

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 25/10/2021 09:43 (SGT)
Date of Accident 23/10/2021 17:30 (SGT)
Exact Location of Accident Punggol Way, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7500C

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) +65-98538402
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
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 2143

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 LIM KIAN SENG
NRIC No S1494416H

Date Of Birth	09/10/1961
Occupation	Outdoor
Date Of Driving Pass	09/01/1984
Driving experience	37 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98538402
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 556 BEDOK NORTH STREET 3
Address complement	#05-940
Postcode	460556
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	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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT .T/20211023/2093.

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	FBK8076Y
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black

Vehicle Category	Motorcycle
Name of Driver	NUR HANISHA BINTE ABDULLAH
NRIC No	T0131611C
Contact Number	(Phone) +65-93824842
Address	BLOCK 272 C PUNGGOL WALK
Address complement	#14-583
Postcode	823272
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	NUR HANISHA BINTE ABDULLAH
Gender	Female
Phone No	(Phone) +65-93824842
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT FINGER
Injured person in which vehicle?	FBK8076Y
Were seat belts worn?	-
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 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. 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/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

VEHA: SHA7500C Punggol Way

VEHB: FBK8016X Vehicle B

Vehicle A

Describe Circumstances of the Accident

REFER TO POLICE REPORT

Declaration

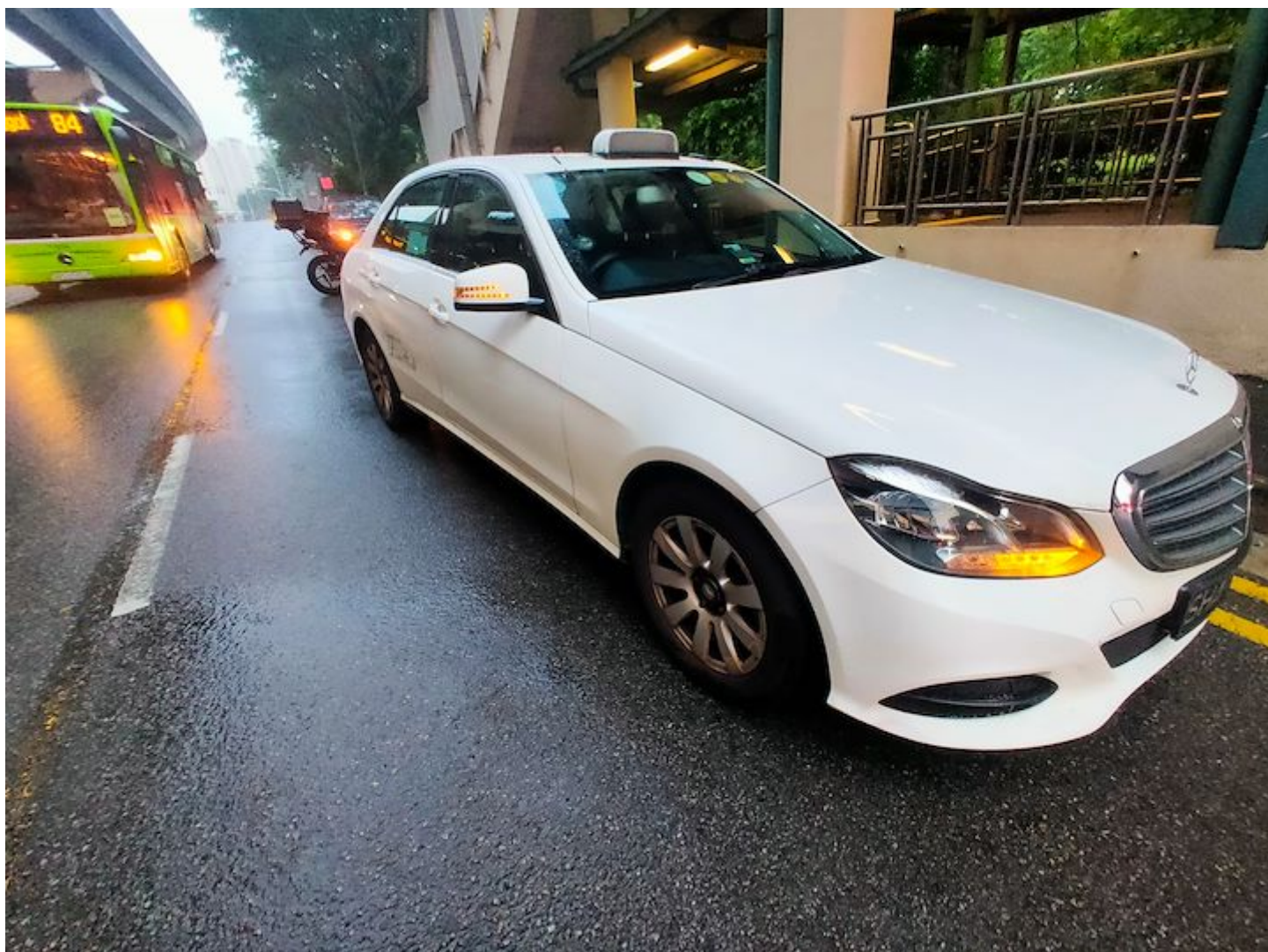
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

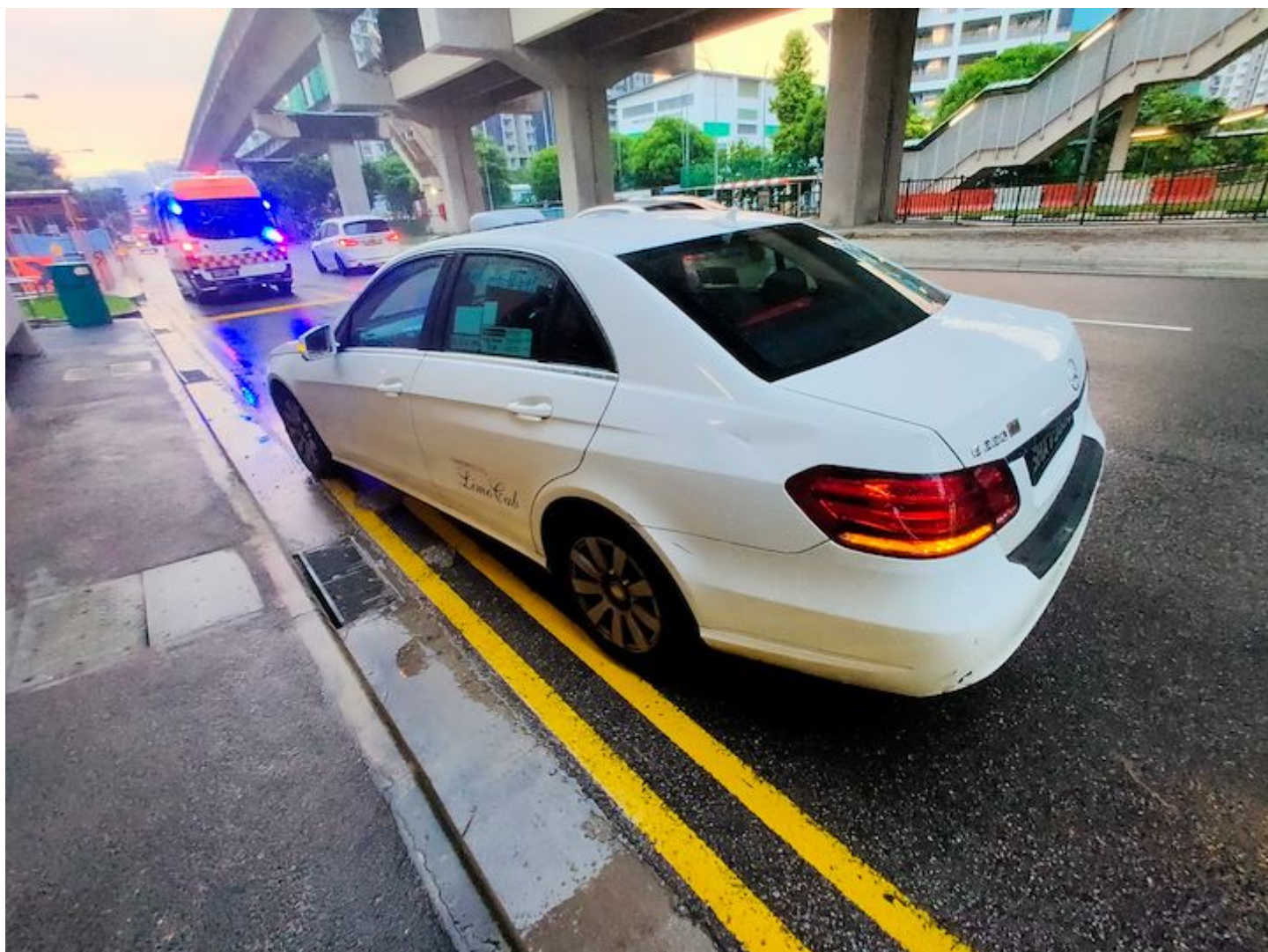
Witnessed by Reporting Centre Personnel























SINGAPORE POLICE FORCE

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20211023/2093

1 of 3

Report No. T/20211023/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
23/10/2021 22:33

Informant's Particulars

Name of Informant:
LIM KIAN SENG

Vide Report No.:
F/20211023/0168

Station Diary No.:
70

ID Type / ID No.:

NRIC NO / S1494416H

Nationality:

SINGAPORE CITIZEN

Sex:

Male

Age:

60

Date of Birth:

09/10/1961

Address:

APT BLK 556 BEDOK NORTH STREET 3 #05-940
SINGAPORE 460556

Contact No.:

Home/Office:

Mobile: 98538402

Email:

Type of Informant:
Driver

Race:

Chinese

Language:

Chinese

Institution / School Name:

Occupation:

Taxi driver

Driving Licence Information:

Class: 2B,2A,2,3,4

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury

Attended by Police

Drink

Drive:

No

Date/Time of
Accident:

23/10/2021 17:30

Type of Location:
Straight Road

Location:

PUNGGOL WAY

Lamp Post Number: 78

Weather:

Drizzling

Road Surface:

Wet

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:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK8076Y	Motorcycle	YAMAHA	FZN150	Black	Slightly Damaged	0
SHA7500C	Car	MERCEDES BENZ	E220 BLUETEC	Silver	Slightly Damaged	0

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20211023/2093

2 of 3

Report No. T/20211023/2093

CONTINUATION OF REPORT**Brief Details.**

On 23/10/2021 at about 5.30pm, I was at work and driving the taxi bearing plate number SHA7500C along Punggol way and it was drizzling. I was on lane 2, changing to lane 3 as I wanted to pick up passenger from the road side when a motorcycle bearing plate number FBK8076Y at lane 3 behind me hit my rear. I wish to state that I did not see the motorcycle. The motorcyclist fell and injure her finger. I called for the ambulance and subsequently traffic police also arrived. The motorcyclist was conveyed. I was given a case card and instructed by traffic police to make a traffic accident report. I wish to state that traffic police officer took the sd card for my in-car camera.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999



T/20211023/2093

3 of 3

Report No. T/20211023/2093

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 3 AW JING YING CHLOE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
23/10/2021 22:33

Officer In Charge Of Case:
TP / GIT /
Staff Sgt ROIZMAN BIN MOHAMED POSARI
Contact No: 65476131

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

