

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	19/07/2021 11:15 (SGT)
Date of Accident	17/07/2021 08:53 (SGT)
Exact Location of Accident	Tampines Walk, Singapore
Additional Location Information	TOWARDS BLK 859 TAMPINES AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2375U
-----------------------------------	----------

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) +65-97847057
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	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	KOH TIONG HOCK
NRIC No	S0683664Z

Date Of Birth	17/06/1951
Occupation	Outdoor
Date Of Driving Pass	05/10/1968
Driving experience	52 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97847057
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 862 TAMPINES STREET 83 #05-406
Address complement	-
Postcode	520862
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	Side Swipe
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 17/07/2021 AT ABOUT 0853HRS, I WAS DRIVING VEH (A) SHC2375U ALONG TAMPINES WALK TOWARDS BLOCK 859 TAMPINES AVE 5. BEFORE TURN TO CARPARK, I NOTICED VEH (B) SKK6833K WAS STATIONARY ALONG ROAD SIDE WITHOUT INDICATE ANY SIGNAL LIGHT. AS I TURNING LEFT TO CARPARK ENTRANCE, VEHICLE B SUDDENLY OUT FROM STATIONARY AND GRAZED ONTO VEHICLE A REAR LEFT BUMPER. I SUSTAINED PAIN ON MY SHOULDER DUE TO THE IMPACT.

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	SKK6833K
Vehicle Manufacturer	Mercedes

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SEAH SIEW YING
NRIC No	S7327049I
Contact Number	-
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	KOH TIONG HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN - 3 DAYS MC
Injured person in which vehicle?	SHC2375U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

ON 17/07/2021 AT ABOUT 0853HRS, I WAS DRIVING VEHICLE A (SHC2375U) ALONG TAMPINES WALK TOWARDS BLOCK 859 TAMPINES AVE 5. BEFORE TURN TO CARPARK, I NOTICED VEHICLE B (SKK6833K) WAS STATIONARY ALONG ROAD SIDE WITHOUT INDICATE ANY SIGNAL LIGHT. AS I TURNING LEFT TO CARPARK ENTRANCE, VEHICLE B SUDDENLY OUT FROM STATIONARY AND GRAZED ONTO VEHICLE A REAR LEFT BUMPER. I SUSTAINED PAIN ON MY SHOULDER DUE TO THE IMPACT.

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 17/7/21 - 1040H

Witnessed by Reporting Centre
Personnel Hawazij

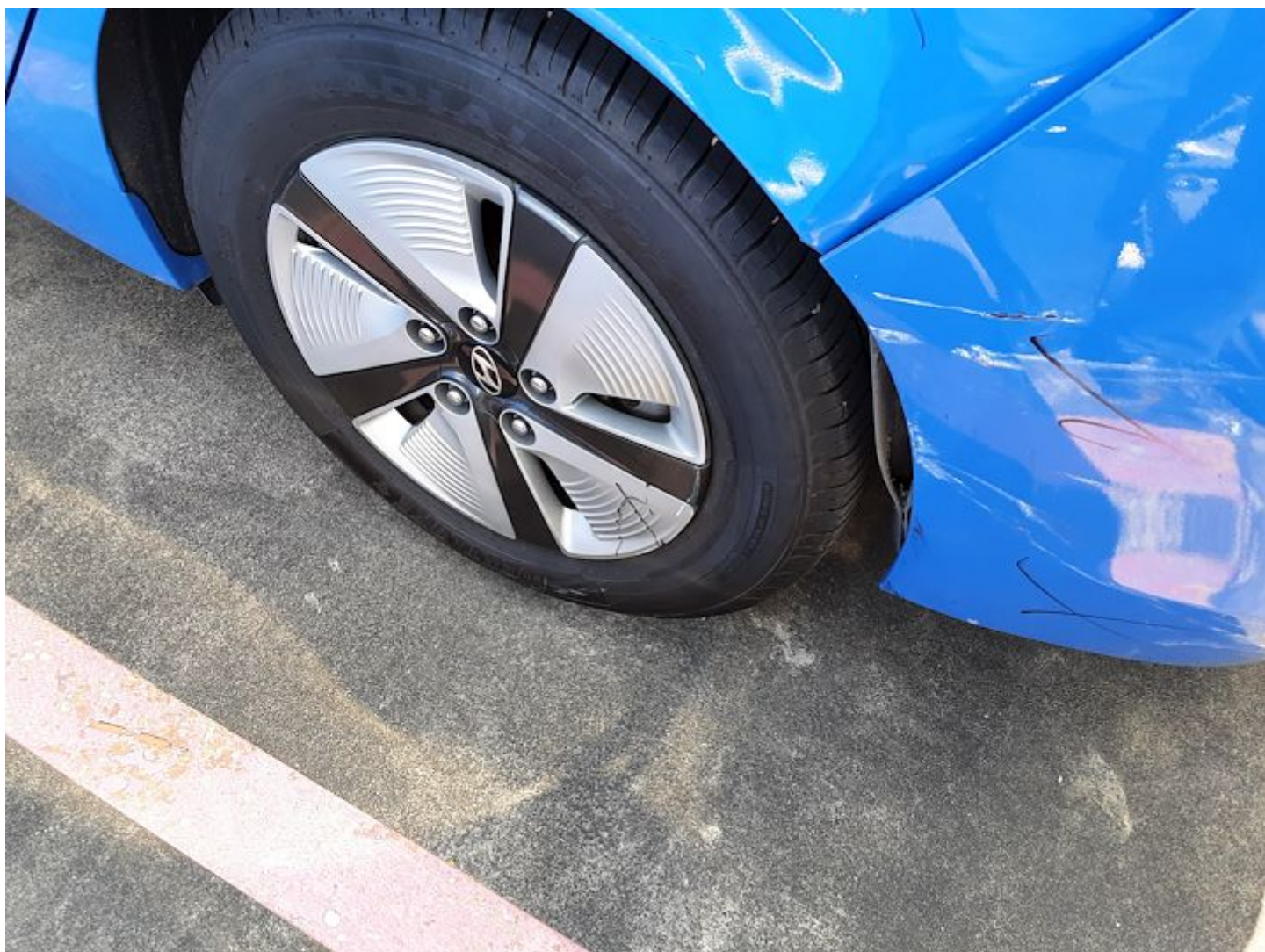












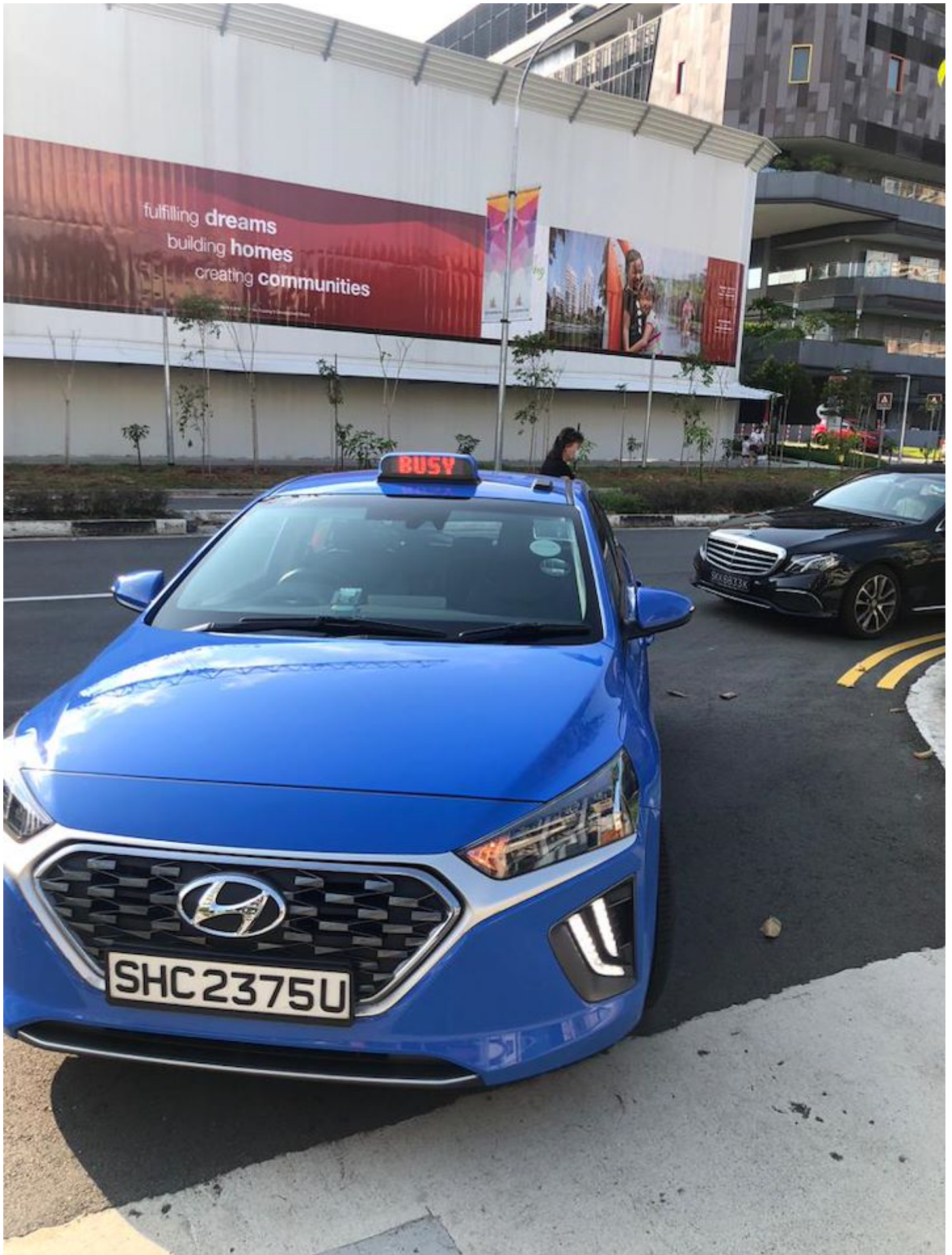


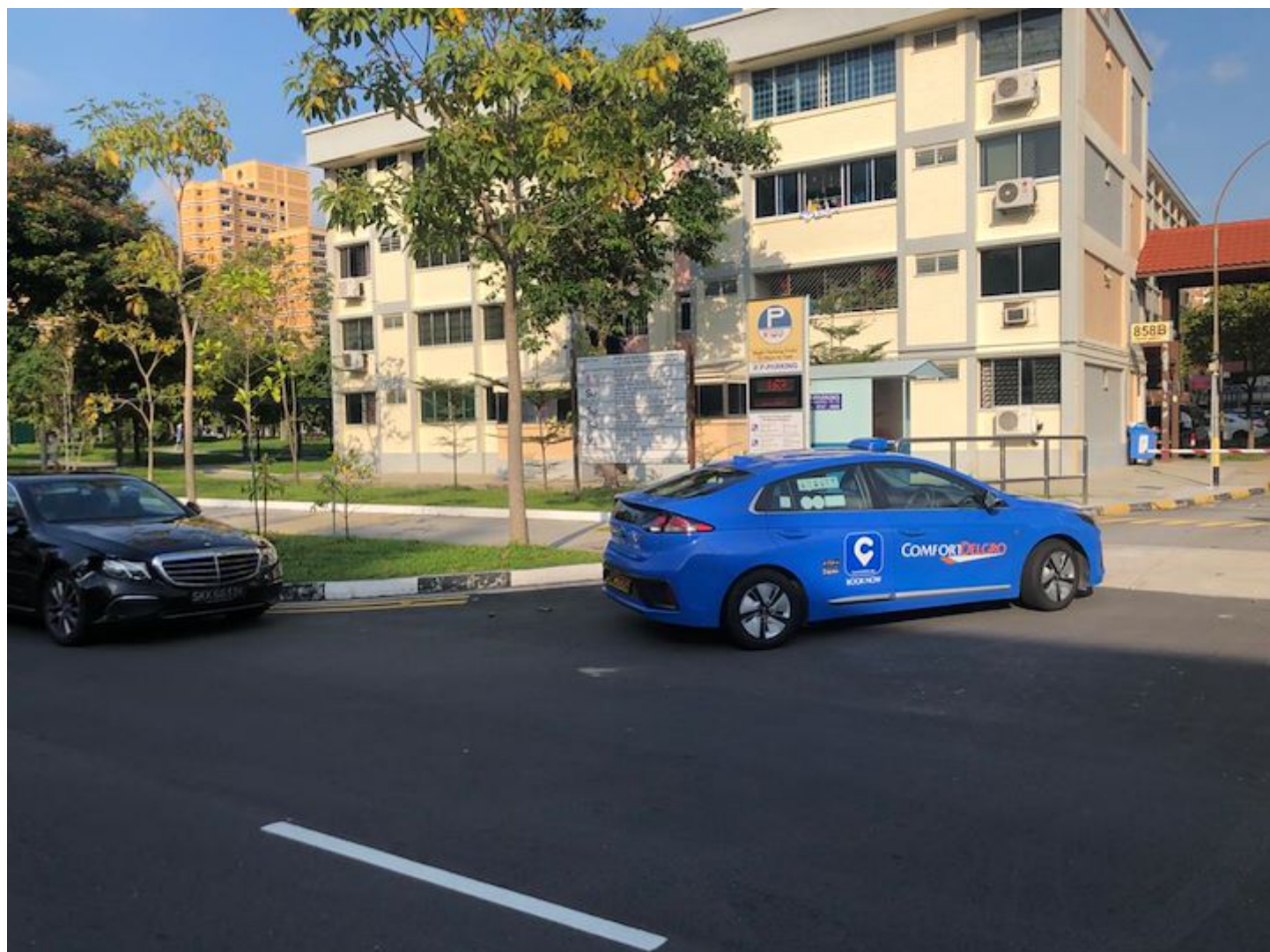






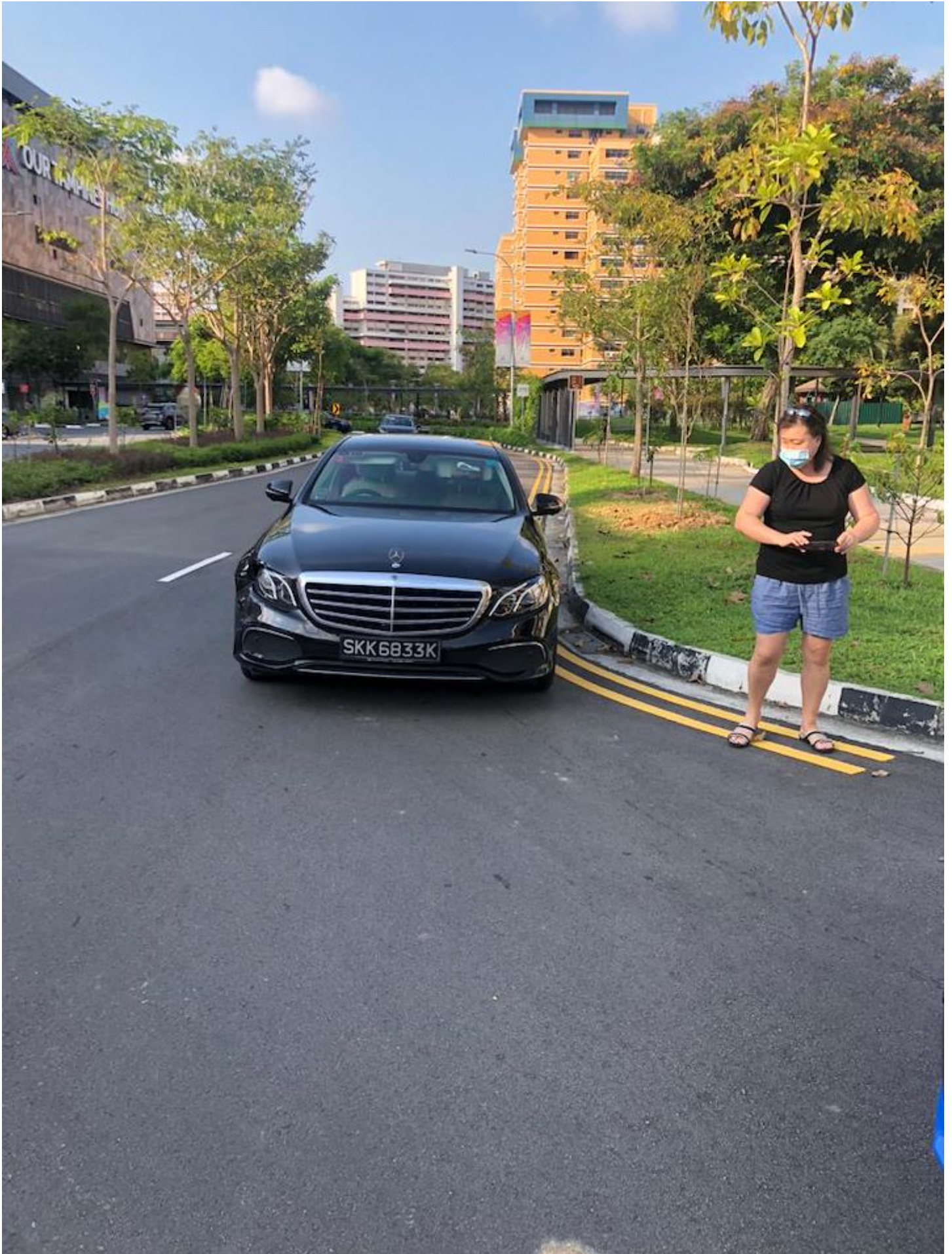
















**SINGAPORE
POLICE FORCE**



T/20210717/2059

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20210717/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2021 15:42	Vide Report No.:	Station Diary No.: 33
--	------------------	--------------------------

Informant's Particulars

Name of Informant: KOH TIONG HOCK	Address: APT BLK 862 TAMPINES STREET 83 #05-406 SINGAPORE 520862		
ID Type / ID No.: NRIC NO / S0683664Z	Contact No.: Home/Office: 97847057 Mobile:		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 70	Date of Birth: 17/06/1951	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: 17/07/2021 08:50	Type of Location: Straight Road
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SHC2375U	Car				Slightly Damaged	0
SKK6833K	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210717/2059

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20210717/2059

CONTINUATION OF REPORT

Driver			
Name	KOH TIONG HOCK	ID No.	S0683664Z
Related Vehicle	SHC2375U (Car)	Contact No.	97847057
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/07/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 17/7/2021 at about 0853hrs was driving, in my vehicle SHC2375U, along Tampines Walk, going towards 858B Tampines St 83 MSCP, when I saw a Mercedes black car registration no, SKK6833K, was stationary and was not moving forwards towards the gantry. I then gave signal and then overtake the said car, moving towards the gantry. However, when I was moving towards the gantry, I felt a bump and heard a loud sound from the left as my rear car was being hit by the said car. I went down to make a check on my car and observed that my left rear bumper suffered a dent and a few scratches while the other said car, right side was slightly dented.

The other party was not injured however I felt a back pain due to the sudden jerk movement from the accident. I had claimed for 3 days of medical leave. I am lodging this report for record purposes. No government property was damaged. I have also informed my company in regards to this matter.



**SINGAPORE
POLICE FORCE**



T/20210717/2059

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20210717/2059

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:
G /
Sgt 2 NUR AZFARINAH BINTE ABDULLAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
17/07/2021 15:42

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-01 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66590200 / GST Reg. No.: M450017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ04217H0009 Vehicle Registration No: SHC2375U
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 [*Vehicle Driver / Vehicle Owner] (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 17/07/2021 Time of Accident: 08:53
 Place of Accident: Tampines Walk, Singapore
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Attach Police Report

- Amend driver's injury - Back pain - 3 days MC


 Policyholder / Driver's Signature
 Date: _____

SUBIA
 Reporting Centre Personnel's Signature
 Name: Suria
 NRIC/FIN No.: _____
 Date: 23/07/2021

FORM 11 (2019)

