

## 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              | 21/07/2021 18:05 (SGT) |
| Date of Accident                | 20/07/2021 09:30 (SGT) |
| Exact Location of Accident      | PIE, Singapore         |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |                                |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SHD3380S                       |
| 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) +65-98383576           |
| Alternative Phone No        | (Office) +65-65508768          |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | I40                       |
| 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   | 1685                      |

#### 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 | ANG LAM PENG |
| NRIC No        | SXXXX774E    |

|  |                                |
|--|--------------------------------|
| Date Of Birth  | 18/08/1975                     |
| Occupation   | Outdoor                        |
| Date Of Driving Pass   | 01/07/1996                     |
| Driving experience   | 25 YEARS                       |
| Gender   | Male                           |
| Mobile Number  | (Phone) +65-98383576           |
| Alt. Phone Number  | -                              |
| Email Address  | fleetsafety@cdgtaxi.com.sg     |
| Address  | BLK 436B FERNVALE ROAD #16-174 |
| Address complement   | -                              |
| Postcode   | 792436                         |
| 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 vehicle or property damaged?  | Yes |
| Number of Passengers (Including Driver)   | 4   |
| 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 | Female  |

#### PASSENGER 3

|        |         |
|--------|---------|
| Name   | UNKNOWN |
| Gender | Male    |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police?  | Yes                              |
| Police Station Name                       | Traffic Police                   |
| Police Station Phone No                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No              | (Fax) +65-65474900               |
| Police Station Address                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No                               |
| If yes, against whom?                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT  
T/ 20210720/7006

#### ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident  
Was there any audio recorded?

Yes  
Yes  
FILE IS NOT SUITABLE  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC4873G

Vehicle Manufacturer

-

Vehicle Model

-

Vehicle Variant

-

Vehicle Colour

-

Vehicle Category

Commercial vehicle

Name of Driver

-

Contact Number

(Phone) +65-91543577

Address

-

Address complement

-

Postcode

-

Insurance Company Name

-

Nature Of Damage

-

Details of property damaged in accident

-

No. Of Passenger (Including Driver)

3

#### INJURED PERSONS DETAILS

INJURED 1

Name of injured person

ANG LAM PENG

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

NECK PAIN

Injured person in which vehicle?

SHD3380S

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

No

#### WITNESS DETAILS

WITNESS 1

Name

MR HIDAYAT

Phone

(Phone) +65-96588000

Email

-



SKETCH PLANIMPORTANT 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.
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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:

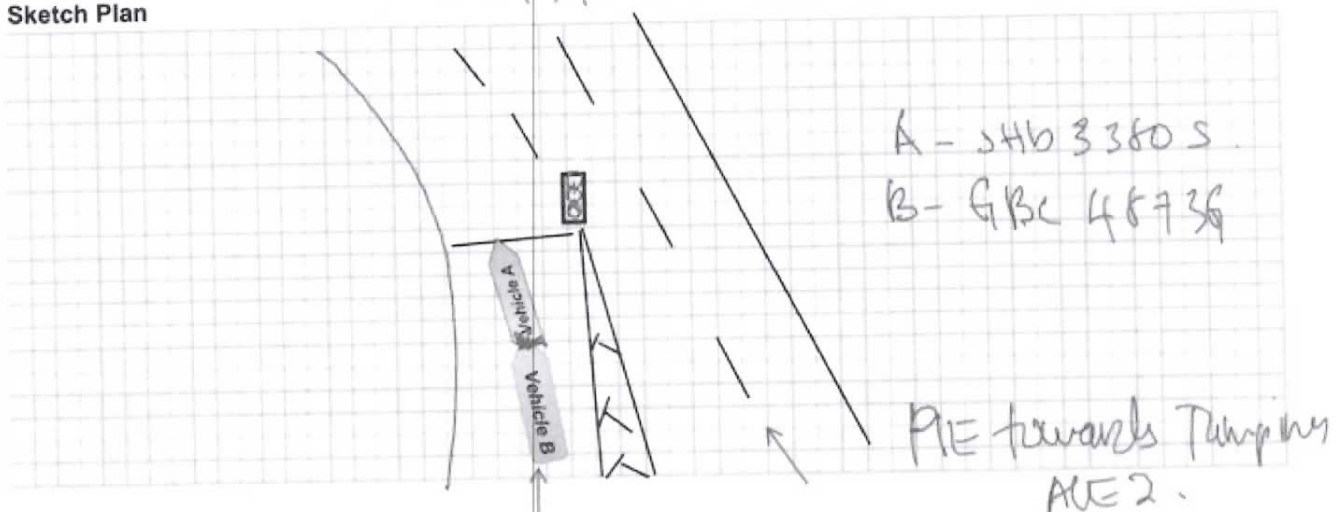
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

PLEASE REFER TO POLICE REPORT  
T/ 20210720/7006

**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

Anglanying

20/7/2021 - 1250H

Khannang  
Khannang



**SINGAPORE  
POLICE FORCE**



T/20210720/7009

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210720/7009

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>20/07/2021 13:12 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |                              |   |                            |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant:<br>ANG LAM PENG       |            |                              | Address:<br>436B FERNVALE ROAD #16-174 SINGAPORE 792436       |                            |
| ID Type / ID No.:<br>NRIC NO / S7524774E |            |                              | Contact No.:<br>Home/Office:                                  | Mobile: 98383576           |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>fernvalebanana@gmail.com                            |                            |
| Sex:<br>Male                             | Age:<br>45 | Date of Birth:<br>18/08/1975 | Type of Informant:<br>Driver                                  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English  | Institution / School Name: |
| Occupation:                              |            |                              | Driving Licence Information:<br>Class:<br><br>Date of Expiry: |                            |

**General Information of the Accident**

| General Information of the Accident                          |                              |   |  |                                      |
|--|------------------------------|---|--|--------------------------------------|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>20/07/2021 09:30 | Type of Location:<br>Bend            |
| Location:<br><br>PAN ISLAND EXPRESSWAY                       |                              |   |  |                                      |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                      |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                      |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |   |  | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type  | Make    | Model   | Color | Conditio            | No of |
|-------------|-------|---------|---------|-------|---------------------|-------|
| GBC4873G    | Lorry | NISSAN  | Cabstar |       | Slightly<br>Damaged | 0     |
| SHD3380S    | Car   | HYUNDAI | i40     | Blue  | Slightly<br>Damaged | 3     |





**SINGAPORE  
POLICE FORCE**



T/20210720/7009

2 of 3

Report No. T/20210720/7009

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

| Details of Person Involved        |                        |  |                                   |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                        |  |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                        |  | Use of Pedestrian Crossing: NA    |                                   |
| Driver                            |                        |  |                                   |                                   |
| Name                              | LAM KOK HUANG          |  | ID No.                            | G7391521Q                         |
| Related Vehicle                   | GBC4873G (Lorry)       |  | Contact No.                       | 91543577                          |
| Hospital/Clinic                   | NIL                    |  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                    |  | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                    |  | Degree of                         | NIL                               |
| Driver                            |                        |  |                                   |                                   |
| Name                              | ANG LAM PENG           |  | ID No.                            | S7524774E                         |
| Related Vehicle                   | SHD3380S (Car)         |  | Contact No.                       | 98383576                          |
| Hospital/Clinic                   | 24 HOUR WALK-IN CLINIC |  | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 20/07/2021             |  | Date                              | 20/07/2021                        |
| No. of Days granted Medical Leave | 03                     |  | Degree of                         | Slight                            |

**Brief Details.**

I was travelling on PIE CHANGI and exited into Tampines Ave 2, stationary before the traffic lights when a lorry collided into me from the rear. Traffic police and ambulance attended to the scene and advised us to exchange particulars. I sought medical attention at the nearest clinic and was given three days of medical leave. I was advised to lodge an accident report with the case reference number : G/20210720/0092.

I am making an amendment to my report T/20210720/7006 as I have input the wrong number of passengers, it should be three instead of one, of which two were conveyed to Changi General Hospital for treatment.

I am making an amendment to my report T20210720/7008 as I have incorrectly filled in the number of passengers on the lorry. It should be 0 passengers instead of 3.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210720/7009

3 of 3

Report No. T/20210720/7009

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
THABAGESH JEYATHESH  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
20/07/2021 13:12

Classification Of Case: