# **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.

- 4. The issue and acceptance of this is form by instrained 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 08/06/2021 16:58 (SGT) Date of Accident 07/06/2021 08:30 (SGT) Exact Location of Accident Woodlands Ave 4, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SHA4743M

#### 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) +65-91616946 Alternative Phone No (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Taxi Transmission Auto CC 1798

### **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 WEE SENG NRIC No S0521926D

Date Of Birth 21/07/1946 Occupation Outdoor Date Of Driving Pass 12/05/1965 Driving experience 56 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-91616946 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address APT BLK 658 YISHUN AVENUE 4 Address complement #05-347 Postcode SINGAPORE 760658 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Motorcyclist Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20210607/2011 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FV9524J Vehicle Manufacturer Vehicle Model Vehicle Variant

Motorcycle

Vehicle Colour
Vehicle Category

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	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FV9524J
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	_

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Declara	ition		1				
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	der's Signature / Date	& Driver's Sign			older) / Date Wit	nessed by Resorting (	Centre
Time		& Time	7/10/	2021 - 17		sonnel William	

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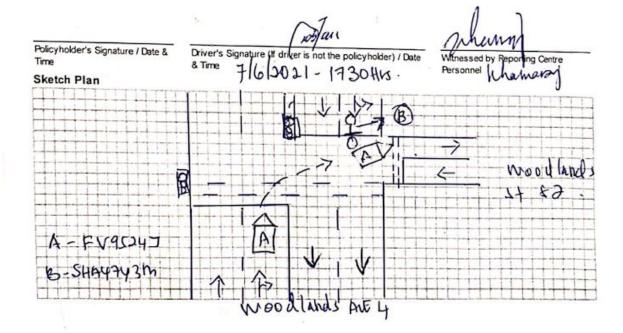
# IMPORTANT NOTICE

# SKETCH PLAN

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 6. The 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 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

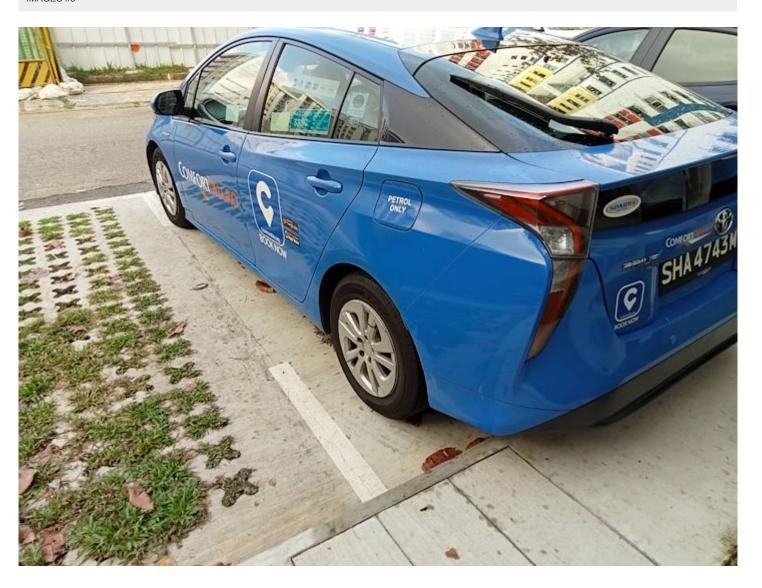
- (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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' law yers/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
- (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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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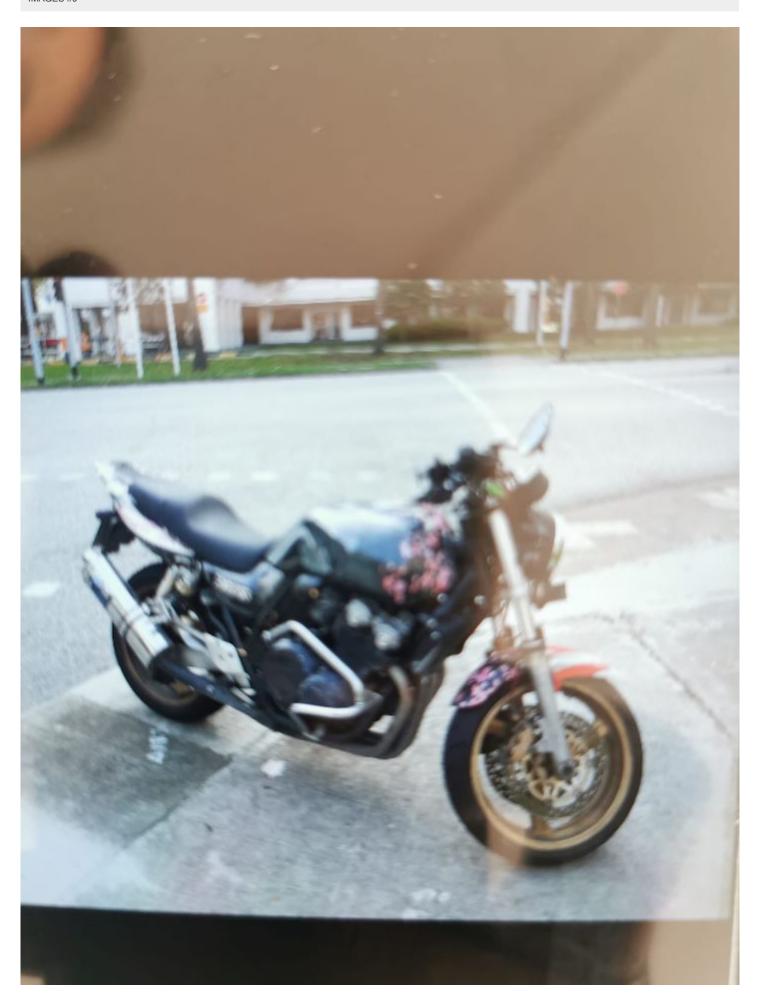


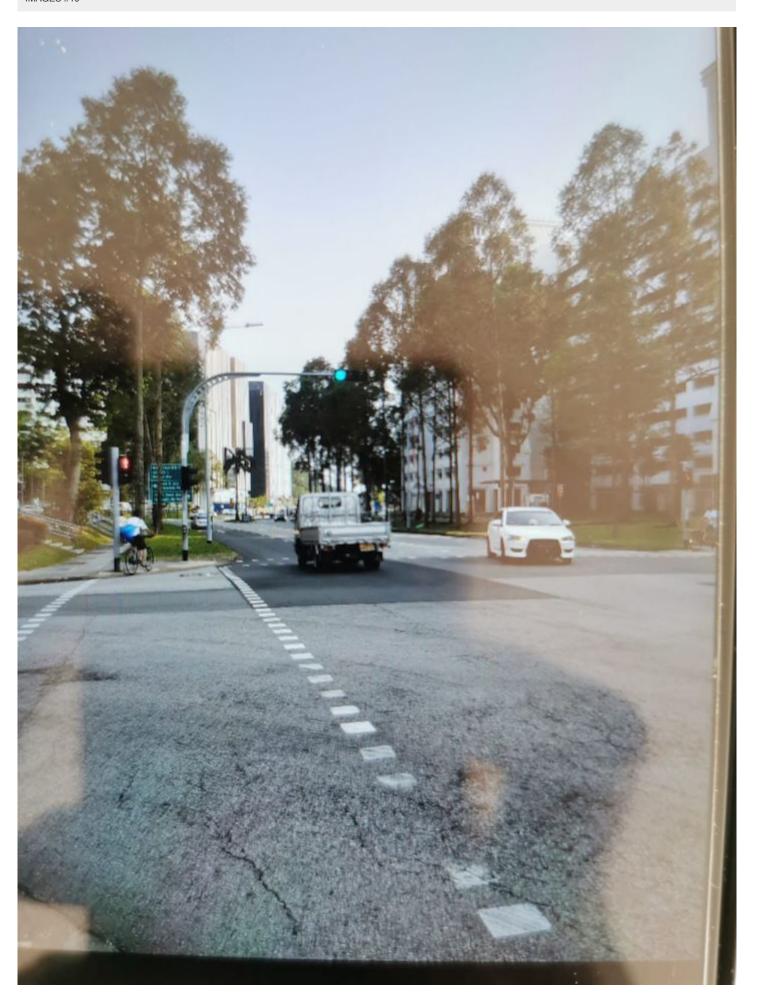














REPORT OF A TRAFFIC ACCIDENT

74

Male Race:

Chinese

Occupation:

Taxi driver



Institution / School Name:

Date of Expiry:

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

21/07/1946

1 of 3 Report No. T/20210607/2011

	Report Ma 1 10:01		Vide Report No.: L/20210607/0059	Station Diary No. 14	
Informant	's Particula	ars	<b>吸引色线运动</b> 1952		
Name of Ir TAN WEE			Address: APT BLK 658 YISHUN 760658	AVENUE 4 #05-347 SINGAPORE	
ID Type / ID No.: NRIC NO / S0521926D			Contact No.: Home/Office:	Mobile: 91616946	
Nationality: SINGAPORE CITIZEN		Email:			
Sev.	Age.	Date of Birth	Type of Informant:		

Driving Licence Information:

Driver

Language:

Chinese

Class: 3

Type of Accident:  Accident:  Accident Injury Attended by Police		Drink Date/Time of Accident: No 07/06/2021 08:3		Type of Location T-Junction	
WOODLAND:	S AVENUE 4	Road Surface:	Ţ,	Road Speed Limit:	
Cloudy		Dry			
		Traffic Control:		Traffic Volume: Light	
Traffic Flow: Dual Carriage	Way	Not Controlled	1	Light	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FV9524J	Motorcycle			Black	No Damage	0
SHA4743M	Car	TOYOTA		Blue	No Damage	0

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



Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

2 of 3 Report No. T/20210607/2011

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## CONTINUATION OF REPORT

Rider	AND THE RESERVE OF THE PARTY OF	Automotive and the second	Salar Salar Salar		
Name	MALE RIDER (MALAY)	ID No.	FREEZE	NIL	
Related Vehicle	FV9524J (Motorcycle)	Contact N	10.	NIL	
Hospital/Clinic	NIL	1 - 2 0 - 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL ted Medical Leave NIL	harge N	_		
No. of Days gran	Degree of	Injury N	_		
Name	TAN WEE SENG		Anthon to	31/E	(2011年) (17年7年) (17年)
	TAN WEE SENG		ID No.		S0521926D
Related Vehicle	SHA4743M (Car)				
	(Car)		Contact No.		91616946
ospital/Clinic NIL			Class of Driving Licence Expiry D	&	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		IL	
No. of Days grant	ted Medical Leave NIL	Degree of			

## Brief Details.

On 07/06/2021 at around 0830hrs, I was travelling along Woodlands Avenue 4 on the right most lane at the T-Junction. When it traffic light was green, I proceeded to make a right turn onto Woodlands Street 82. However, as I was approaching the junction, suddenly a cyclist was crossing the traffic light. Therefore, I stopped before the junction to let her cross first. After she was done crossing the road, I proceeded forward. But as soon as I drove forward, a motorcycle from the opposite lane of Woodlands Avenue 4 collided against the rear of my taxi and the rider fall onto the road.

I got off my vehicle to check on him and he said his shoulder and legs were hurting. Hence, he called for ambulance. Shortly after, traffic police and paramedics came. The rider was conveyed to hospital and the traffic police officer took my in-car camera memory card and told me to lodge a police report reference L/20210607/0059.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

Report No. T/202106

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 the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference

Signature Of Officer Recording The Report:	Signature Of Informant:			
Sgt 3 OH HONG LI	feetal.			
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2021 10:01			
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MARIAH BINTE ZAKARIA	Classification Of Case:			
Contact No.: 65476433	SN 085			
Authentication Stamp NP168 Singa	Pore Police Force			

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