

## 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	13/06/2021 15:13 (SGT)
Date of Accident	11/06/2021 23:23 (SGT)
Exact Location of Accident	Choa Chu Kang East Flyover, Singapore
Additional Location Information	TOWARDS YEW TEE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3465L
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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) +65-97655544
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	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	FAM WUI YIN
NRIC No	SXXXX137C

Date Of Birth	04/12/1976
Occupation	Outdoor
Date Of Driving Pass	31/12/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97655544
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	24 WOODLANDS DRIVE 16 #10-10
Address complement	-
Postcode	737881
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 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	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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 12/06/2021 AT ABOUT 2323HRS I WAS DRIVING MY CAR SHC3465L ALONG CHOA CHU KANG EAST FLYOVER TOWARDS YEW TEE . WHILE I WAS IN THE MOST RIGHT LANE ( RIGHT TURN ONLY LANE), WAITING FOR THE TRAFFIC LIGHT TO TURN RIGHT GREEN ARROW. SUBSEQUENTLY, ONCE THE TRAFFIC LIGHT TURNED TO RIGHT GREEN ARROW, I PROCEEDED TO TURN INTO THE ROAD GOING TOWARDS KJE (BKE). WHILE I WAS TURNING INTO THE SAID ROAD, ONE MOTORBIKE FF6006S COME FROM THE OPPOSITE DIRECTION AND COLLIDED ONTO MY FRONT LEFT SIDE OF THE CAR.

#### 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	FF6006S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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

RIDER  
-  
-  
-  
-  
UNKNOWN  
FF6006S  
-  
Yes

## SKETCH PLAN

## IMPORTANT NOTICE

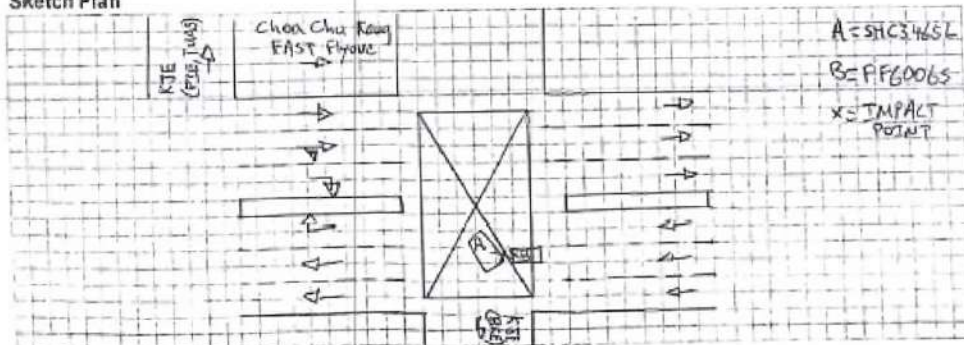
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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 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' 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 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' law yers/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.

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 12/04/2021 at about 2.52 hrs I was driving my car (SHC34654) along Chon Chu Kang East flyover towards Yew Tee. While I was in the most right lane (right turn only lane), waiting for the traffic light to turn right green arrow. Subsequently, once the traffic light turned to right green arrow, I proceeded to turn into the road going towards KJE (RKE). While I was turning into the said road, one motorbike (FF60063) came from the opposite direction and collided onto my front left side of the car.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Will'iam for 12/04/2021 @ 2.52 hrs  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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# SINGAPORE POLICE FORCE



T/20210612/2014

1 of 3

Report No. T/20210612/2014

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/06/2021 09:31	Vide Report No.: J/20210611/0194	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: FAM WUI YIN			Address: 24 WOODLANDS DRIVE 16 #10-10 SINGAPORE 737881	
ID Type / ID No.: NRIC NO / S7640137C			Contact No.: Home/Office: Mobile: 97655544	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 04/12/1976	Type of Informant: Driver	
Race: Chinese			Language: English	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: 11/06/2021 23:20	Type of Location: X-Junction
Location:  CHOA CHU KANG DRIVE				
Lamp Post Number: 58				
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 On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF6006S	Motorcycle	YAMAHA	FZ 16	Black		0
SHC3465L	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	Seriously Damaged	1

**Details of Person Involved**

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



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POLICE FORCE**



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Report No. T/20210612/2014

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**CONTINUATION OF REPORT**

Driver				
Name	FAM WUI YIN		ID No.	S7640137C
Related Vehicle	SHC3465L (Car)		Contact No.	97655544
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 11/06/21 at about 11:23.p.m, I was driving my taxi bearing vehicle registration number, SHC3465L and was travelling along the Choa Chu Kang Drive, direction heading towards Yew Tee.

Upon reaching at traffic junction of Choa Chu Kang Drive, Choa Chu Kang EAST Flyer over (Lamp Post number 58), I waited for the green light arrow to flash.

I then made a right turn towards Kranji Express Way when the green light arrow flashed. Suddenly, a motorcycle bearing vehicle registration number, FF6006S collided onto the front left portion of my vehicle.

Subsequently, he fell onto the floor and was in his semi-conscious. I alighted from my taxi to render assistance.

We were attended by the traffic police later. The said rider was conveyed by ambulance respectively.

I am lodging this report as advised by Traffic Police.





**SINGAPORE  
POLICE FORCE**



T/20210612/2014

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Report No. T/20210612/2014

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

**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 /

Sr Staff Sgt TEOH PREECHA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt LIM ENG KUAN, CLARENCE

Contact No.: 65476200

SN 168



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

12/06/2021 09:31

Classification Of Case: