

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	17/06/2021 10:53 (SGT)
Date of Accident	16/06/2021 10:20 (SGT)
Exact Location of Accident	Whitley Rd, Singapore
Additional Location Information	TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3719A
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) +65-96908244
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 MUI CHIANG
NRIC No	SXXXX253J

Date Of Birth	20/01/1953
Occupation	Outdoor
Date Of Driving Pass	03/07/1974
Driving experience	46 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96908244
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 323A SENGKANG EAST WAY #12-541
Address complement	-
Postcode	541323
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

PLEASE REFER TO POLICE REPORT
T/20210616/2059

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	SLC2155R
Vehicle Manufacturer	Citroen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH
Contact Number	(Phone) +65-91389736
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE MUI CHIANG
Address	BLK 323A SENGKANG EAST WAY #12-541
Address Complement	-
Post Code	541323
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN - 5 DAYS MC
Injured person in which vehicle?	SHD3719A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND SHOULDER PAIN
Injured person in which vehicle?	SHD3719A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

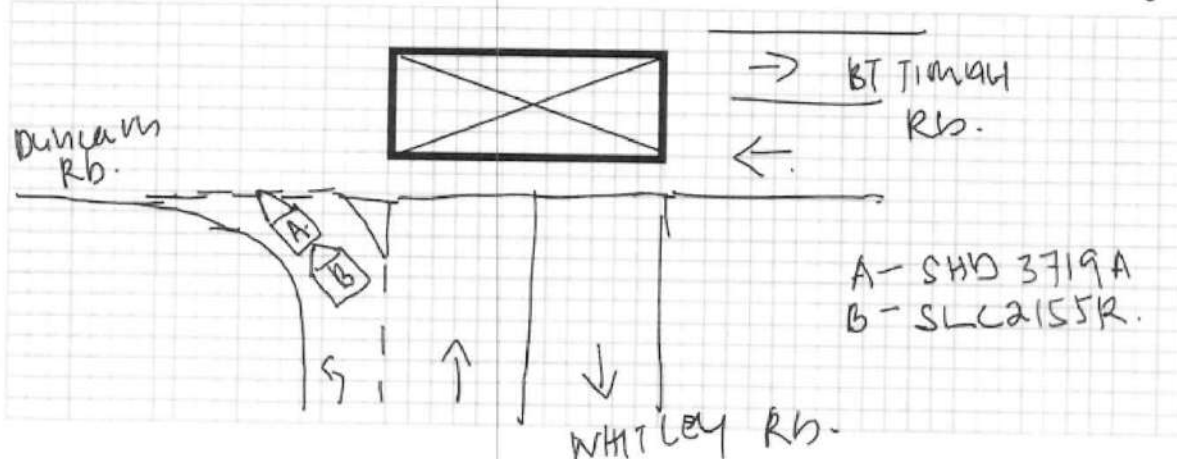
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

PLEASE REFER TO POLICE REPORT
T/20210616/2059

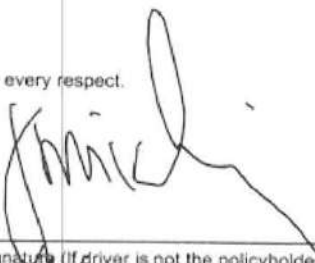
Declaration

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


16/6/21 - 16:10 Hrs.


Khanamaj



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

Report No. T/20210616/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2021 14:09	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: LEE MUI CHIANG			Address: APT BLK 323A SENGKANG EAST WAY #12-541 SINGAPORE 541323		
ID Type / ID No.: NRIC NO / S0014253J			Contact No.: Home/Office: Mobile: 96908244		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 20/01/1953	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:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/06/2021 10:20	Type of Location: Filter Lane
Location: WHITLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHD3719A	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue		1
SLC2155R	Car	CITROEN	C4 PICASSO 1.6 BLUEHDI EAT6	Silver		0



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

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LEE MUI CHIANG	ID No.	S0014253J	
Related Vehicle	SHD3719A (Car)	Contact No.	96908244	
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	16/06/2021	Date Discharge	16/06/2021	
No. of Days granted Medical Leave	05	Degree of Injury	NIL	
Driver				
Name	MR KOH	ID No.	NIL	
Related Vehicle	SLC2155R (Car)	Contact No.	91389736	
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 16/06/2021 at about 10.18am, I was driving my taxi (SHD3719A) with one passenger on board along Whitley Road. I was at the filter lane heading towards Dunearn Road in a stationery position checking for the traffic on the main road to clear.

Suddenly, I felt impact coming from the rear and realised there was a car (SLC2155R) collided onto the rear portion of my taxi which resulted to damage.

No one was injured at that point in time. My passenger informed that she will visit doctor on herself later. My company front and rear in-car camera was on recording mode and believed it captured the accident footage.

The car driver verbally introduced his name as Mr Koh, Hp: 91389736. We did not exchange particulars with each other.

After the accident, I felt unwell and seek medical treatment at a private clinic and was given 5 days of MC from 16/06/2021 to 20/06/2021.

I will report this accident to my taxi company after I have lodge police report.



**SINGAPORE
POLICE FORCE**



T/20210616/2059

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

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Report No. T/20210616/2059

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210616/2059

3 of 4

Police Station Of Origin:

Tampines North NPP

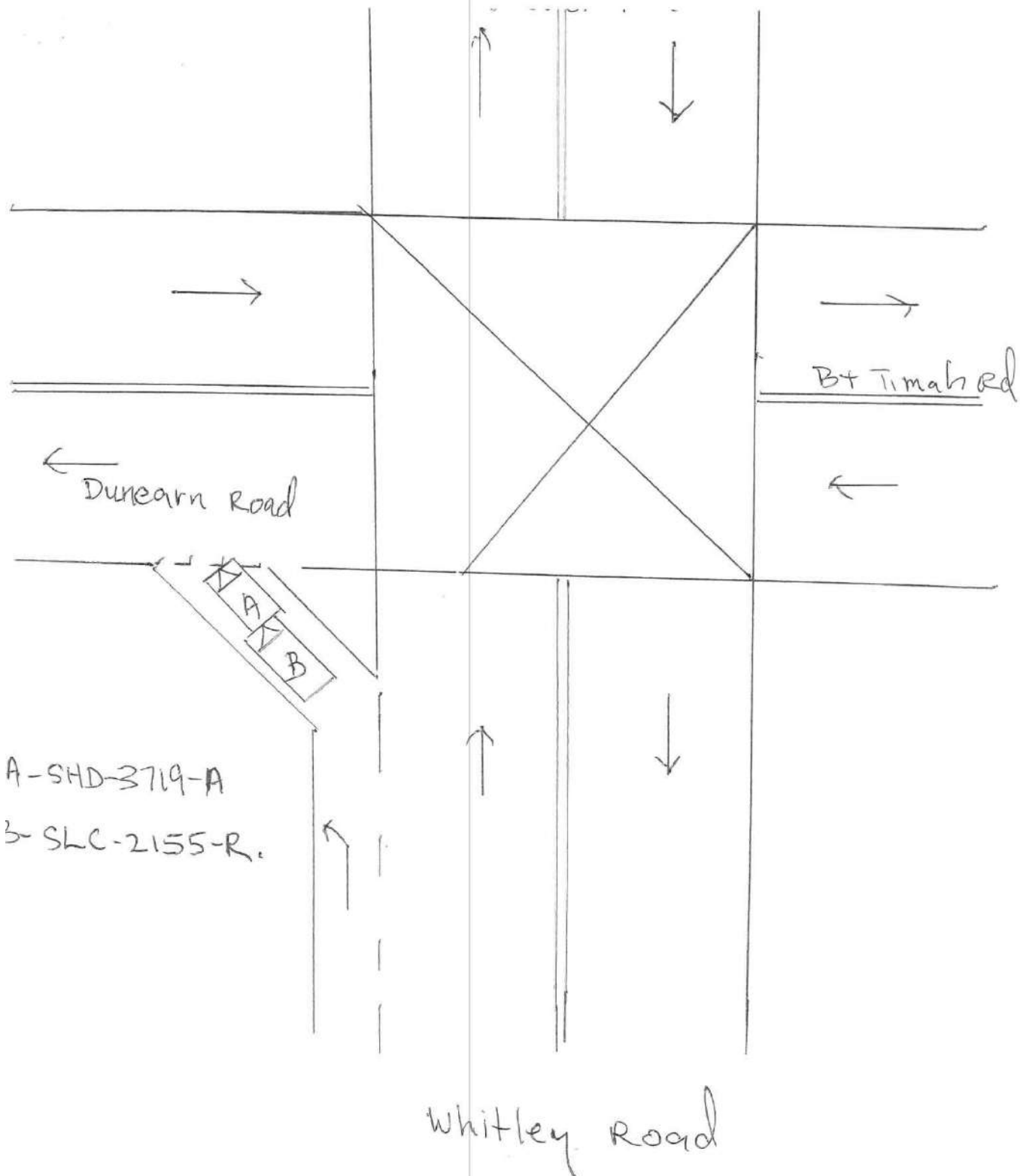
461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

Report No. T/20210616/2059

CONTINUATION OF REPORT



A-SHD-3719-A

B-SLC-2155-R.