



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	27/08/2021 12:43 (SGT)
Date of Accident	26/08/2021 17:30 (SGT)
Exact Location of Accident	Nee Soon Rd, Singapore
Additional Location Information	JUNCTION OF SPRINGLEAF AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8208Z
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) +65-91504331
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	LOI WAI LEONG
NRIC No	SXXXX628J



Date Of Birth	23/06/1961
Occupation	Outdoor
Date Of Driving Pass	15/07/1981
Driving experience	40 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91504331
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 542 WOODLANDS DRIVE 16 #10-31
Address complement	-
Postcode	730542
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 - Cross Junction
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?	No
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 26/08/21 AT AROUND 1730HRS, I WAS DRIVING MY VEHICLE A SH8208Z ALONG NEE SOON ROAD JUNCTION OF SPRINGLEAF AVENUE. AS I WAS APPROACHING THE JUNCTION SUDDENLY VEHICLE B SHB701E HIT ONTO THE RIGHT OF VEHICLE A. AFTER VEHICLE A WAS HIT IT MOVED TOWARDS THE PAVEMENT AND KNOCKED DOWN A SIGNAGE. THERE IS DAMAGE ON THE RIGHT OF VEHICLE A. I FEEL PAIN ON MY RIGHT HAND.

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	SHB701E
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG LAI TECK

NRIC No	SXXXX633A
Contact Number	(Phone) +65-93638850
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOI WAI LEONG
Gender	Male
Phone No	(Phone) +65-91504331
Address	APT BLK 542 WOODLANDS DRIVE 16 #10-31
Address Complement	-
Post Code	730542
Approximate Age Years Old	60
Injuries Sustained	RIGHT HAND PAIN
Injured person in which vehicle?	SH8208Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No





**SINGAPORE
POLICE FORCE**



T/20210826/2105

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20210826/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2021 21:08	Vide Report No.:	Station Diary No.: 213
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Informant's Particulars			
Name of Informant: LOI WAI LEONG		Address: APT BLK 542 WOODLANDS DRIVE 16 #10-31 SINGAPORE 730542	
ID Type / ID No.: NRIC NO / S1512628J		Contact No.: Home/Office: Mobile: 91504331	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 23/06/1961	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/08/2021 17:30	Type of Location: Straight Road
Location: NEE SOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH8208Z	Car				Seriously Damaged	0
SHB701E	Car				Seriously Damaged	0

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



Police Station Of Origin:
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1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20210826/2105

CONTINUATION OF REPORT

Driver				
Name	LOI WAI LEONG		ID No.	S1512628J
Related Vehicle	NIL		Contact No.	91504331
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	NG LAI TECK		ID No.	S1831633A
Related Vehicle	NIL		Contact No.	93638850
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 above mentioned date time and location, while driving my vehicle SH8208Z along Nee Soon Road, got into a traffic accident with another taxi vehicle SHB701E. I was going straight on the road at about 40 to 50 KMPH, when the vehicle collided onto my right middle portion of my vehicle. The vehicle had come out from another small road right side, which I could not remember the name of the road. There was a stop sign on his road. Upon colliding onto me my vehicle veered off to another direction and collided onto signboard. I was travelling without any passengers and the opposing taxi had a passenger who had left the scene after the accident. I suffered some mild bruises on my right arm but did not require any medical assistance. No ambulance came to the scene and I was attended to by traffic police officers. I am lodging this report for my record and insurance claim purposes.



SINGAPORE
POLICE FORCE



T/20210826/2105

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20210826/2105

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:

L /

Sgt 2 VIVEKANANTHAN S/O RAJ KUMAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt LIM ENG KUAN, CLARENCE

Contact No.: 65476256

Signature Of Informant:

Date/Time:

26/08/2021 21:08

Classification Of Case:

Authentication Stamp

NP168



SKETCH PLAN

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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.

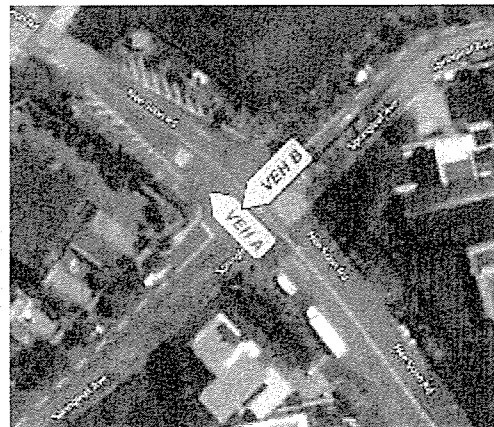
Policyholder's Signature / Date & Time

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

Witnessed by/Reporting Centre Personnel

Sketch Plan

ATCH 81092
B-148-7015



Describe Circumstances of the Accident

ON THE 26/08/21 AT AROUND 1730HRS, I WAS DRIVING MY VEHICLE A SH8208Z ALONG NEE SOON ROAD JUNCTION OF SPRINGLEAF AVENUE. AS I WAS APPROACHING THE JUNCTION SUDDENLY VEHICLE B SHB701E HIT ONTO THE RIGHT OF VEHICLE A. AFTER VEHICLE A WAS HIT IT MOVED TOWARDS THE PAVEMENT AND KNOCKED DOWN A SIGNAGE. THERE IS DAMAGE ON THE RIGHT OF VEHICLE A. I FEEL PAIN ON MY RIGHT HAND.

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