

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 17/09/2021 13:24 (SGT)
Date of Accident 17/09/2021 08:30 (SGT)
Exact Location of Accident Changi N Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC2974R

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) +65-98782994
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 1798

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 TAY CHENG NGUENG
NRIC No S1157534Z

| | |
|--|---------------------------------|
| Date Of Birth | 13/05/1955 |
| Occupation | Outdoor |
| Date Of Driving Pass | 22/12/1973 |
| Driving experience | 47 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-98782994 |
| Alt. Phone Number | - |
| Email Address | fleetsafety@cdgtaxi.com.sg |
| Address | BLK 335 SEMBAWANG CLOSE #13-463 |
| Address complement | - |
| Postcode | 750335 |
| 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 | 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? | Yes |
| 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 | Sembawang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18005549999 |
| Police Station Address | 4 Sembawang Crescent Singapore 757633 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

ON 17/09/2021 AT ABOUT 08:30HRS, I WAS DRIVING VEHICLE A (SHC2974R) ALONG CHANGI NORTH WAY TOWARDS COMPASS GREEN (CONDO) TO PICKUP PASSENGER. UPON REACHING DESTINATION, I ON SIGNAL TO MY RIGHT AND SLOWLY MAKE A RIGHT TURN TO COMPASS GREEN CONDO. WHILE MAKING A RIGHT TURN ALMOST ENTER TO THE CONDO ENTRANCE, VEHICLE B (FBH9093G) WHICH WAS BEHIND VEHICLE A, OVERTAKE MY VEHICLE AND COLLIDED ONTO VEHICLE A RIGHT SIDE. I CALLED AMBULANCE AND TRAFFIC POLICE CAME TO THE SCENE. THE RIDER CONVEYED TO UNKNOWN HOSPITAL DUE TO ABRASION ON HIS HAND AND LEG. NO CONTACT AND PARTICULARS EXCHANGE AS THE RIDER CONVEYED BY AMBULANCE.

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 | FBH9093G |
|-----------------------------------|----------|

| | |
|---|------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | - |
| 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 | RIDER |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | ABRASION ON HAND AND LEG |
| Injured person in which vehicle? | FBH9093G |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

INJURED 2

| | |
|---|------------------------------------|
| Name of injured person | TAY CHENG NGUENG |
| Gender | Male |
| Phone No | (Phone) +65-98782994 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | NECK AND SHOULDER PAIN - 3 DAYS MC |
| Injured person in which vehicle? | SHC2974R |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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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")

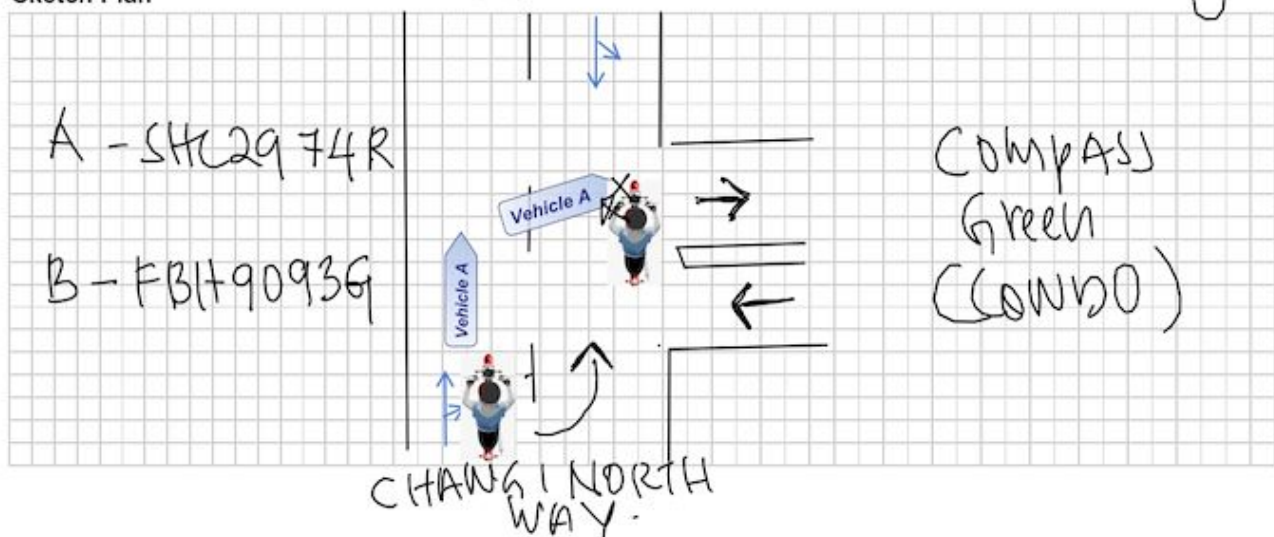
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Describe Circumstances of the Accident

ON 17/09/2021 AT ABOUT 08:30HRS, I WAS DRIVING VEHICLE A (SHC2974R) ALONG CHANGI NORTH WAY TOWARDS COMPASS GREEN (CONDO) TO PICKUP PASSANGER. UPON REACHING DESTINATION, I ON SIGNAL TO MY RIGHT AND SLOWLY MAKE A RIGHT TURN TO COMPASS GREEN CONDO. WHILE MAKING A RIGHT TURN ALMOST ENTER TO THE CONDO ENTRANCE, VEHICLE B (FBH9093G) WHICH WAS BEHIND VEHICLE A, OVERTAKE MY VEHICLE AND COLLIDED ONTO VEHICLE A RIGHT SIDE. I CALLED AMBULANCE AND TRAFFIC POLICE CAME TO THE SCENE. THE RIDER CONVEYED TO UNKNOWN HOSPITAL DUE TO ABRASION ON HIS HAND AND LEG. NO CONTACT AND PARTICULARS EXCHANGE AS THE RIDER CONVEYED BY AMBULANCE.

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

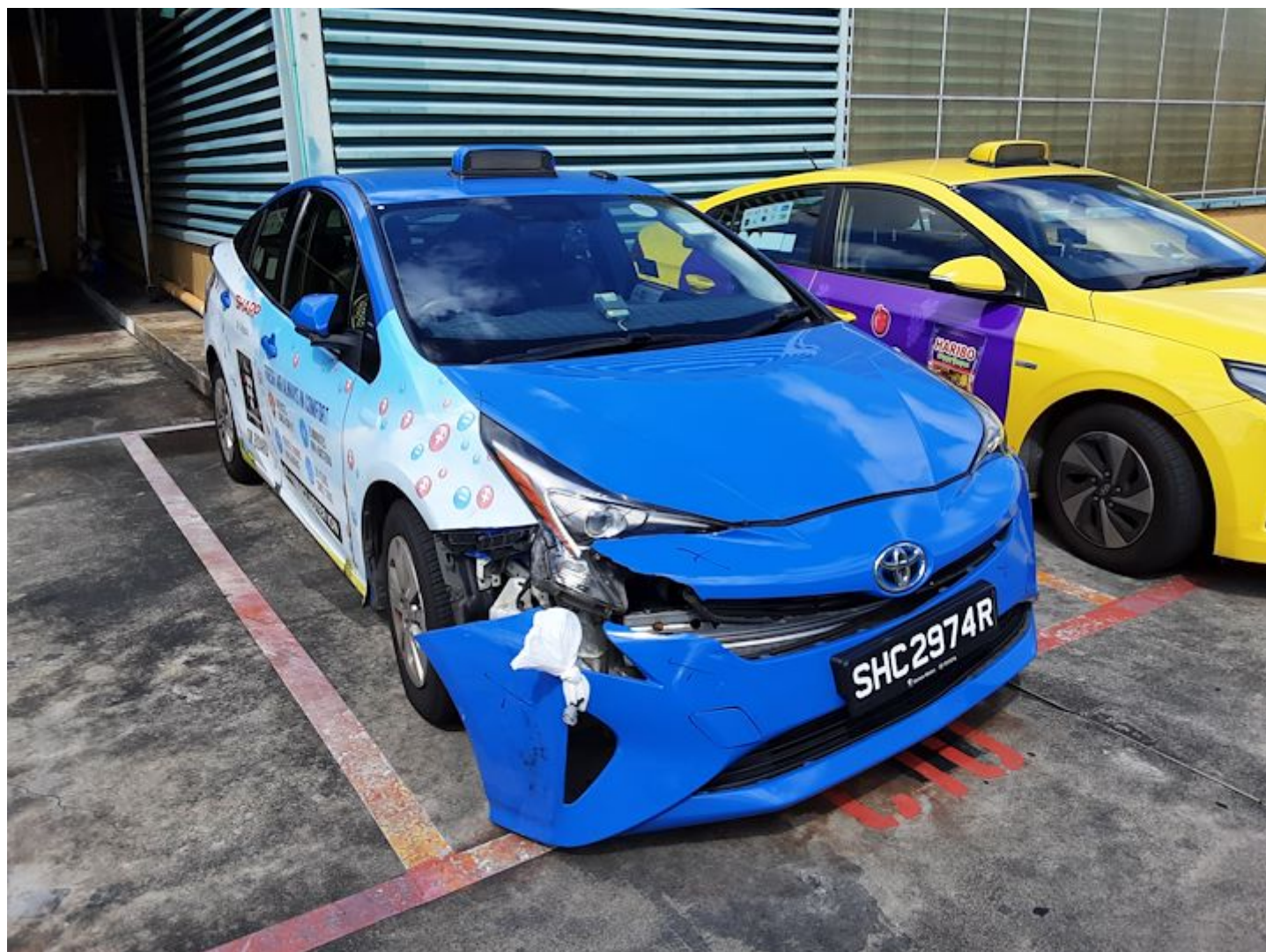
17/9/21 - 1015H

Witnessed by Reporting Centre Personnel

Shanny
Phanap





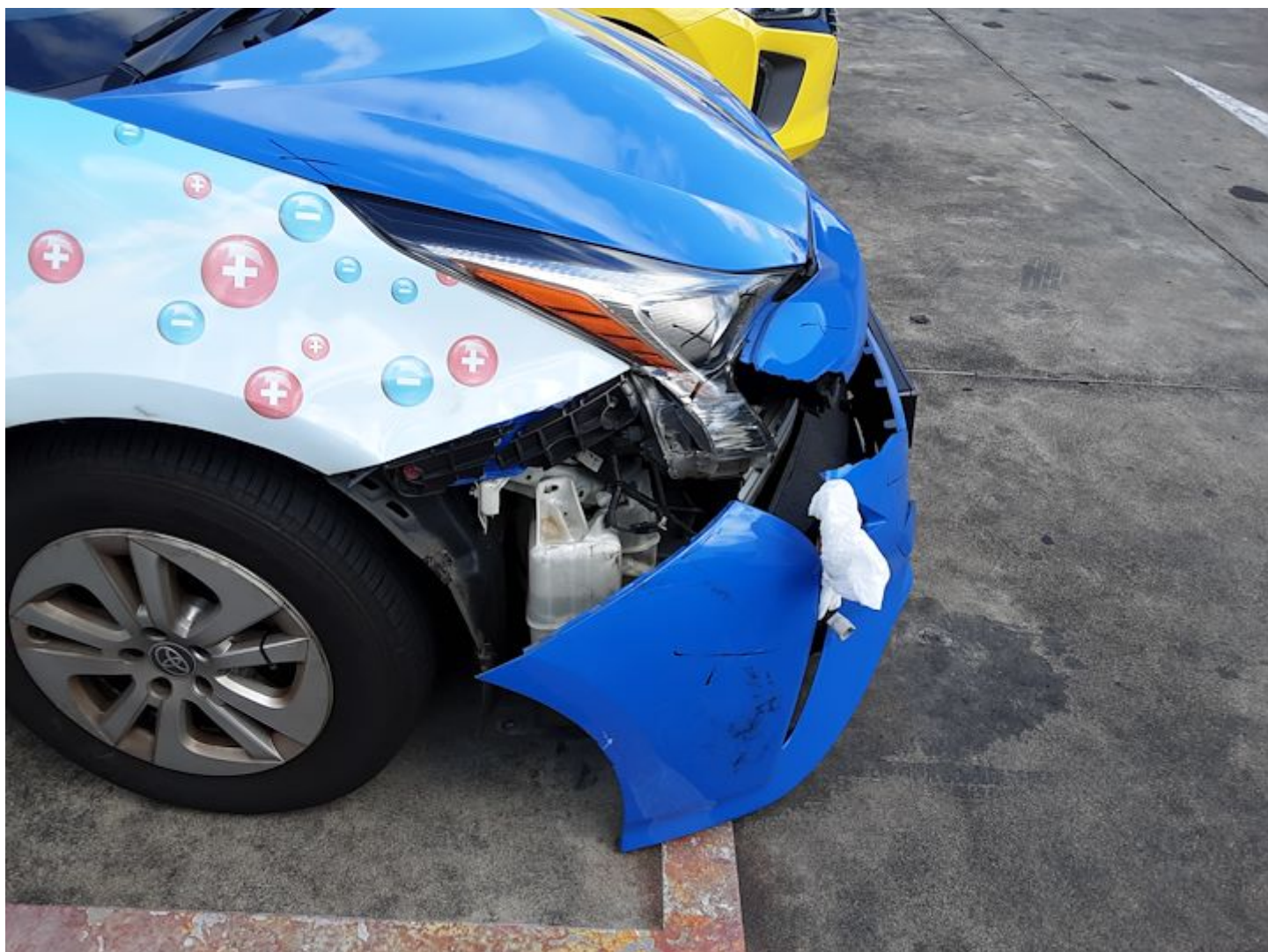




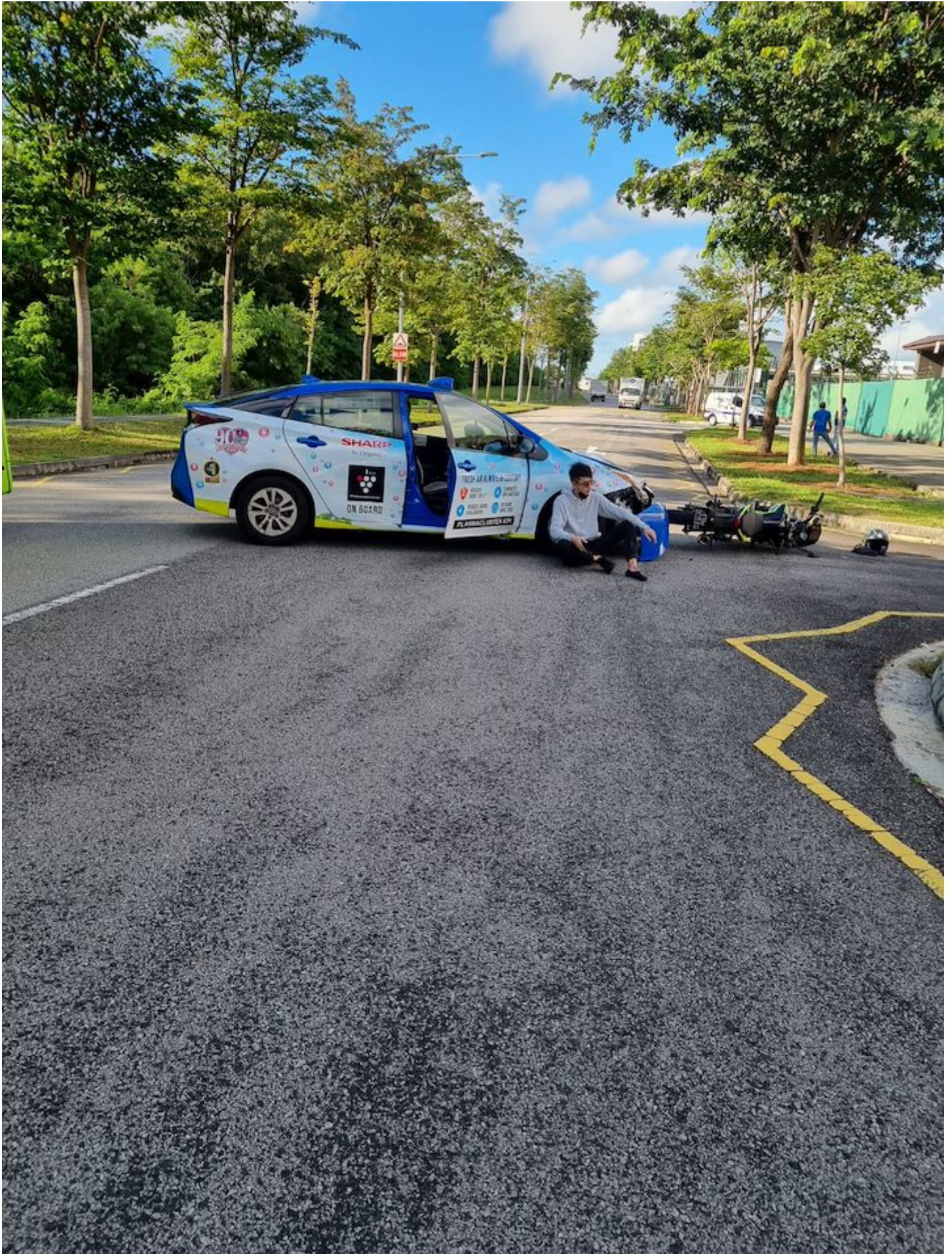


















SINGAPORE
POLICE FORCE

RECEIVED
12 SEP 2021

BY: X/



T/20210917/2040

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20210917/2040

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 17/09/2021 13:22 | Vide Report No.: G/20210917/0055 | Station Diary No.: 26 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: TAY CHENG NGUENG | | | Address: APT BLK 335 SEMBAWANG CLOSE #13-463 SINGAPORE 750335 | |
| ID Type / ID No.: NRIC NO / S1157534Z | | | Contact No.: Home/Office: Mobile: 98782994 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 66 | Date of Birth: 13/05/1955 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Taxi driver | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 17/09/2021 08:30 | Type of Location: Straight Road |
| Location: TANAH MERAH BESAR ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|---------------------|-----------------|
| FBH9093G | Motorcycle | | | | Slightly Damaged | 0 |
| SHC2974R | 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/20210917/2040

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20210917/2040

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------------|--|---|
| Name | TAY CHENG NGUENG | ID No. | S1157534Z |
| Related Vehicle | SHC2974R (Car) | Contact No. | 98782994 |
| Hospital/Clinic | POW FAMILY CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 17/09/2021 | Date Discharge | 17/09/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On 17/09/2021 at around 0830hrs, I was driving my vehicle (SHC2974R) along Changi North Way Towards Compass Green Condo to pickup passenger. Upon reaching destination, I on signal to my right and slowly make a right turn to compass green condo. While making a right turn almost enter to the condo entrance, A motorcycle bearing FBH9093G which was behind my vehicle overtake my vehicle and collided onto my vehicle right side. I then called for the ambulance and traffic police came to scene. The rider conveyed to unknown hospital due to abrasion on his hand and leg. I didn't managed to get any contact number or particulars of the other party as the rider left in an ambulance. I then drove my Taxi to the service center and made a company report about the accident. I wish to informed that while traffic police was at scene they took the memory card from my in-car camera, My vehicle suffered right side headlight cracked and right side bumper damaged.



SINGAPORE
POLICE FORCE



T/20210917/2040

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20210917/2040

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 3 NG BOON WEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/09/2021 13:22

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT

Contact No.: 65476066

Classification Of Case:

Singapore Police Force



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ04219H0008 Vehicle Registration No: SHC2974R
 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: 17/09/2021 Time of Accident: 08:30
 Place of Accident: Changi N Way, 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:

- Upload Police Report _____
- Add driver's injury - Neck and Shoulder Pain - 3 days MC _____
- _____
- _____
- _____
- _____
- _____
- _____



Policyholder / Driver's Signature
Date:

SURIA

Reporting Centre Personnel's Signature
Name: suria
NRIC/FIN No.:
Date: 20/09/2021

GIA3MC Addendum Form

