

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	26/06/2021 13:56 (SGT)
Date of Accident	25/06/2021 18:20 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9937X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD Co Reg
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-90997893
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	LAM WAI KIAT (LIN WEIJIE)
NRIC No	SXXXX196J

Date Of Birth	24/05/1977
Occupation	Outdoor
Date Of Driving Pass	01/12/2000
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90997893
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 418C FERNVALE LINK
Address complement	#18-170
Postcode	SINGAPORE 793418
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 - U-Turn
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

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 25/06/2021 AT ABOUT 1820HRS, I WAS TRAVELLING ALONG HOUGANG AVE 3. I WAS AT THE CENTER LANE AND IN A STATIONARY POSITION. SUDDENLY I FELT A BIG IMPACT ON MY LEFT REAR SIDE. I NEED TO SEE A DOCTOR AS I FEEL THE STRAIN ON MY NECK AND MY WAIST. MY PASSENGER WILL ALSO MEET THE DOCTOR.

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ7782K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SME734K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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?	-

SKETCH PLAN

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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' 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

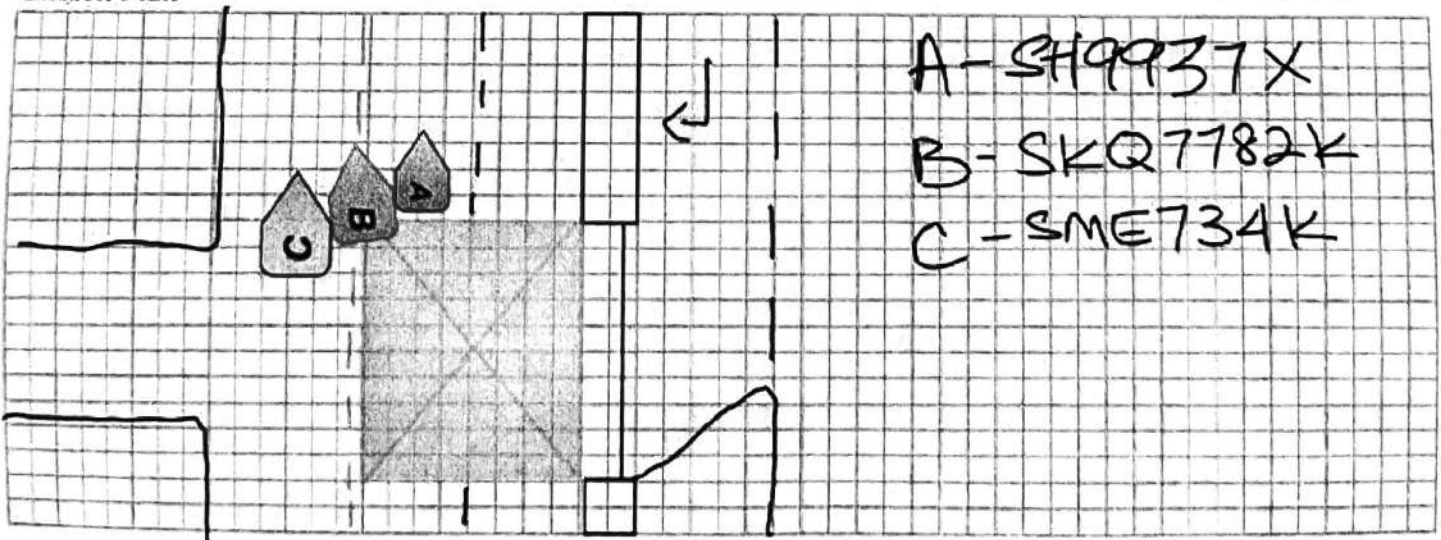
Driver's Signature (If driver is not the Policyholder) / Date & Time

20:40 25.06.21

Witnessed by Reporting Centre Personnel

MONAZARIN

Sketch Plan



Describe Circumstances of the Accident

ON 25062021 AT ABOUT 1820HRS, I WAS TRAVELLING ALONG HOUGANG AVE 3. I WAS AT THE CENTER LANE AND IN A STATIONARY POSITION. SUDDENLY I FELT A BIG IMPACT ON MY LEFT REAR SIDE. I NEED TO SEE A DOCTOR AS I FEEL THE STRAIN ON MY NECK AND MY WAIST. MY PASSENGER WILL ALSO MEET THE DOCTOR.

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

20:40 25.06.21

Witnessed by Reporting Centre Personnel

MO NAZRIN



SINGAPORE POLICE FORCE



T/20210625/2110

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20210625/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2021 23:06	Vide Report No.:	Station Diary No.: 133
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Informant's Particulars

Name of Informant: LAM WAI KIAT		Address: APT BLK 418C FERNVALE LINK #18-170 SINGAPORE 793418	
ID Type / ID No.: NRIC NO / S7714196J		Contact No.: Home/Office:	Mobile: 90997893
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 24/05/1977	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: 25/06/2021 18:20	Type of Location: Straight Road
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
SH9937X	Taxi					1
SKQ7782K	Car	Myo				0
SME734K						0



Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LAM WAI KIAT	ID No.	S7714196J
Related Vehicle	SH9937X (Taxi)	Contact No.	90997893
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	Lee Zhi Ying	ID No.	S8712524F
Related Vehicle	SH9937X (Taxi)	Contact No.	96419650
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/06/2021	Date Discharge	25/06/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

I am Lam Wai Kiat (Lin Weijie) , NRIC S7714196J, DOB 24/05/1977 residing at Block 418C Fernvale Link #18-170 Singapore 793418. Contact number 90997893. I am a Taxi Driver.

On 25/06/2021 at about 1820hrs, I was driving my Blue Comfort Taxi bearing the registration number SH9937X (V1) along Hougang Avenue 3, a 3 lane road. I wish to inform that at that point in time, the traffic was moderate and my vehicle was stationary on middle lane due to the traffic condition and I had a male customer whom was seated in the left rear passenger seat of my taxi.

I wish to state that there is a yellow box marking on the road behind the area that my vehicle was stationary at as there was a U-Turn Point from the other side of the road. The yellow box was only covering the rightmost and middle lane.

Whilst I was stationary, out of a sudden, I felt an impact coming from the rear side portion of my vehicle. It took me sometime before I got out of the car to make a check. When I got out, I discovered that an Audi car bearing the registration number SKQ7782K (V2) had collided into the rear left portion of my taxi and it sustained damages and the extent and cause of the damage is yet to be determined. I also wish to inform that another white colored vehicle bearing the registration number SME734K (V3) was also seen on the leftmost lane and was involved in the accident as well.

I did not manage to exchange any particulars with any of the drivers that is involved in the accident but



**SINGAPORE
POLICE FORCE**



T/20210625/2110

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2 Sengkang Square #01-02 SINGAPORE
545025
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Report No. T/20210625/2110

CONTINUATION OF REPORT

only had their number plates. However, I managed to get a footage from a fellow road user whose in-car camera had managed to capture the incident. It was seen from the footage that V2 was making a U-Turn from the other side of the traffic and had manouvered and turned directly into the leftmost lane. V3 was approaching from the leftmost lane and did not manage to stop in time and was involved in a collision with V2. V2 then collided into my vehicle V1.

No police or ambulance came to scene and we then left the scene.

Subsequently after, my passenger and I felt pain and had subsequently went to Block 829 Tampines Street 81 #01-292, Our Family Physician Clinic and Surgery to get assessed. Myself and my passenger was given 3 days MC by the clinic after the doctor's assessment. My Medical certificate number is OD-TP0000117144. I wish to inform that my passenger namely Lee Zhi Ying, S8712524F, Contact number 96419650. That is all.



SINGAPORE POLICE FORCE



T/20210625/2110

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Tel No: 1800-343 8999

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Report No. T/20210625/2110

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 /

Sgt 3 MOHAMMED RAMDHAN BIN ROSELAN
PANE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID AL'HINDUAN

Contact No.: 65476404

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY DAY

Signature Of Informant:

Date/Time:

25/06/2021 23:06

Classification Of Case:

SN 159

SIGNATURE