIS CONTACT: 9669 4682

NUMBER . THE VEHICLE B - SLL 8955L WAS REVERSE HIS CAR

OUT FROM PARKING LOT THAN ONLY HIT MY VEHICLE - A. NO INJURIES

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

14/5/21 1207 HRS



Witnessed by Reporting Centre Personnel

JAYKAM.



SINGAPORE POLICE FORCE



T/20210514/2031

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210514/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2021 12:51	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: LEE KONG WAI, RAYMOND			Address: APT BLK 248 KIM KEAT LINK #02-71 SINGAPORE 310248		
ID Type / ID No.: NRIC NO / S1347101J			Contact No.: Home/Office: Mobile: 96646022		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 22/04/1959	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

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/05/2021 20:50	Type of Location: Car park
Location: KIM KEAT LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1722H	Car				Seriously Damaged	0
SLL8955L	Car					0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20210514/2031

2 of 3

Report No. T/20210514/2031

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver			
Name	LEE KONG WAI, RAYMOND		ID No. S1347101J
Related Vehicle	NIL		Contact No. 96646022
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 13/05/2021 at about 1900hrs I parked my taxi (SHC1722H) at a open car park at Blk 248 Kim Keat Link and then returned home. On 14/05/2021 at 0630hrs I returned to the car park wanted to start my shift. I noticed a note on my wind screen. It stated that someone hit the side of my taxi and then drove off without stopping the vehicle number is SLL8955L. A video was also captured. The witness contact number is 96694682.

I then made a check on my taxi. I noticed that the front right side pumper was badly scratched and damaged. I do not have any in car camera installed in my taxi that was recording when stationery.



SINGAPORE
POLICE FORCE



T/20210514/2031

3 of 3

Report No. T/20210514/2031

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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 /

Sr Staff Sgt HUANG ZHENJIE

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

14/05/2021 12:51

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902



SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE