

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 02/10/2021 12:07 (SGT)
Date of Accident 01/10/2021 20:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3521C

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) +65-82221308
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 LAY TUCK NGAR
NRIC No S1473367A

| | |
|--|--------------------------------------|
| Date Of Birth | 13/02/1961 |
| Occupation | Outdoor |
| Date Of Driving Pass | 09/01/1982 |
| Driving experience | 39 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-82221308 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 154 ANG MO KIO AVENUE 5 #03-3112 |
| Address complement | - |
| Postcode | 560154 |
| 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 | 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? | Yes |
| 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 | PASSENGER |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Ang Mo Kio North Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004849999 |
| Alt. Police Station Phone No | (Fax) +65-62181399 |
| Police Station Address | 51 Ang Mo Kio Avenue 9 Singapore 569784 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/2021100/2137

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 | FBS4439T |
|-----------------------------------|----------|

| | |
|---|----------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | - |
| Contact Number | (Phone) +65-94516606 |
| 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 | UNKNOWN |
| Gender | Male |
| Phone No | (Phone) +65-94516606 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | DONT KNOW THE INJURIES |
| Injured person in which vehicle? | FBS4439T |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

IMPORTANT NOTICE

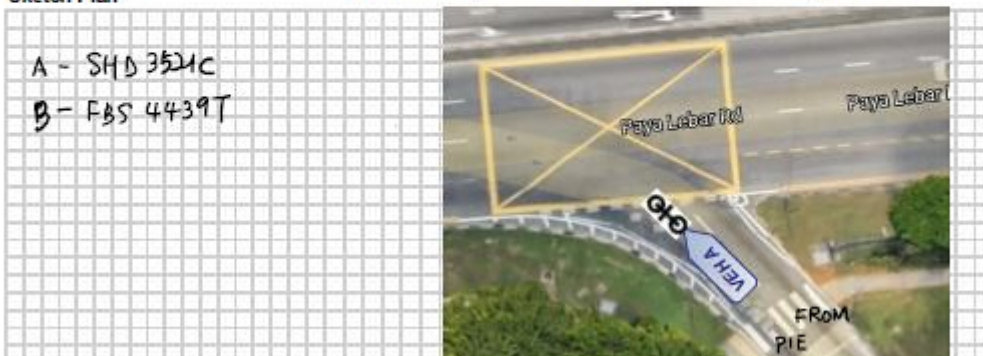
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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/small 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
02.10.2021 0820HRS

Witnessed by Reporting Centre Personnel
Kegan Yang

Sketch Plan






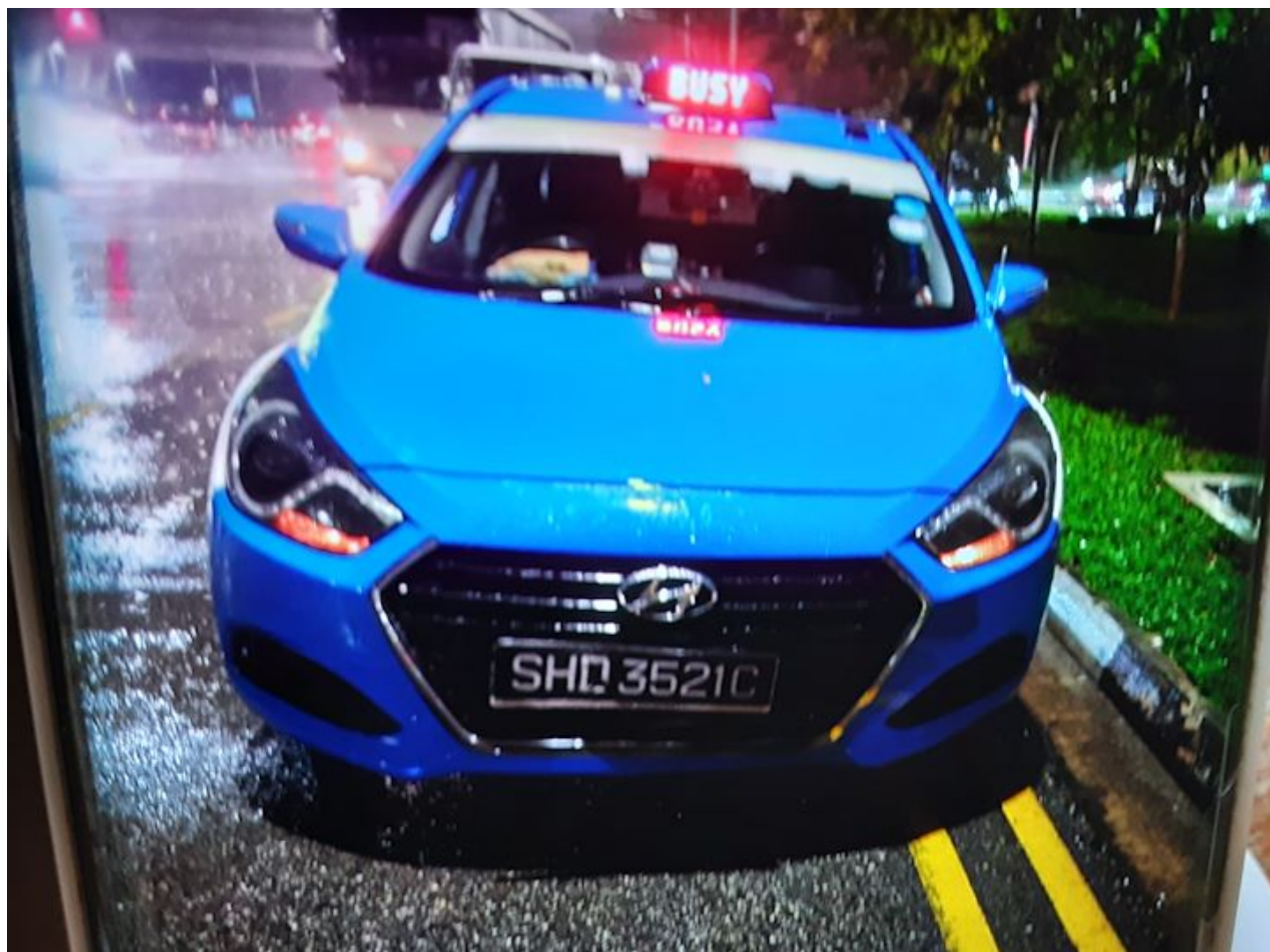
Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/2021100/2137

Declaration

I/We declare the foregoing particulars are true in every respect.

| | | |
|---|---|---|
|  <hr/> Policyholder's Signature / Date & Time |  <hr/> Driver's Signature (If driver is not the policyholder) / Date & Time 02.10.2021 0825HRS |  <hr/> Witnessed by Reporting Centre Personnel Sign Yang |
|---|---|---|





















SINGAPORE POLICE FORCE



T/20211001/2137

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20211001/2137

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 01/10/2021 23:48 | Vide Report No.: G/20211001/0228 | Station Diary No.: 85 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|--|--|
| Name of Informant: LAY TUCK NGAR | | | Address: APT BLK 154 ANG MO KIO AVENUE 5 #03-3112 SINGAPORE 560154 | |
| ID Type / ID No.: NRIC NO / S1473367A | | | Contact No.: Home/Office: Mobile: 82221308 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 60 | Date of Birth: 13/02/1961 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: Comfort Delgro |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------|----------------------|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 01/10/2021 20:40 | Type of Location: Slip Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|------------------|-----------------|
| FBS4439T | Motorcycle | | | | Slightly Damaged | 0 |
| SHD3521C | Car | | | | Slightly Damaged | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211001/2137

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

2 of 3

Report No. T/20211001/2137

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|------------------------|------------------|--|
| Rider | | | |
| Name | Unknown Rider | | ID No. NIL |
| Related Vehicle | FBS4439T (Motorcycle) | | Contact No. 94516606 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | | 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 |
| Driver | | | |
| Name | LAY TUCK NGAR | | ID No. S1473367A |
| Related Vehicle | SHD3521C (Car) | | Contact No. 82221308 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,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 1/10/2021, at about 2036hrs, I was driving along PIE(Tuas) slip road into Paya Lebar Rd towards Guillemard Rd on the left lane. At the point of time, I was driving my customer to Paya Lebar Square.

Thereafter, I saw a motorcyclist in front of me trying to go out of the lane. He seems hesitant to go out and then he suddenly stopped his motorcycle. As he came to an abrupt stop, I had to stopped my vehicle too. However, as the road surface was wet due to the rain, my vehicle (SHD3521C) skidded after stopping and it collided into the rear of the motorcycle (FBS4439T).

My vehicle (SHD3521C) suffered slight damages on the car plate and the motorcycle (FBS4439T) suffered damages on its rear.

The motorcyclist (hp no.: 94516606) was conveyed to Tan Tock Seng Hospital as he suffered injuries. I am not injured and my customer is not injured as well.

I am lodging this report under Traffic Police's instructions and for my company's actions.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20211001/2137

3 of 3

Report No. T/20211001/2137

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
F /
Sgt 2 ADELINE TAN BUAY KHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
01/10/2021 23:48

Classification Of Case:



