

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 19/03/2021 13:42 (SGT)
Date of Accident 19/03/2021 10:50 (SGT)
Exact Location of Accident Kovan, Singapore
Additional Location Information KOVAN MARKET CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1901H

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) +65-92711837
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 ONG HWEE HONG
NRIC No S1158539F

Date Of Birth	29/08/1956
Occupation	Outdoor
Date Of Driving Pass	27/05/1977
Driving experience	43 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92711837
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 114 EDGEFIELD PLAINS #09-376
Address complement	-
Postcode	820114
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 - Major/Minor Rd
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)	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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 19/3/21 AT ABOUT 1050HRS, I WAS DRIVING MY VEHICLE A (SHC1901H) ALONG THE OPEN SPACE CARPARK OF KOVAN MARKET. I WAS ABOUT TO REVERSE MY VEHICLE INTO A PARKING LOT. I STOPPED ON THE RIGHT SIDE OF THE ONE WAY LANE. I CHECKED CLEAR AND I PROCEEDED TO MAKE A LEFT TURN TO POSITION MY VEHICLE TO BE ABLE TO REVERSE IN. HOWEVER VEHICLE B (SMY4101E) CAME FROM MY LEFT REAR AND HIT MY FRONT LEFT BUMPER. THERE WAS SOME SCRATCHES. THERE WAS 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 IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY4101E
Vehicle Manufacturer	Toyota

Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	OW NGUANG SENG
NRIC No	S1455438F
Contact Number	(Phone) +65-91804453
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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:

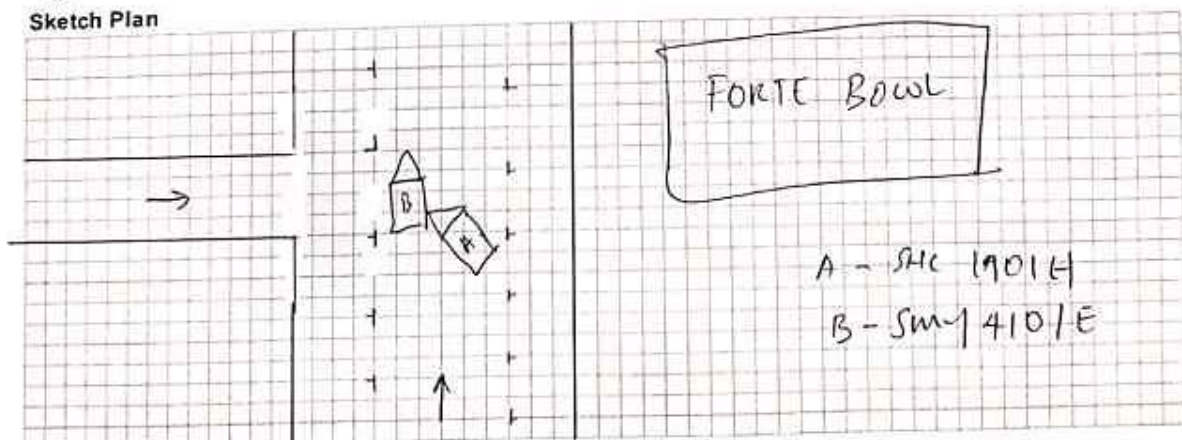
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 19/3/21 1245

Witnessed by Reporting Centre Personnel KH11

Sketch Plan



Describe Circumstances of the Accident

on 19/3/21 at around 1050 hrs, I was driving my vehicle A (SHC19014) along the open space carpark of Kovan market. I was about to reverse my vehicle into a parking lot. I stopped on the right side of the one way lane. I checked clear and I proceeded to make a left turn to position my vehicle to be able to reverse in. However vehicle B (SMY4101E) came from my left ^{rear} and hit my front left bumper. There was some scratches. There was no injury.

Declaration

We declare the foregoing particulars are true in every respect.

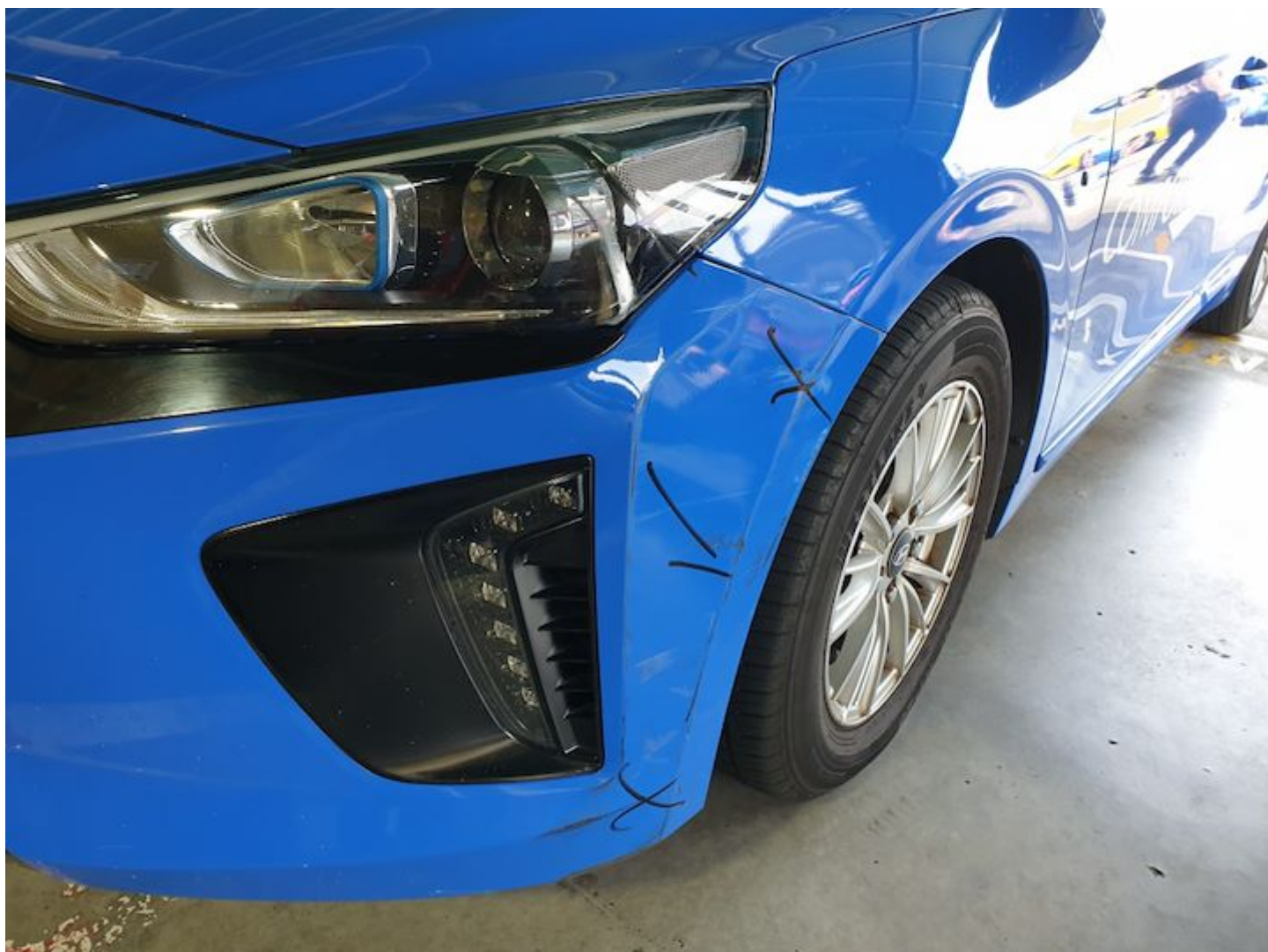
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 19/3/21 1245

Witnessed by Reporting Centre Personnel KHA1

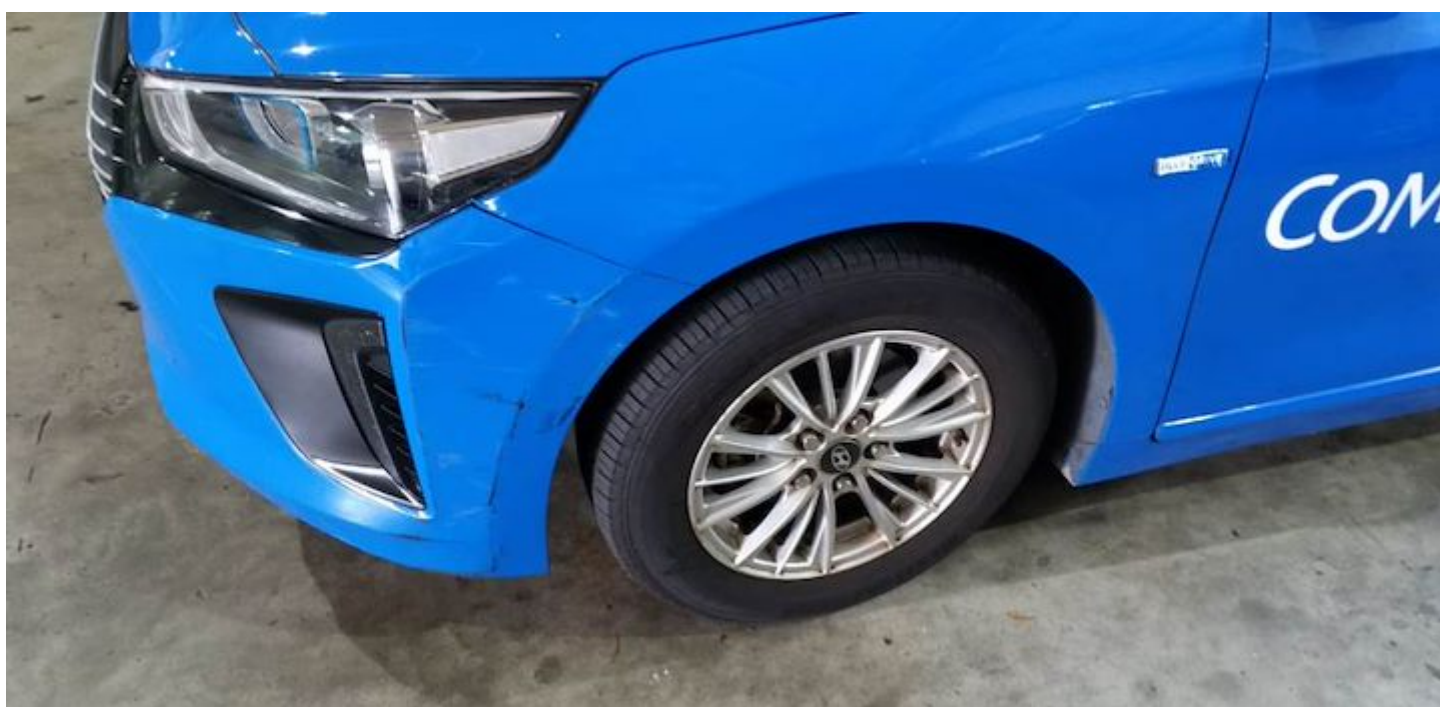




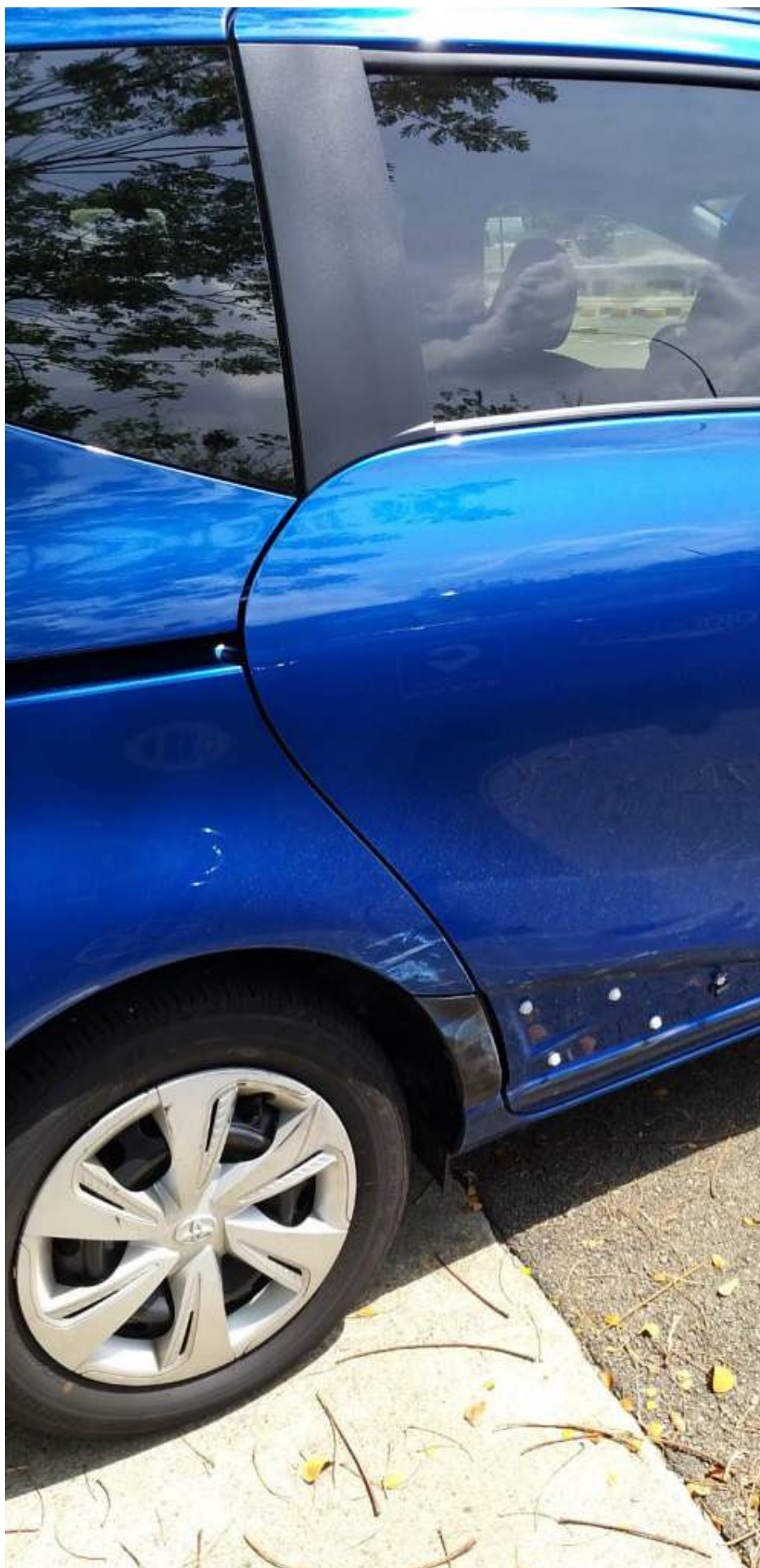















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20210331/2011

1 of 3

Report No. T/20210331/2011

RECEIVED
31 MAR 2021
BY: XI
REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2021 08:43		Vide Report No.:	Station Diary No.: 18
Informant's Particulars			
Name of Informant: ONG HWEE HONG		Address: APT BLK 114 EDGEFIELD PLAINS #09-376 SINGAPORE 820114	
ID Type / ID No.: NRIC NO / S1158539F		Contact No.: Home/Office: Mobile: 92711837	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 64	Date of Birth: 29/08/1956	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2021 11:00	Type of Location: Car Park
Location: HOUGANG STREET 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1901H	Car				Slightly Damaged	0
SMY4101E	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210331/2011

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210331/2011

CONTINUATION OF REPORT

Driver			
Name	ONG HWEE HONG	ID No.	S1158539F
Related Vehicle	NIL	Contact No.	92711837
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	NIL

Brief Details.

On 19/03/2021 at about 1050hrs, I was driving my vehicle bearing registration SHC1901H along the open space carpark of Kovan Market. I was about to reverse my vehicle to park at a lot. As such, I stopped on the right side of the one way lane. I then made a check and when it was clear, I proceeded to make a left turn to position my vehicle so as to reverse in to the lot. However, one vehicle bearing registration number SMY4101E came from the left rear and hit my from left bumper. The impact left some scratches. I was not injured during the incident and there was no passenger onboard my vehicle. The in-car dash camera was then submitted to my taxi company. The said driver of SMY4101E was also unhurt during that moment and I was unsure if there is any passenger onboard his car. That is all.



**SINGAPORE
POLICE FORCE**



T/20210331/2011

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210331/2011

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: F / Staff Sgt FARHAN BIN ABU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 31/03/2021 08:43
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 155

SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017715

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ04213J0006 Vehicle Registration No: SHC1901H
Name (as shown in NRIC) : Comfort Transportation Pte Ltd NRIC/FIN/Passport No : 1XXXXX821R
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 19.03.2021 Time of Accident : 10:50HRS
Place of Accident : Kovan, Singapore / KOVAN MARKET CARPARK
Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Uploaded police report - T/20210331/2011

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: NAZIHAH
NRIC/FIN No.:
Date: 31.03.2021



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