

# 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 16:00 (SGT)  
Date of Accident ..... 20/07/2021 14:10 (SGT)  
Exact Location of Accident ..... Elias Rd, Singapore  
Additional Location Information ..... TOWARDS PASIR RIS DRIVE 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA4042C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORT TRANSPORTATION PTE LTD  
Company Reg No ..... 199303821R  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-91517938  
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 ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
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 ..... KOH KEE ENG  
NRIC No ..... S0020841H

Date Of Birth .....	14/04/1952
Occupation .....	Outdoor
Date Of Driving Pass .....	15/10/1973
Driving experience .....	47 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91517938
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 137 LORONG AH SOO #04-522
Address complement .....	-
Postcode .....	530137
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 - Major/Minor Rd
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 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? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20210720/2040

#### 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 .....	SLE7947D
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-91789718
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 .....	UNKNOWN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLE7947D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

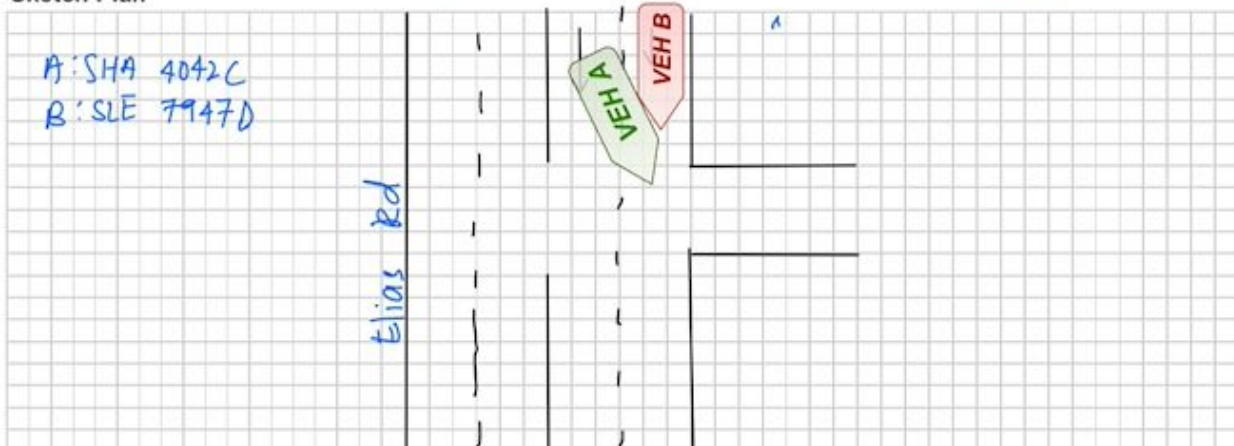
**SKETCH PLAN****IMPORTANT NOTICE**

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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 20/7/21 1510

Witnessed by Reporting Centre Personnel Sayant

**Sketch Plan**

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20210720/2040

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 20/7/21 1505

Witnessed by Reporting Centre Personnel Sayat



























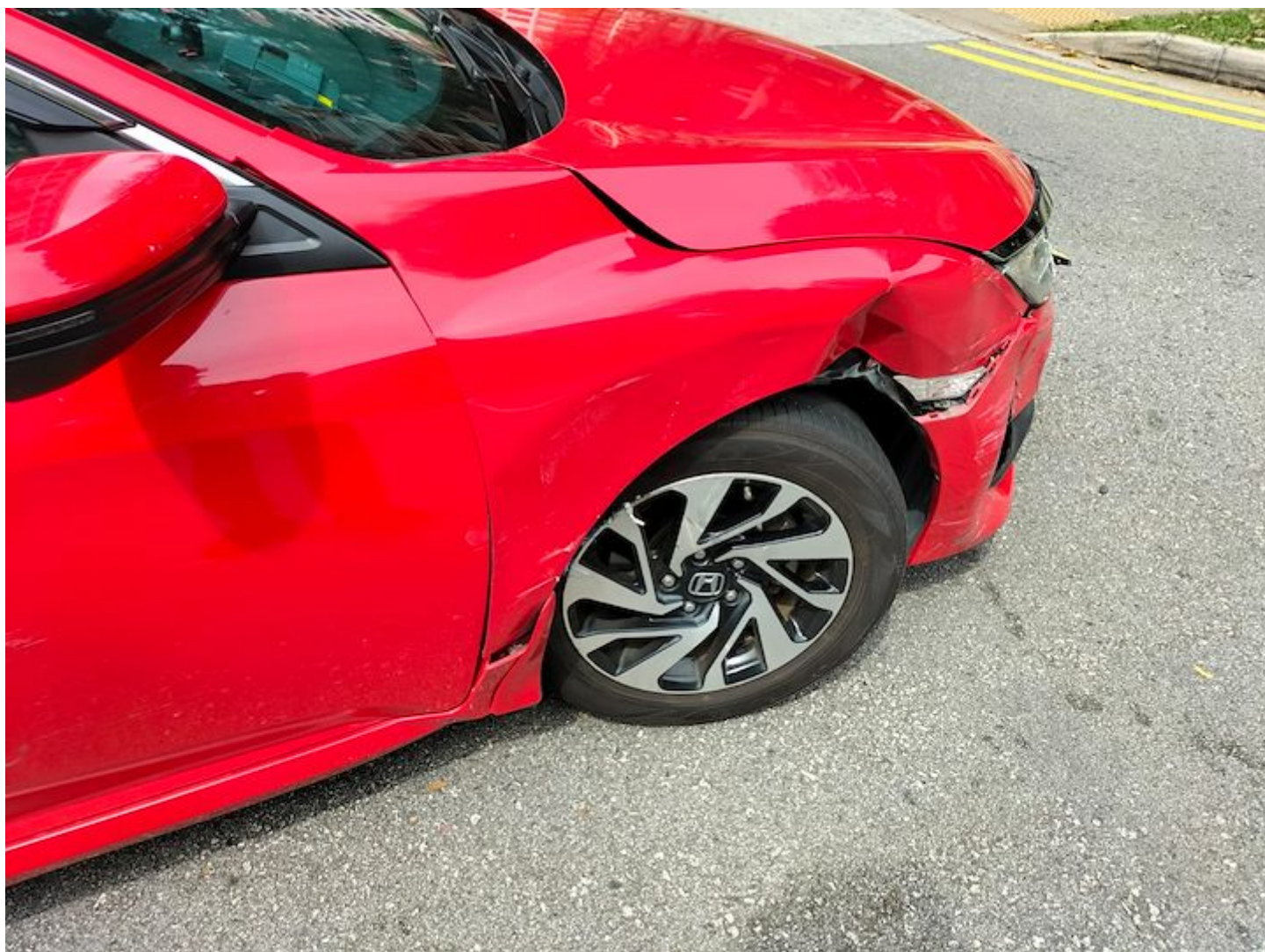





















**SINGAPORE  
POLICE FORCE**


T120210720/0139

1 of 3

Report No. T120210720/0139

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
20/07/2021 16:26

Vide Report No.:  
G/20210720/0139

Station Diary No.:  
60

**Informant's Particulars**

Name of Informant:  
KOH KEE ENG

Address:  
APT BLK 137 LORONG AH SOO #04-522 SINGAPORE  
530137

ID Type / ID No.:  
NRIC NO / S0020841H

Contact No.:  
Home/Office: Mobile: 91517938

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 69 14/04/1952

Type of Informant:  
Driver

Race:  
Chinese

Language:

Institution / School Name:

Occupation:  
Taxi driver

Driving Licence Information:  
Class: 2B,2A,2,3

Date of Expiry:

**General Information of the Accident**

Type of Accident:  
Injury  
Attended by Police

Drink  
Drive:  
No

Date/Time of  
Accident:  
20/07/2021 14:10

Type of Location:

Location:

ELIAS ROAD

Weather:  
Sunny

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:  
No Traffic

Type of Collision:  
Between Moving Vehicles - Head To Side

Anyone conveyed to  
ambulance:  
Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Pass
SHA4042C	Car				Slightly Damaged	1
SLE7947D	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20210720/2040


 2 of 2  
Report No. T/20210720/2040

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	KOH KEE ENG	ID No.	S0020841H
Related Vehicle	SHA4042C (Car)	Contact No.	91517938
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL
<b>Driver</b>			
Name	ANG TONG SUN	ID No.	S1770133I
Related Vehicle	SLE7947D (Car)	Contact No.	91789718
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

On 20/7/21 at about 1410hrs, I was driving on the right lane of a 2 lane road along Elias Road. As I was driving, my passenger said to me to make a left turn into the carpark. I checked my rear mirror and traffic was clear. I made a left turn and suddenly a vehicle on the left lane collided into the left side of my vehicle. I believed the vehicle was driving very fast and was in my blind spot.

I called police and ambulance as the other driver informed that he was injured. My passenger informed that he was not injured and left. I have already informed my company comfort delgro and they also towed my vehicle. I wish to add that I am not injured.

Traffic police officer seized the SD card in my vehicle for investigation purposes.

IO incharge case: IO Jeya (TEL: 65476178)





**SINGAPORE  
POLICE FORCE**



T/20210720/2040

3 of 3

Report No. T/20210720/2040

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**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 / Sgt 3 S EVA SHERRIENA BINTI S AFFINDY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2021 16:26
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	