

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	23/07/2021 18:24 (SGT)
Date of Accident	23/06/2021 11:00 (SGT)
Exact Location of Accident	Eunos Ave 6, Singapore
Additional Location Information	TOWARDS EUNOS ROAD 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8703S
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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) +65-94504197
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	JASNI BIN SALLEH
NRIC No	SXXXX242H

Date Of Birth	22/02/1963
Occupation	Indoor
Date Of Driving Pass	09/03/1982
Driving experience	39 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94504197
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 97 BEDOK NORTH AVENUE 4 #06-1515
Address complement	-
Postcode	460097
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	Hit and run / Vandalism / Damaged whilst parked
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

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	GR8131A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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	JASNI BIN SALLEH
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	PAIN AT RIGHT UPPER BACK AND NECK - 4 DAYS MC
Injured person in which vehicle?	SHC8703S
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

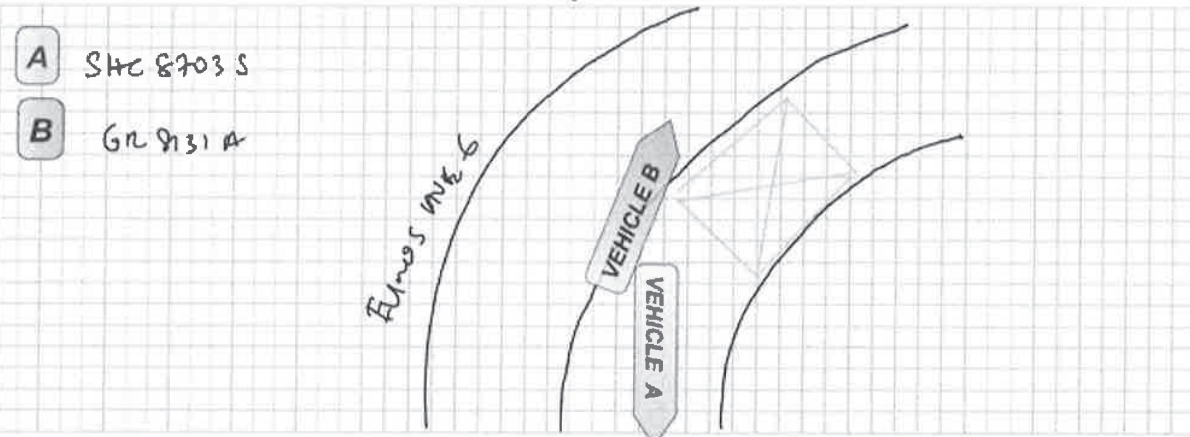
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

REFER TO POLICE REPORT.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

7/9

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

22/07/2011 11:26 AM

Witnessed by Reporting Centre Personnel


Balaji


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20210723/2085

1 of 3

Report No. T/20210723/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/07/2021 16:31	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: JASNI BIN SALLEH		Address: APT BLK 97 BEDOK NORTH AVENUE 4 #06-1515 SINGAPORE 460097	
ID Type / ID No.: NRIC NO / S1583242H		Contact No.:	Mobile: 94504197
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 22/02/1963	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/07/2021 11:00	Type of Location: Straight Road
Location: EUNOS AVENUE 6				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GR8131A	Truck	NISSAN	NP300 NAVARA S/CABIN 6MT		No Damage	0
SHC8703S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

om.ReadOnly

**SINGAPORE
POLICE FORCE**

T/20210723/2065

2 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No. 1800-7819999

Report No. T/20210723/2065

CONTINUATION OF REPORT**Brief Details.**

On 23/07/2021 at about 1100hrs, I was travelling on Eunos Ave 6 towards Eunos Rd 5 and was waiting for the traffic light to turn green. My taxi bearing registration number plate SHC8703S was stationary after the bend and was not in the yellow box. While waiting for the traffic light, I observed a truck bearing registration number plate GR8131A travelling on Eunos Ave 5 towards Eunos Rd 4 and was driving quite fast as I saw the truck shaking. When the said truck was turning right onto Eunos Rd 4, my vehicle shook and I heard scratching sounds. That was when I knew the said truck had scratched the right side of my vehicle. I then exit my vehicle and attempted to stop the said truck driver by shouting at him, the driver did not stop and continued driving off. A few passer-by have also shouted for the driver to stop but to no avail.

I then drove my vehicle to Comfort Delgro for damage assessments and discovered that there are scratches on the right rear passenger door to the right rear bumper. I also felt pain on the right upper back and neck area. As such, I went to 'Sunshine Clinic Family Practice & Surgery' located at 445 Tampines St 42 #01-02 to see a doctor and was given 4 days MC from 23/07/2021 to 26/07/2021. I also have in-car cameras on the front and back of my vehicle. I am unsure which part of the truck scratched my vehicle and if the driver has any passengers in the truck.

Changkat ...
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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 2 TOH KIAN HONG, LINUS



Signature Of Interpreter:

Not applicable

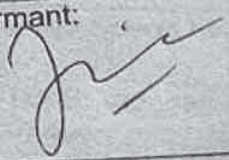
Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Signature Of Informant:



Date/Time:

23/07/2021 16:31

Classification Of Case:

Authentication Stamp

P168

SINGAPORE
POLICE FORCE

SIGNATURE

