

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	13/09/2021 12:01 (SGT)
Date of Accident	12/09/2021 00:05 (SGT)
Exact Location of Accident	Mountbatten Rd, Singapore
Additional Location Information	TOWARDS STADIUM BOULEVARD DIRECTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8326R
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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) +65-88583113
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	ANDY TAN HAN FEI
NRIC No	SXXXX457I

Date Of Birth	22/01/1982
Occupation	Outdoor
Date Of Driving Pass	03/03/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88583113
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 311C CLEMENTI AVENUE 4 #20-197
Address complement	-
Postcode	123311
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	Hit and run / Vandalism / Damaged whilst parked
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DYON TAN TECK KAI (SON OF DRIVER)
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210912/2030

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	SGU9934C
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Vehicle Manufacturer	Toyota
Vehicle Model	Picnic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
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	ANDY TAN HAN FEI
Gender	Male
Phone No	(Phone) +65-88583113
Address	APT BLK 311C CLEMENTI AVENUE 4 #20-197
Address Complement	-
Post Code	123311
Approximate Age Years Old	39
Injuries Sustained	SUSTAINED STRAIN ON RIGHT SHOULDER -GIVEN 3 DAYS MC BY OUR FAMILY PHYSICIAN CLINIC & SURGERY
Injured person in which vehicle?	SH8326R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DYON TAN TECK KAI
Gender	Male
Phone No	(Phone) +65-88583113
Address	APT BLK 311C CLEMENTI AVENUE 4 #20-197
Address Complement	-
Post Code	123311
Approximate Age Years Old	-
Injuries Sustained	SUSTAINED STRAIN ON HIS LEFT SHOULDER -GIVEN 2 DAYS MC BY OUR FAMILY PHYSICIAN CLINIC & SURGERY
Injured person in which vehicle?	SH8326R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

A SH 8322R

B SGU 9934C

12/09/21 / 0745PM

(Carriage of 2 MTR in bags)

Sawyer Crane - 1400kg capacity

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

21/04/21 / 07:55 AM


**SINGAPORE
POLICE FORCE**


T/20210912/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20210912/2030

CONTINUATION OF REPORT

Driver			
Name	ANDY TAN HAN FEI		ID No. S82034571
Related Vehicle	SH8326R (Car)		Contact No. 88583113
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	12/09/2021	Date Discharge	12/09/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	DYON TAN TECK KAI		ID No. T1130271D
Related Vehicle	SH8326R (Car)		Contact No. 88583113
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	12/09/2021	Date Discharge	12/09/2021
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I am the above mentioned person and affirmed it to be correct and true. I am working as a Taxi Driver under ComfortDelgro for 6 years. My assigned vehicle is SH8326R.

On 12/09/2021 at 0003hrs, I was driving my vehicle (SH8326R) together with my son, who was seated at the front passenger seat along Mountbatten Road turning into a slip road towards Stadium Boulevard direction. I was on the very left lane whereby I noticed a vehicle (SGU9934C) in front of me observed to be proceeding straight.

Upon noticing the vehicle in front of me, did not signal. I proceed to turn left into the slip road. After which the vehicle (SGU9934C) who was proceeding straight, signal at the last minute and swipe left. The left side of vehicle (SGU9934C) swipe onto the right side of my vehicle (SH8326R). I decided to stop my vehicle (SH8326R) and exchange particulars with the driver. However, the driver drove off his vehicle (SGU9934C) without stopping.

The front left fender, font bumper and right side mirror sustained dent and scratches and was chipped off. I have in-vehicle camera installed and it had captured the incident. I sustained strain on my right shoulder while my son sustained strain on his left shoulder. I was provided with 3 days MC while my son was provided with 2 days MC.



**SINGAPORE
POLICE FORCE**



T/20210912/2030

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20210912/2030

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 2 CHONG SHAO XUAN,
VANESSA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/09/2021 12:40

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Classification Of Case:

Authentication Stamp
NP168

SINGAPORE
POLICE FORCE SN 37
SIGNATURE