

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	16/08/2021 09:36 (SGT)
Date of Accident	14/08/2021 11:45 (SGT)
Exact Location of Accident	Compassvale St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7271Y
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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) +65-97332168
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	KOH YEOW TONG
NRIC No	SXXXX692G

Date Of Birth	29/04/1960
Occupation	Outdoor
Date Of Driving Pass	08/05/1978
Driving experience	43 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97332168
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 840 TAMPINES STREET 82
Address complement	#07-95
Postcode	520840
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?	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	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 14/08/2021 AT 1145HRS, I WAS DRIVING VEHICLE A (SHD7271Y) ALONG COMPASSVALE ST. I STOP VEHICLE A AND PICK UP ONE MALE PASSANGER. AFTER PICK UP, I ABOUT TO MOVE WHEN VEHICLE B (FBR6381S) COLLIDED ONTO VEHICLE A REAR BUMPER. AFTER THE COLLISION, RIDER VEHICLE B FELL DOWN ONTO THE ROAD. PASSERS-BY HELP RIDER TO SHIFT IN FRONT VEHICLE A. RIDER SUSTAIN INJURY ON HIS HEAD AND CONVEYED BY AMBULANCE TO UNKNOWN HOSPITAL. NO INJURY ON MY SIDE.

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	FBR6381S
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD
Injured person in which vehicle?	FBR6381S
Were seat belts worn?	No
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' 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")

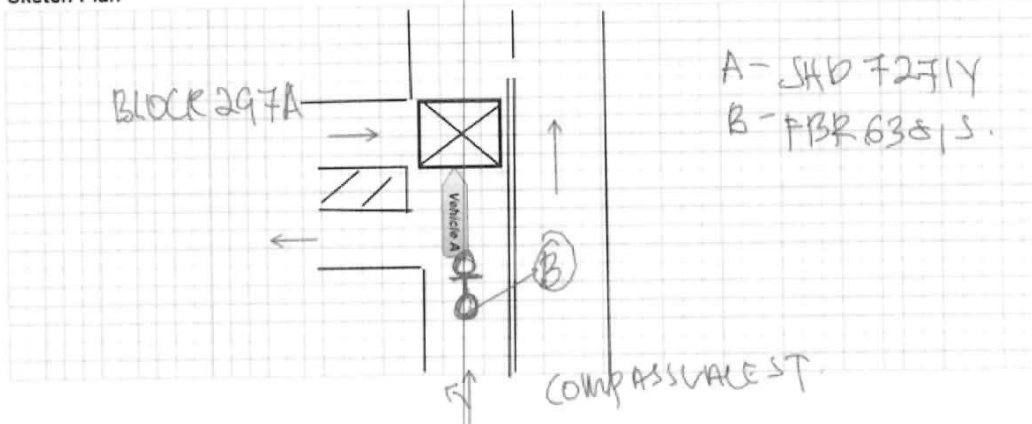
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

ON 14/08/2021 AT 1145HRS, I WAS DRIVING VEHICLE A (SHD7271Y) ALONG COMPASSVALE ST. I STOP VEHICLE A AND PICK UP ONE MALE PASSANGER. AFTER PICK UP, I ABOUT TO MOVE WHEN VEHICLE B (FBR6381S) COLLIDED ONTO VEHICLE A REAR BUMPER. AFTER THE COLLISION, RIDER VEHICLE B FELL DOWN ONTO THE ROAD. PASSERS-BY HELP RIDER TO SHIFT IN FRONT VEHICLE A. RIDER SUSTAIN INJURY ON HIS HEAD AND CONVEYED BY AMBULANCE TO UNKNOWN HOSPITAL. NO INJURY ON MY SIDE.

Declaration

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

Policyholder's Signature / Date & Time

7 / 9

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

14/8/21 - 1354

Witnessed by Reporting Centre Personnel

[Signature]



SINGAPORE POLICE FORCE



T/20210814/2036

1 of 3

Report No. T/20210814/2036

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2021 14:48	Vide Report No.: F/20210814/0112	Station Diary No.: 40
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Informant's Particulars

Name of Informant: KOH YEOW TONG			Address: APT BLK 840 TAMPINES STREET 82 #07-95 SINGAPORE 520840		
ID Type / ID No.: NRIC NO / S1441692G			Contact No.: Home/Office: Mobile: 97332168		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 29/04/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2021 11:45	Type of Location: Straight Road
Location: COMPASSVALE STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR6381S	Motorcycle					0
SHD7271Y	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210814/2036

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Report No. T/20210814/2036

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Brief Details.

On the 14/08/2021 at around 1145hrs, I was driving my vehicle SHD7271Y along Compassvale Street going towards Rivervale Street. I was on the left of the two lanes road. Just before the service road of Blk 297A, I was being flagged down by one passenger. I on my hazard light and stopped my vehicle. After the passenger boarded my vehicle and was seated on the rear left passenger seat, I proceeded to drive on. Shortly I felt an impact on the rear of my vehicle. I immediately came down of my vehicle to make a check and realized that one motorcycle FBR6381S had collided onto the rear of my vehicle, causing my rear windscreen to be shattered and the vehicle boot was also damaged.

There was also passer-bys who assisted the motorcyclist and called for ambulance. He was bleeding on the forehead area. Subsequently, ambulance and traffic police arrived at the incident location. The motorcyclist was then conveyed to hospital conscious. Me and my passenger was not injured.

There is front and rear facing in-car camera inside my vehicle which the traffic police had retrieved the memory card.



**SINGAPORE
POLICE FORCE**



T/20210814/2036

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20210814/2036

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 LAM XUE TING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED MUHAMMAD ISA BIN OMAR

ALHABSHEE

Contact No.: 65476214

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

14/08/2021 14:48

Classification Of Case:

SIGNATURE