

# 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	24/08/2021 15:57 (SGT)
Date of Accident	24/08/2021 07:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 8, Singapore
Additional Location Information	TOWARDS ANG MO KIO AVENUE 1
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6238A
-----------------------------	---------

### 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) +65-97554423
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	LIM TZE KEONG( LIN ZIQIANG)
NRIC No	SXXXX501D

Date Of Birth	04/07/1979
Occupation	Outdoor
Date Of Driving Pass	10/06/2005
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97554423
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 334A YISHUN STREET 31 #08-95
Address complement	-
Postcode	761334
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	Raining
Road Surface	Wet

#### 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MRS IQ
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO REPORT T/20210824/2014

#### 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	SMA9752U
-----------------------------	----------

Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	STEVEN
Contact Number	(Phone) +65-98224626
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	LIM TZE KEONG( LIN ZIQIANG)
Gender	Male
Phone No	(Phone) +65-97554423
Address	APT BLK 334A YISHUN STREET 31 #08-95
Address Complement	-
Post Code	761334
Approximate Age Years Old	42
Injuries Sustained	PAINS ON NECK, SHOULDERS AND LOWER BACK- GIVEN 5 DAYS MC SH6238A
Injured person in which vehicle?	Yes
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### INJURED 2

Name of injured person	MRS IQ
Gender	Female
Phone No	(Phone) +65-96488510
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAINS ON NECK AND SHOULDERS SH6238A
Injured person in which vehicle?	Yes
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

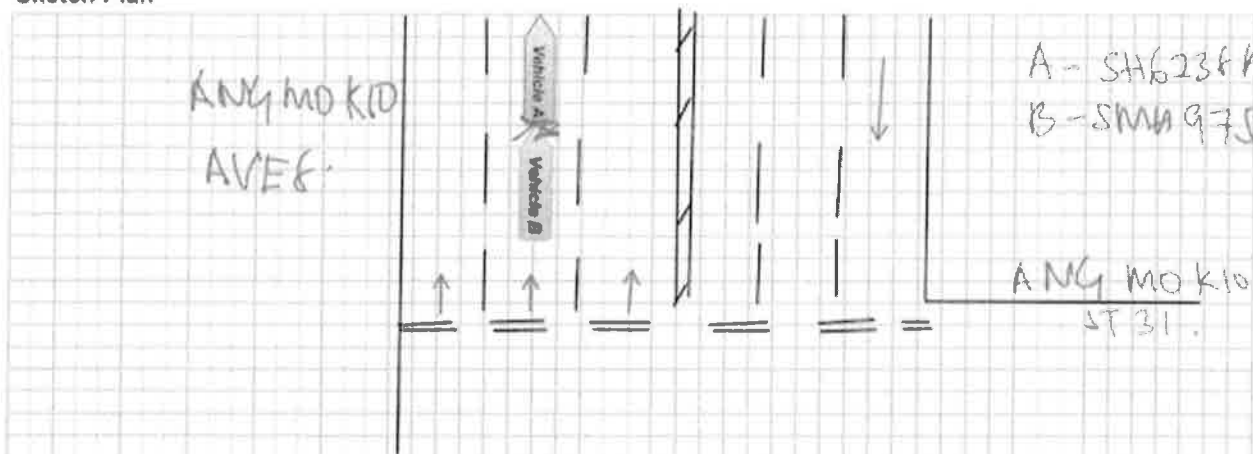
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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)**  
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

**PLEASE REFER TO POLICE REPORT  
T /20210824/2014**

**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

24/8/2021 - 1130H

Witnessed by Reporting Centre  
Personnel

W. H. H. H.



**SINGAPORE  
POLICE FORCE**



T/20210824/2014

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

1 of 4

Report No: T/20210824/2014

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/08/2021 10:18		Vide Report No.:	Station Diary No.: 36
<b>Informant's Particulars</b>			
Name of Informant: LIM TZE KEONG		Address: APT BLK 334A YISHUN STREET 31 #08-95 SINGAPORE 761334	
ID Type / ID No.: NRIC NO / S7919501D		Contact No.: Home/Office: Mobile: 97554423	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 04/07/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/08/2021 07:20	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 8				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6238A	Taxi				Slightly Damaged	1
SMA9752U	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**


T/20210824/2014

2 of 4

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No: T/20210824/2014

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	Mrs IQ	ID No.	NIL
Related Vehicle	SH6238A (Taxi)	Contact No.	96488510
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
<b>Driver</b>			
Name	LIM TZE KEONG	ID No.	S7919501D
Related Vehicle	SH6238A (Taxi)	Contact No.	97554423
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	24/08/2021	Date Discharge	24/08/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Steven	ID No.	NIL
Related Vehicle	SMA9752U (Car)	Contact No.	98224626
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 24/08/2021 at about 0720hrs I was driving my taxi along Ang Mo Kio Ave 8. I was going towards Ang Mo Kio Ave 1. The traffic light in front had turned red. The vehicles in front of me also had stop. As such I stopped my taxi. I had one passenger with me. As I was stationary, I suddenly felt an impact coming from the rear.

I discovered that the vehicle (SMA9752U) behind me had collided into my taxi. I made check on my passenger and she informed that she felt some pains on her neck and shoulders. She informed that she will be seeing a doctor to seek medical treatment. I wish to state that both my passenger and I had our seatbelts on.

I alight my taxi and made a check. I also managed to take the other drivers contact number. I took photo



**SINGAPORE  
POLICE FORCE**



T/20210824/2014

3 of 4

Police Station Of Origin:

Bishan N.P.C.

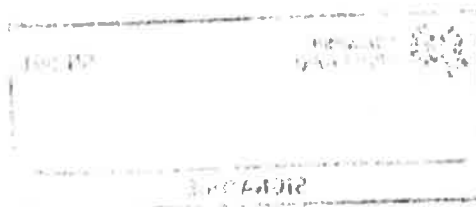
20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20210824/2014

**CONTINUATION OF REPORT**

of the accident. I have an in-car camera but can only be access by my company. After the accident, I went to Mount Alvernia to seek treatment as I felt pains on my neck, shoulders, and lower back. I was given 5 days MC.







**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999



T/20210824/2014

4 of 4

Report No. T/20210824/2014

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:

E /

Sgt 3 MUHAMMAD RIDZUAN BIN ABUL  
RAHMAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/08/2021 10:18

Officer In Charge Of Case:

TP / AEIT /

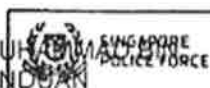
Sr Staff Sgt SYED ZAYID MUHAMMAD  
SYED ABDUL WAHID ALHINDUARI

Contact No.: 65476404

Authentication Stamp  
NP168

Classification Of Case:

SN 061



SIGNATURE