

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 04/08/2021 18:41 (SGT)
Date of Accident 03/08/2021 20:45 (SGT)
Exact Location of Accident Jln. Ahmad Ibrahim, Singapore
Additional Location Information TOWARDS JIN BOON LAY ON THE EXTREME LEFT OF 2 LANES
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3709J

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) +65-91089396
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 JEREMY KOH MENG HUAT

NRIC No	S1813246Z
Date Of Birth	27/12/1967
Occupation	Outdoor
Date Of Driving Pass	21/08/2007
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-91089396
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 19 TELOK BLANGAH CRESCENT #14-94
Address complement	-
Postcode	090019
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 Motorcyclist
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)	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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210803/2111

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	FBF4589L
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	ONG KEE LOY
Passport No/FIN	F7175025Q
Contact Number	(Phone) +65-82960062
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	ONG KEE LOY
Gender	Male
Phone No	(Phone) +65-82960062
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	40
Injuries Sustained	MULTIPLE ABRASION ON HIS ARMS AND LEGS BUT STILL CONSCIOUS
Injured person in which vehicle?	FBF4589L
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

REFER TO POLICE REPORT.

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

Witnessed by Reporting Centre Personnel

7 / 9

03/09/21

12/09/21

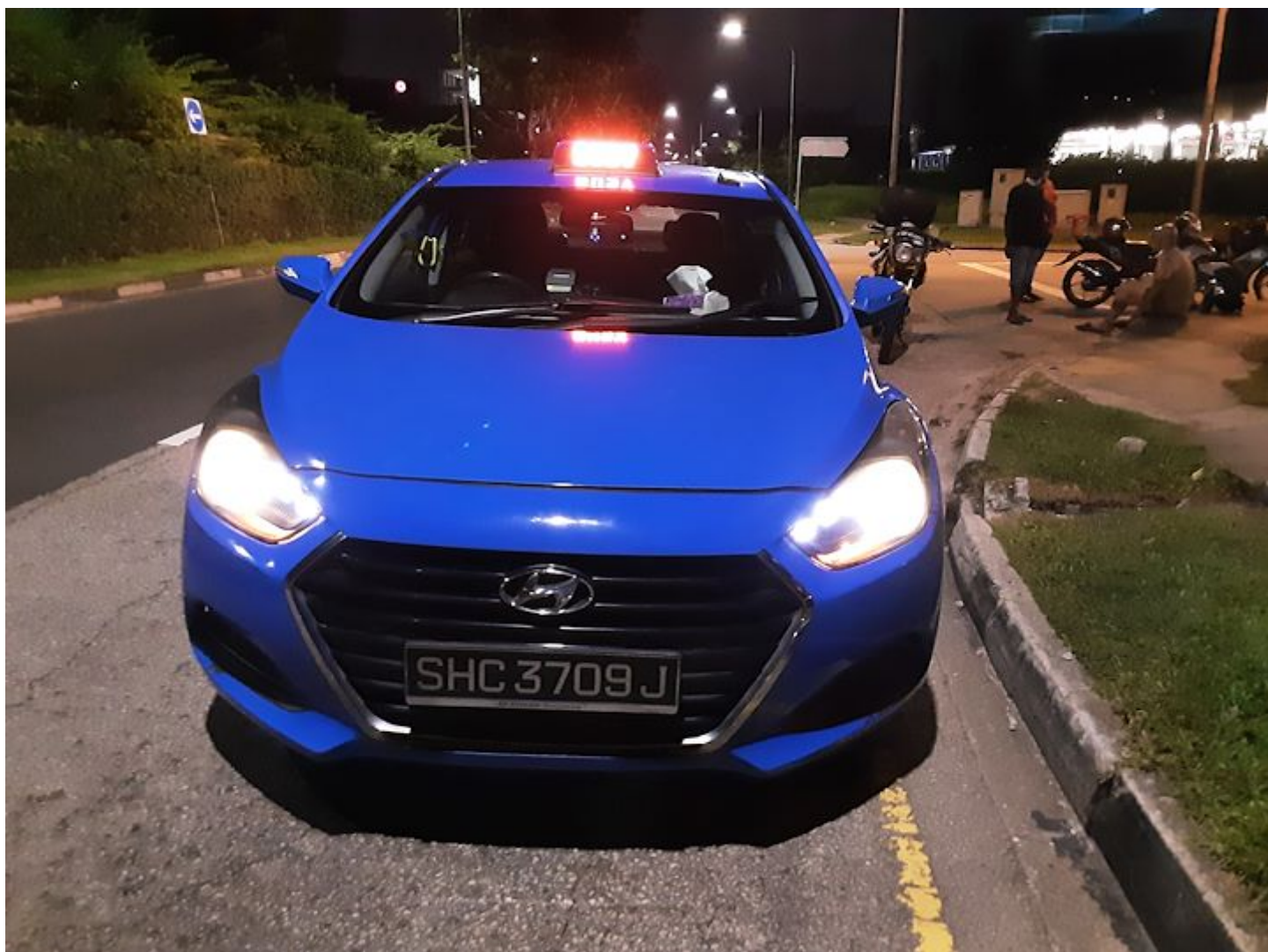
[Signature]
Balaji

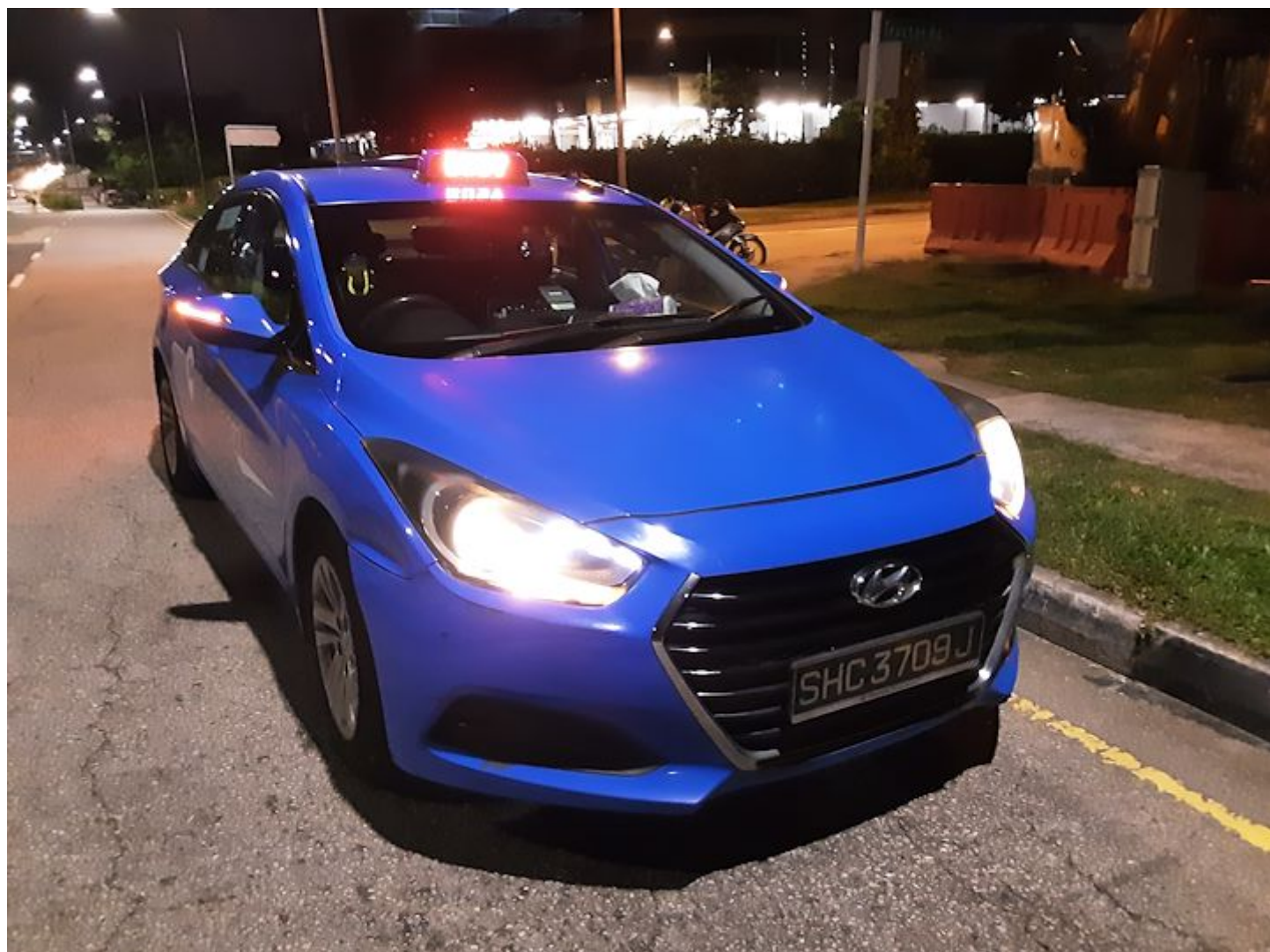






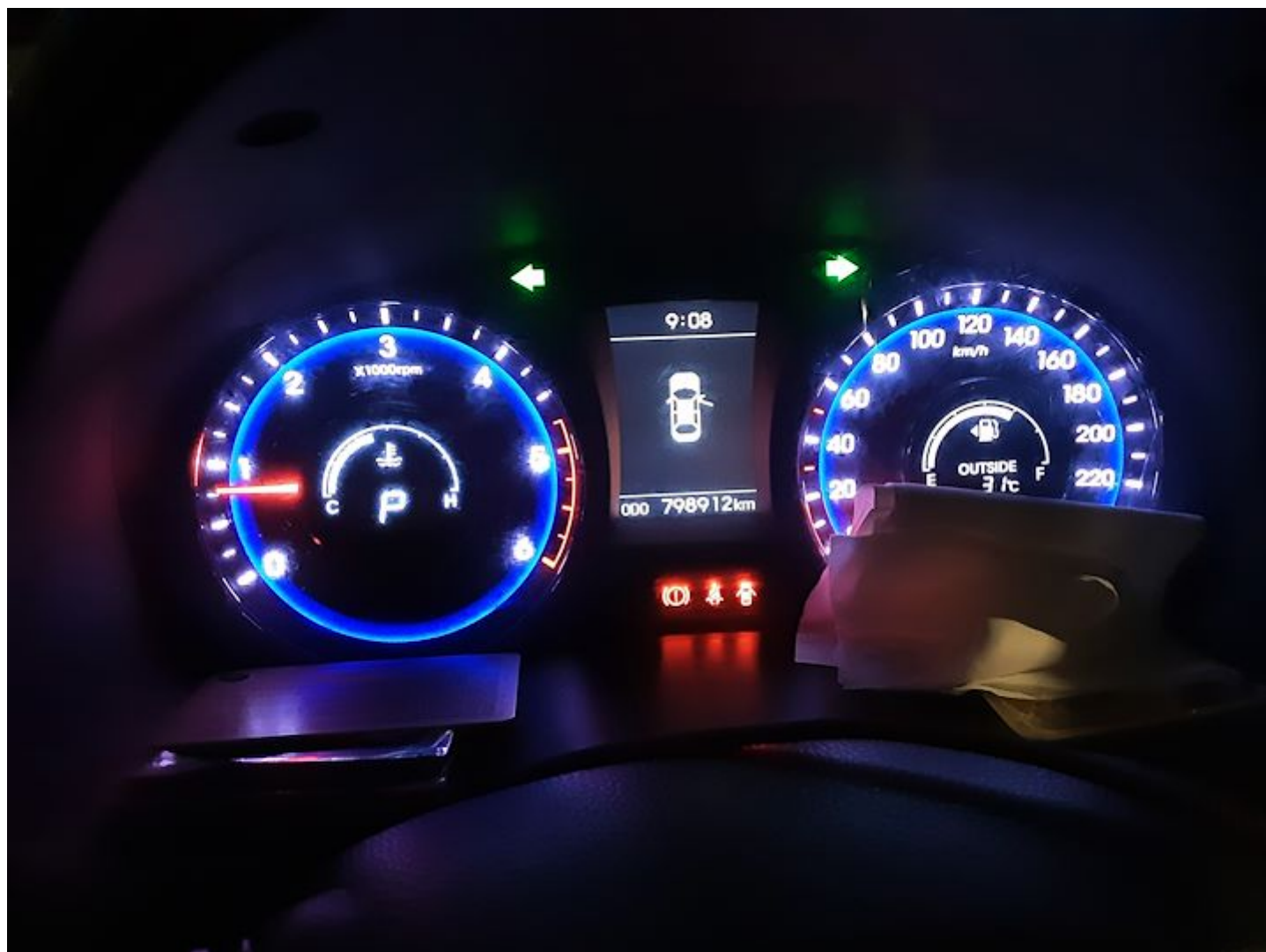














SINGAPORE POLICE FORCE



T/20210803/2111

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Report No. T/20210803/2111

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2021 23:16		Vide Report No.: J/20210803/0152		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: JEREMY KOH MENG HUAT			Address: APT BLK 19 TELOK BLANGAH CRESCENT #14-94 SINGAPORE 090019		
ID Type / ID No.: NRIC NO / S1813246Z			Contact No.: Home/Office: Mobile: 91089396		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 27/12/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/08/2021 20:45	Type of Location: Straight Road
Location: JALAN AHMAD IBRAHIM				
Lamp Post Number: 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4589L	Motorcycle	HONDA		Yellow	No Damage	0
SHC3709J	Car	HYUNDAI		Blue	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SHC3709J	AXA INSURANCE SINGAPORE PTE LTD	VFX/P2419138	01/01/2021	31/12/2023



**SINGAPORE
POLICE FORCE**



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Report No. T/20210803/2111

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG KEE LOY	ID No.	F7175025Q
Related Vehicle	FBF4589L (Motorcycle)	Contact No.	82960062
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	JEREMY KOH MENG HUAT	ID No.	S1813246Z
Related Vehicle	SHC3709J (Car)	Contact No.	91089396
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/08/2021 at about 2045hrs, I was driving my comfortdelgro Taxi re. number: SHC 3709J along jln ahmad ibrahim towards jln boon lay on the extreme left of 2 lanes. I heard a loud sound on my right side and saw one motorcycle felt to the ground. I stopped my taxi and make a check on the rider, a Chinese man in his 40s. I called for ambulance as the rider had multiple abrasion on his arms and legs but still conscious.

I managed to exchange particulars with the rider before the ambulance and Traffic police arrival. The rider was conveyed by ambulance. The TP had also interviewed us and took down our particulars. I does not sustain any injury. I had the in-car camera and the SD card handed over to the TP officer. Vide J/20210803/0152. The TP incharge is Syakir, tel: 65476236.

**SINGAPORE
POLICE FORCE**

T/20210803/2111

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20210803/2111

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:

D /

Sgt 3 CAI JINBIAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/08/2021 23:16

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYAKIR BIN ADANAN

Contact No.: 65476236

Classification Of Case:

SN 45

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SIGNATURE