

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	18/06/2021 11:07 (SGT)
Date of Accident	17/06/2021 12:40 (SGT)
Exact Location of Accident	Bukit Timah Rd, Singapore
Additional Location Information	TOWARDS STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8944G
-----------------------------	---------

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) +65-98153939
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	SNG SWEE HUNG TONY
NRIC No	SXXXX156D

Date Of Birth	23/01/1956
Occupation	Outdoor
Date Of Driving Pass	03/01/1980
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98153939
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 61 CIRCUIT ROAD #08-225
Address complement	-
Postcode	370061
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?	No
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	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/2021067/2056

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	SLZ6195C
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SNG SWEE HUNG TONY
Address	BLK 61 CIRCUIT ROAD #08-225
Address Complement	-
Post Code	370061
Approximate Age Years Old	66
Injuries Sustained	GIVEN 3 DAYS MC
Injured person in which vehicle?	SH8944G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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 willful 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. 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' 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")

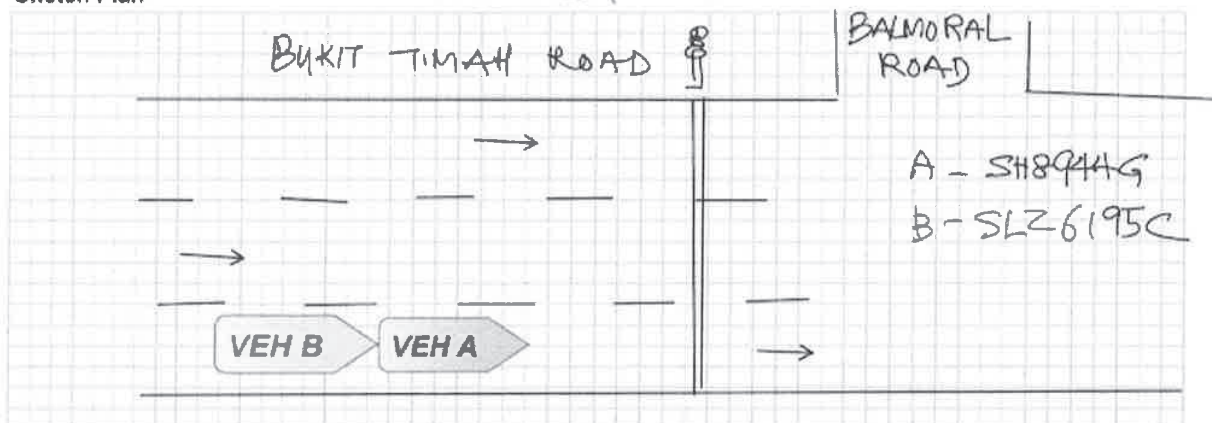
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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
T/2021067/2056

Declaration

I/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





17.06.2021 18.05HRS

Kygn Yong



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20210617/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2021 16:18	Vide Report No.:	Station Diary No.: 13
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SNG SWEE HUNG TONY			Address: APT BLK 61 CIRCUIT ROAD #08-225 SINGAPORE 370061		
ID Type / ID No.: NRIC NO / S1247156D			Contact No.: Home/Office: Mobile: 98153939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 23/01/1956	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 Others	Drink Drive: No	Date/Time of Accident: 17/06/2021 12:40	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8944G	Car	TOYOTA		Blue	Slightly Damaged	2
SLZ6195C	Car	MAZDA		Red	Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver				
Name	SNG SWEE HUNG TONY		ID No.	S1247156D
Related Vehicle	SH8944G (Car)		Contact No.	98153939
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/06/2021		Date Discharge	17/06/2021
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Name	Unknown		ID No.	NIL
Related Vehicle	SLZ6195C (Car)		Contact No.	NIL
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 17.06.2021 at about 1240hrs, I was driving my vehicle SH8944G (Toyota Blue) with 2 pax on board along Bukit Timah Road lane 1 of a 3 lane road towards Stevens Road. The traffic light is red and my vehicle is stationary, subsequently I felt an impact on the rear portion of my vehicle. I came out from my vehicle and noticed my vehicle is involved in a minor RTA with another vehicle SLZ6195C. My 2 passenger is believed to be a mother and son (Chinese), I have checked with them, however they informed that they do not required any Ambulance Service and refused to give me any particulars.

I asked for the other driver particulars, however the other driver refused to give and left the scene. At about 1530hrs, I went to W Y Teh Family and Surgery for medical treatment and was given 3 days of out patient leave. My vehicle is installed with front and rear camera.

SP
S1247156/D



Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 3

Report No. T/20210617/2056

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 TAN HOCK CHYE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/06/2021 16:18

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

