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 witholding 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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 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 14/08/2021 15:40 (SGT) Date of Accident 13/08/2021 13:40 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information **TOWARDS CITY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SHD4979J

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) +65-81606079 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Ae ioniq Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Taxi Transmission Auto CC 1580

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 NGIAN MENG SOON NRIC No S1813781Z

Date Of Birth 01/09/1967 Occupation Outdoor Date Of Driving Pass 23/05/1989 Driving experience 32 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-81606079 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 78 LORONG LIMAU #36-75 Address complement Postcode 320078 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **RELIEF DRIVER** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name **UNKNOWN** Gender Female PASSENGER 2 Name **UNKNOWN** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Whampoa Neighbourhood Police Post Police Station Phone No (Phone) +65-18002507999 Alt. Police Station Phone No (Fax) +65-63554314 Police Station Address Blk 29 Jalan Bahagia #01-368 Singapore 320029 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 13/08/2021 AT ABOUT 13:40HRS, I WAS DRIVING VEHICLE A (SHD4979J) ALONG CTE TOWARDS CITY. AFTER FILTERING FROM FIRST LANE TO SECOND LANE I TRAVELLING STRAIGHT WHEN VEHICLE B (FBR2622Z) VERY WAS COLLIDED ONTO VEHICLE A REAR LEFT. AMBULANCE AND POLICE CAME TO THE SCENE. NOBODY CONVEYED AS NO SERIOUSLY INJURED. RIDER SUSTAINED ABRASION ON BOTH HAND AND LEGS. NO INJURY ON MY SIDE.

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

ATTACHMENT(S)

Reasons for not uploading a video of the accident FILE IS NOT SUITABLE Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBR2622Z 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Gender

Phone No

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

RIDER

Male

Adle

Hale

BLEEDING

BLEEDING

BLEEDING ON BOTH ARM AND LEG

FBR2622Z

No

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver's Signature (If driver is not the policyholder) / Date & Time Briver

6/8

Describe Circumstances of the Accident

ON 13/08/2021 AT ABOUT 13:40HRS, I WAS DRIVING VEHICLE A (SHD4979J) ALONG CTE TOWARDS CITY. AFTER FILTERING FROM FIRST LANE TO SECOND LANE I TRAVELLING STRAIGHT WHEN VEHICLE B (FBR2622Z) VERY WAS COLLIDED ONTO VEHICLE A REAR LEFT. AMBULANCE AND POLICE CAME TO THE SCENE. NOBODY CONVEYED AS NO SERIOUSLY INJURED. RIDER SUSTAINED ABRASION ON BOTH HAND AND LEGS. NO INJURY ON MY SIDE.

I

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

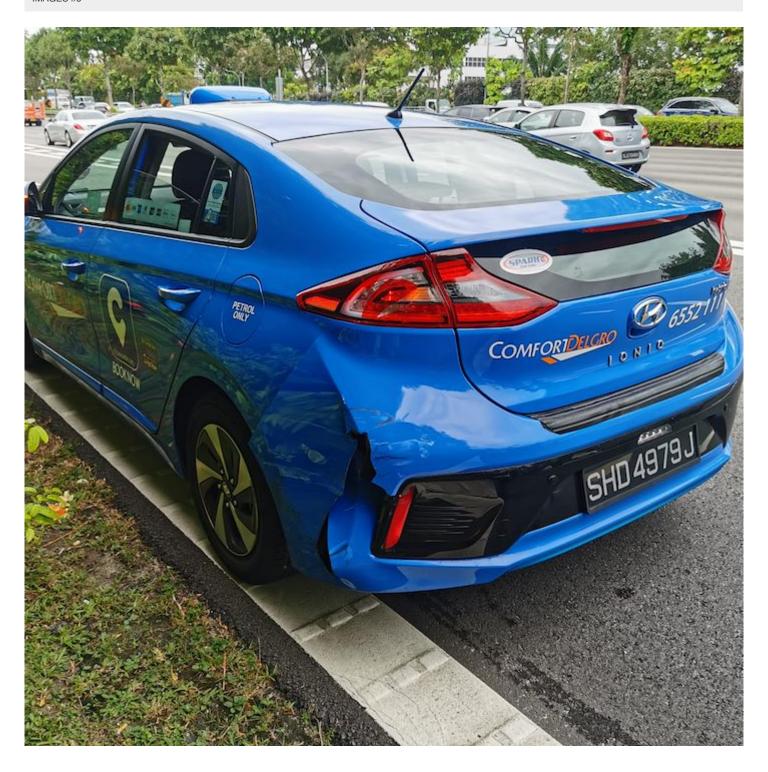
Witnessed by Reporting Centre Personnel

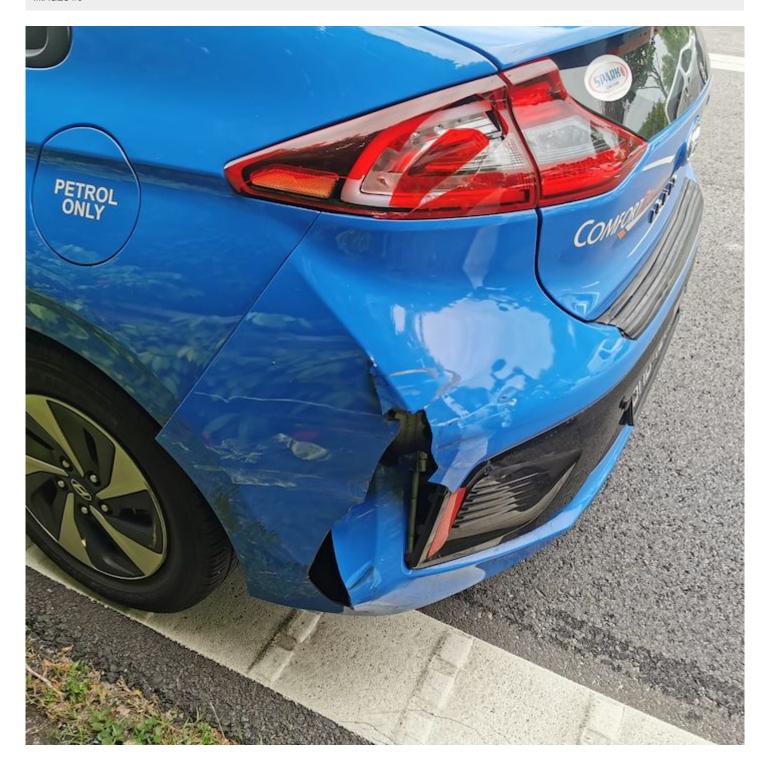


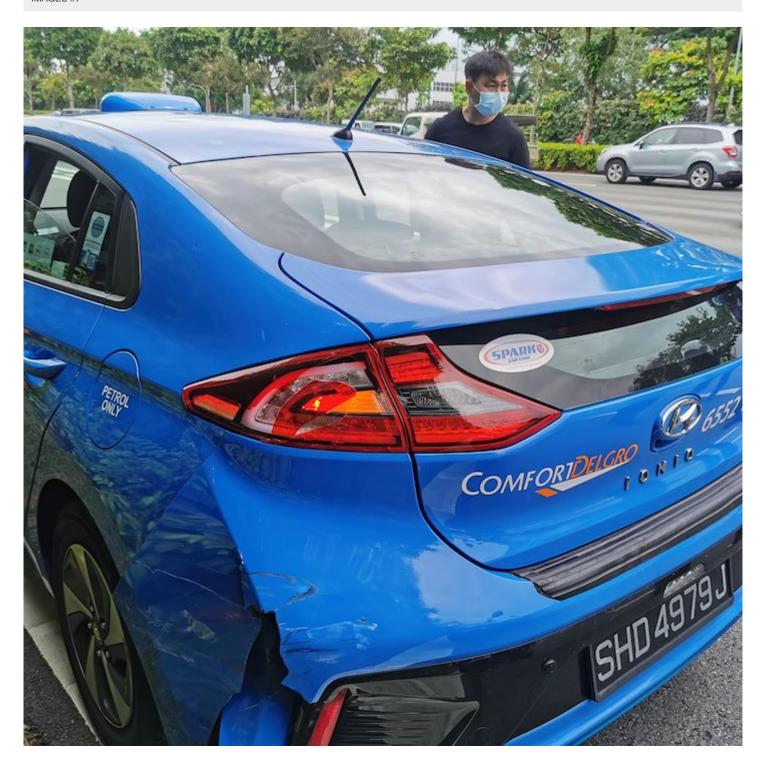




















T/20210813/2078

1 of 3

Report No. T/20210813/2078

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

THE THE ST IN THAT I TO ACCIDENT		
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/08/2021 17:36	F/20210813/0084	25

TOTOGILO	0.00.2021 17.00		F/20210613/0004		
Informa	nt's Partic	ulars			
Name of Informant: NGIAN MENG SOON			Address: APT BLK 78 LORONG LIMAU #36-75 SINGAPORE 320078		
ID Type / ID No.: NRIC NO / S1813781Z		81Z	Contact No.: Home/Office:	Mobile: 81606079	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 53	Date of Birth: 01/09/1967	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/08/2021 13:40	Type of Location CTE EXPRESSWAY	
CENTRAL EX					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
T 60 - F1		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Traffic Flow: One Way Type of Collis			I H	leavy	

Vehicle No.	Туре	Make	Model	Color		Alexander San
SHD4979J	Car	-	Model	CONTRA	CURUMON	INU QI F BSSENG
				Slightly	2	





T/20210813/2078

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999 2 of 3 Report No. T/20210813/2078

CONTINUATION OF REPORT

Brief Details.

I am working as a taxi driver.

On 13/8/2021 at about 1300hrs I fetched 2 passenger from Woodlands street 81 and proceeding to Singapore General Hospital (SGH). I took the CTE Expressway towards City as the planned route to reach the destination.

at about 1340hrs, I was driving my taxi (SHD4979J) on the CTE expressway towards the city along lane

1. While I was driving along the first lane, there was a traffic jam on the first lane, as such I decided to
change to the second lane. Before making the lane changing, I made a check on the left mirror, signalled
left and slowly change lane when the second lane was clear after checking my blindspot. However while I
was in the midst of lane changing, a motorcycle, unknown plate number, came through and hit onto the
left rear of my vehicle. I wish to state that I did not see the motorcycle while checking my blindspot. The
accident happened near Lamppost 179F.

In my taxi, there is 2 in-car camera for the front and rear view. From the recording, it shows that there was a red car just behind mine and the motorcycle came from behind the red car.

Upon impact, my vehicle sustained scratches on the lower left rear of my vehicle and there were some crack which caused some parts of the vehicle to be broken. Both of my passengers were not injured. The motorcycle was damage however I am not sure the severity and the exact damages on the motorcycle. There was no pillion on the motorcycle. The motorcycle was subsequently towed away while I drove my vehicle to the workshop. The rider sustained bleeding on both his arm and legs. Upon SCDF arrival, the paramedic assisted to bandage the injuries on the rider. The rider however, refused conveyance. Both the passengers on my taxi then took another vehicle to SGH.

There was a plainclothed officer driving a police car driving along the same way as me who assisted to contact the Traffic Police as well as the ambulance.

I am lodging this report for my taxi company follow up.



