

# 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 ..... 23/04/2021 17:09 (SGT)  
Date of Accident ..... 27/03/2021 08:55 (SGT)  
Exact Location of Accident ..... 201E Tampines Street 23, Singapore 527201  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC1963D

### 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) +65-96170616  
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 - 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 ..... LIM SENG PEOW  
NRIC No ..... S1434286I

Date Of Birth .....	01/09/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	04/09/1980
Driving experience .....	40 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96170616
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 353 TAMPINES STREET 33 #07-508
Address complement .....	-
Postcode .....	520353
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 .....	Collided into Parked Vehicle
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	UNKNOWN
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### 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 27/03/2021, AT ABOUT 0855 HRS, I WAS DRIVING MY TAXI SHC1963D AND HAVE ENTERED INTO THE CARPARK OF BLK 201 & BLK 201E TAMPINES STREET 23 ABOUT TO DROP OFF MY PASSENGER. AFTER ENTERING INTO THE CARPARK, I NOTICED THAT THERE WAS A STATIONARY VEHICLE PARKED ON THE OPPOSITE SIDE OF THE SERVICE ROAD. AS SUCH, I HAVE EXECUTED A THREE POINT TURN AND REVERSED MY VEHICLE TOWARDS THE END OF THE CARPARK. AS I WAS POSITIONING MY VEHICLE FORWARD AND STRAIGHTENING IT, SUDDENLY I REALISED THERE WAS A STATIONARY MOTORCYCLE PARKED ON THE DOUBLE YELLOW LINE ON MY RIGHT, RIGHT AFTER THE SHARP BEND. THE RIGHT PORTION OF MY VEHICLE HAD LIGHTLY TOUCHED ONTO THE RIGHT SIDE HANDLE BAR OF THE MOTORCYCLE AND THE LEFT PORTION HAD FALLEN ONTO THE GRASS PATCH AT THE KERB SIDE. SUDDENLY, AN UNKNOWN PEDESTRIAN RAN ACROSS FROM MY LEFT TO RIGHT DIRECTION AND IT CAUGHT ME BY SURPRISE AND THE FRONTAL RIGHT WHEEL OF MY VEHICLE HAD MOUNTED THE KERB SLIGHTLY AHEAD OF THE MOTORCYCLE. AFTER SEEING THAT THE RIDER HAD APPROACHED HIS FALLEN MOTORCYCLE, I REVERSED OFF THE KERB, ALIGHTED FROM MY VEHICLE AND APPROACHED THE RIDER TO CHECK IF HIS MOTORCYCLE IS ALRIGHT. HE DID NOT RESPOND AND PUSHED HIS MOTORCYCLE AWAY. WE DID NOT EXCHANGE ANY PARTICULAR OR TAKE ANY PHOTOS. NOBODY WAS INJURED. THE MOTORCYCLE IS A MALAYSIAN MOTORCYCLE. I DO NOT HAVE THE NUMBER PLATE. I WISH TO STATE THAT THE MOTORCYCLE WAS NOT PARKED THERE WHEN I WAS EXECUTING THE THREE POINT TURN.

## 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) .....	2

# SKETCH PLAN

## 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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 engagement 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 if/when required.
8. Consent under the Personal Data Protection Act (PDPA)
 

I understand, acknowledge, agree and consent that

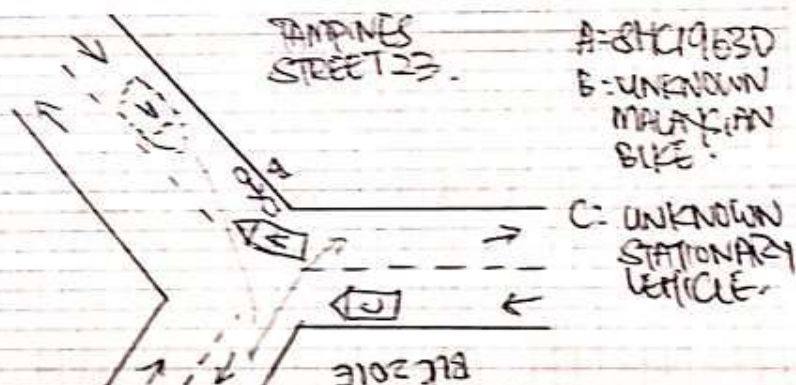
  - (a) All insurers (me) who have and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by the insurer, collectively the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident, all insurers 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel





**Describe Circumstances of the Accident**

ON 27/3/2021, AT ABOUT 0855HRS, I WAS DRIVING MY TAXI ~~SHC~~ SHC 1963D AND HAVE ENTERED INTO THE CARPARK OF BLK 201 & BLK 201E TAMPINES STREET 23 ABOUT TO DROP OFF MY PASSENGER. AFTER ENTERING INTO THE CARPARK, I NOTICED THAT THERE WAS A STATIONERY VEHICLE PARKED ON THE OPPOSITE SIDE OF THE SERVICE ROAD. AS SUCH, I HAVE EXECUTED A THREE POINT TURN AND REVERSED MY VEHICLE TOWARDS THE END OF THE CARPARK. AS I WAS POSITIONING MY VEHICLE FORWARD AND STRAIGHTENING IT, (SUDDENLY I REALISED) THERE WAS A STATIONARY MOTORCYCLE PARKED ON THE DOUBLE YELLOW LINE ON MY RIGHT RIGHT AFTER THE SHARP BEND - THE RIGHT PORTION OF MY VEHICLE HAD LIGHTLY TOUCHED ONTO THE RIGHT SIDE HANDLE BAR OF THE MOTORCYCLE AND THE LEFT PORTION HAD FALLEN ONTO THE GRASSPATCH AT THE KERB SIDE. SUDDENLY, AN UNKNOWN PEDESTRIAN RAN ACROSS FROM MY LEFT TO RIGHT DIRECTION AND IT CAUGHT ME BY SURPRISE AND THE FRONTAL RIGHT WHEEL OF MY VEHICLE HAD MOUNTED THE KERB SLIGHTLY AHEAD OF THE MOTORCYCLE - AFTER SEEING THAT THE RIDER HAD APPROACHED HIS FALLEN MOTORCYCLE, I REVERSED OFF THE KERB, ALIGHTED FROM MY VEHICLE AND APPROACHED THE RIDER TO CHECK IF HIS MOTORCYCLE IS ALRIGHT. HE DID NOT RESPOND AND PUSHED HIS MOTORCYCLE AWAY. WE DID NOT EXCHANGE ANY PARTICULARS OR TAKE ANY PHOTOS. NOBODY WAS INJURED THE MOTORCYCLE IS A MALAYSIAN MOTORCYCLE - I DO NOT HAVE THE NUMBER PLATE.

I WISH TO STATE THAT THE MOTORCYCLE WAS NOT PARKED THERE WHEN I WAS EXECUTING THE THREE POINT TURN.

**Declaration**

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

Policy holder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 27/4/2021 1930HRS

Witnessed by Reporting Centre Personnel























