

# 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 ..... 23/11/2021 16:58 (SGT)  
Date of Accident ..... 22/11/2021 11:45 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA6121U

### 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) +65-86685493  
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 ..... LAI HOI SIN  
NRIC No ..... S1229824B

|  |                                       |
|--|---------------------------------------|
| Date Of Birth .....  | 10/03/1957                            |
| Occupation .....   | Outdoor                               |
| Date Of Driving Pass .....   | 26/06/2001                            |
| Driving experience .....   | 20 YEARS AND 5 MONTHS                 |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-86685493                  |
| Alt. Phone Number .....  | -                                     |
| Email Address .....  | fleetsafety@cdgtaxi.com.sg            |
| Address .....  | BLK 420 ANG MO KIO AVENUE 10 #11-1147 |
| Address complement .....   | -                                     |
| Postcode .....   | 560420                                |
| 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) .....   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### PASSENGER 1

|              |         |
|--------------|---------|
| Name .....   | UNKNOWN |
| Gender ..... | Male    |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes   |
| Police Station Name .....                       | Changkat Neighbourhood Police Post                  |
| Police Station Phone No .....                   | (Phone) +65-18007819999                             |
| Alt. Police Station Phone No .....              | (Fax) +65-67832722                                  |
| Police Station Address .....                    | Blk 109 Tampines Street 11 #01-261 Singapore 521109 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT  
T/20211122/2074

#### 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 .....             | SLU9826Y    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| 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) .....     | 1           |

## INJURED PERSONS DETAILS

### INJURED 1

|   |   |
|---|---|
| Name of injured person .....                              | LAI HOI SIN   |
| Gender .....  | Male  |
| Phone No .....  | -   |
| Address .....   | -   |
| Address Complement .....                                  | -   |
| Post Code .....   | -   |
| Approximate Age Years Old .....                           | -   |
| Injuries Sustained .....                                  | DISCOMFORT ON NECK, RIGHT SHOULDER AND GIVEN 5<br>DAYS MC |
| Injured person in which vehicle? .....                    | SHA6121U  |
| Were seat belts worn? .....                               | -   |
| Was this injured conveyed to hospital by ambulance? ..... | No  |

SKETCH PLANIMPORTANT NOTICE

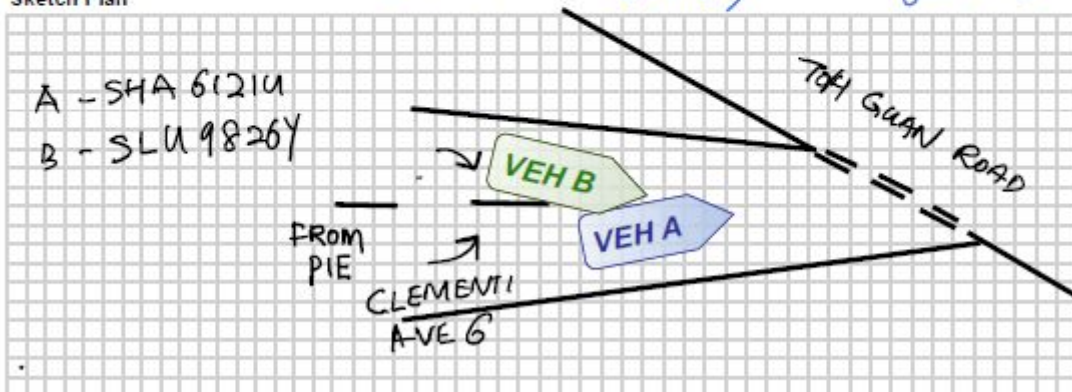
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)  
I understand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T/20211122/2074

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

22.11.2021

Wesley Young

















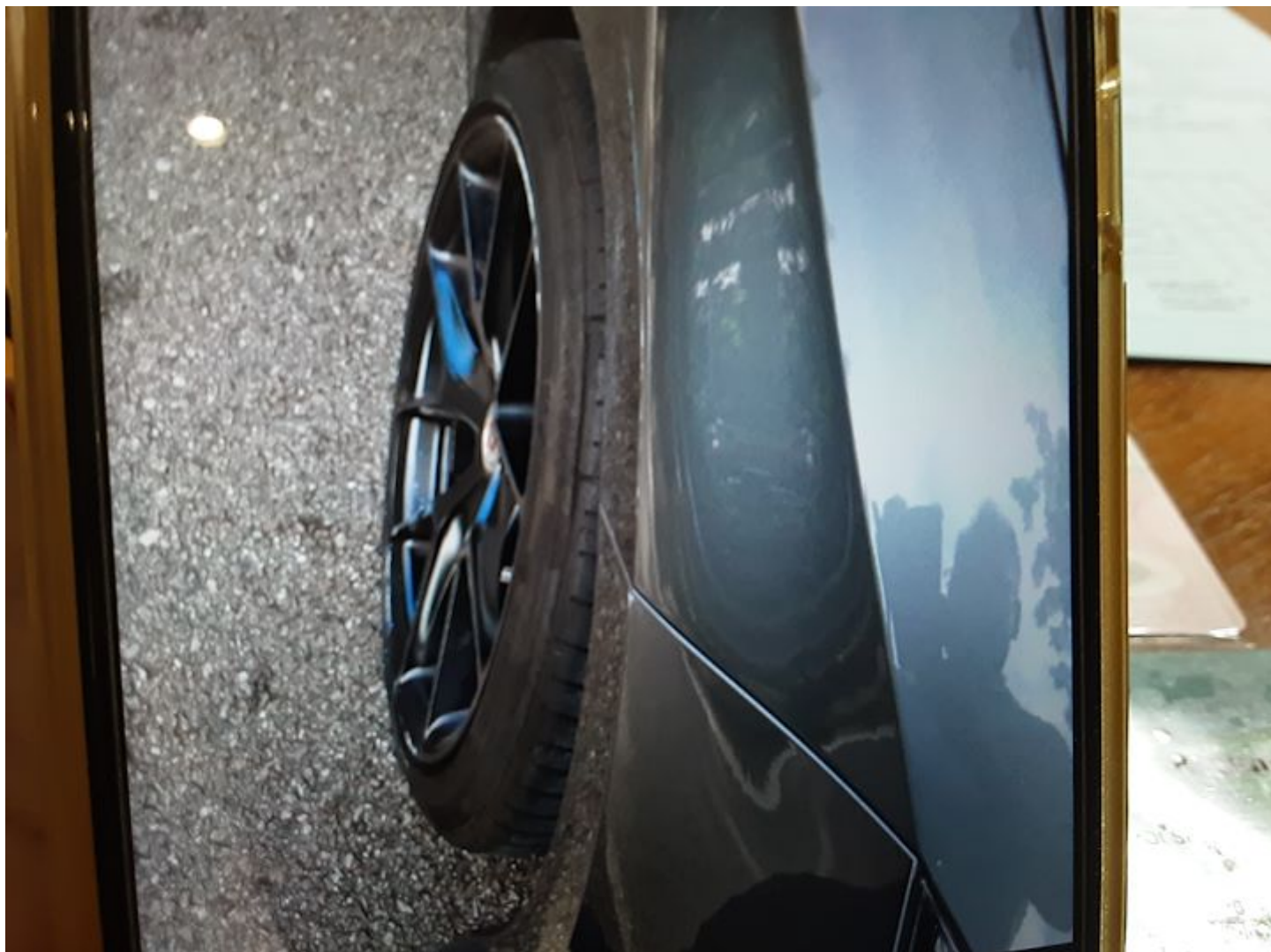


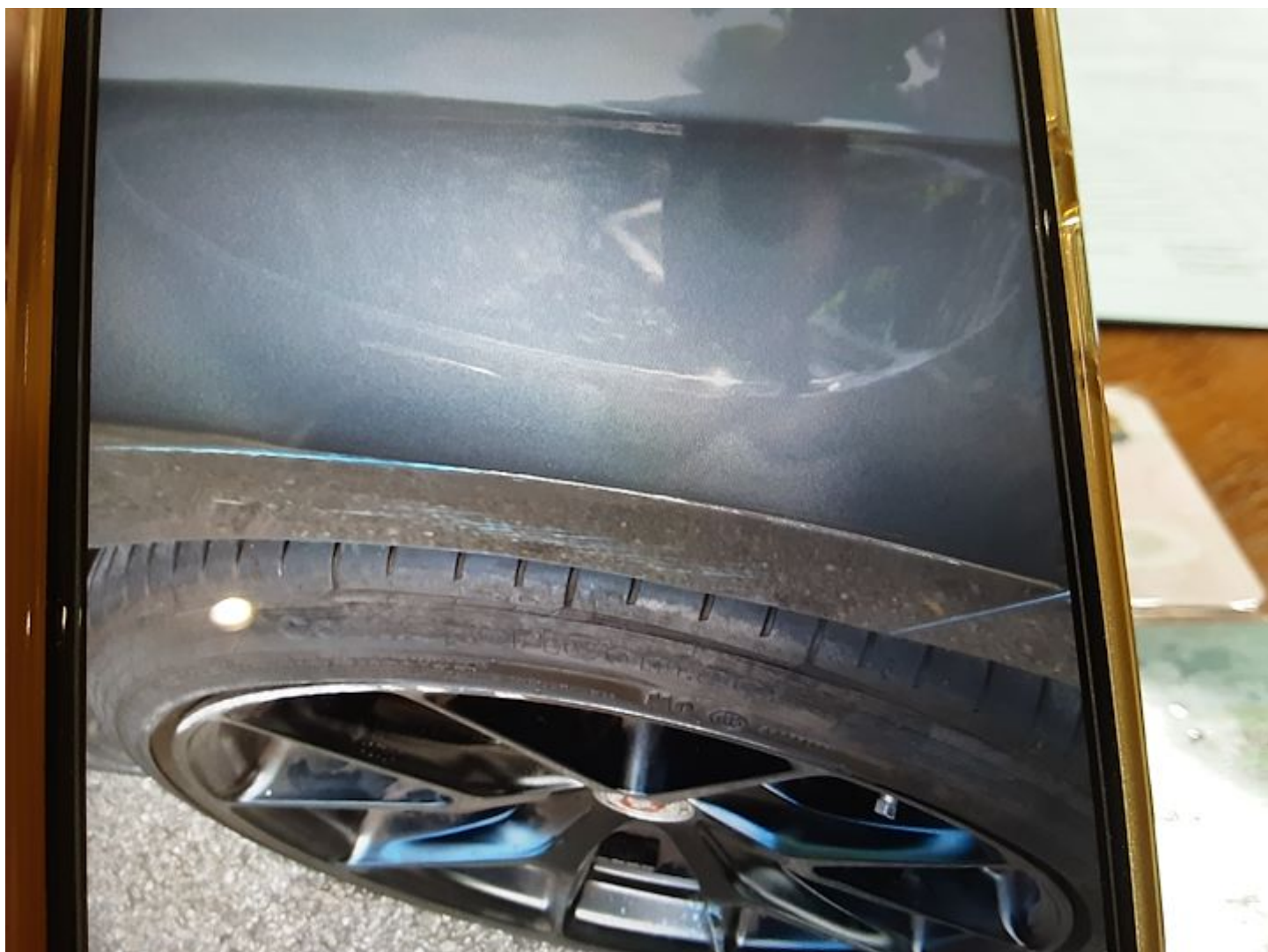








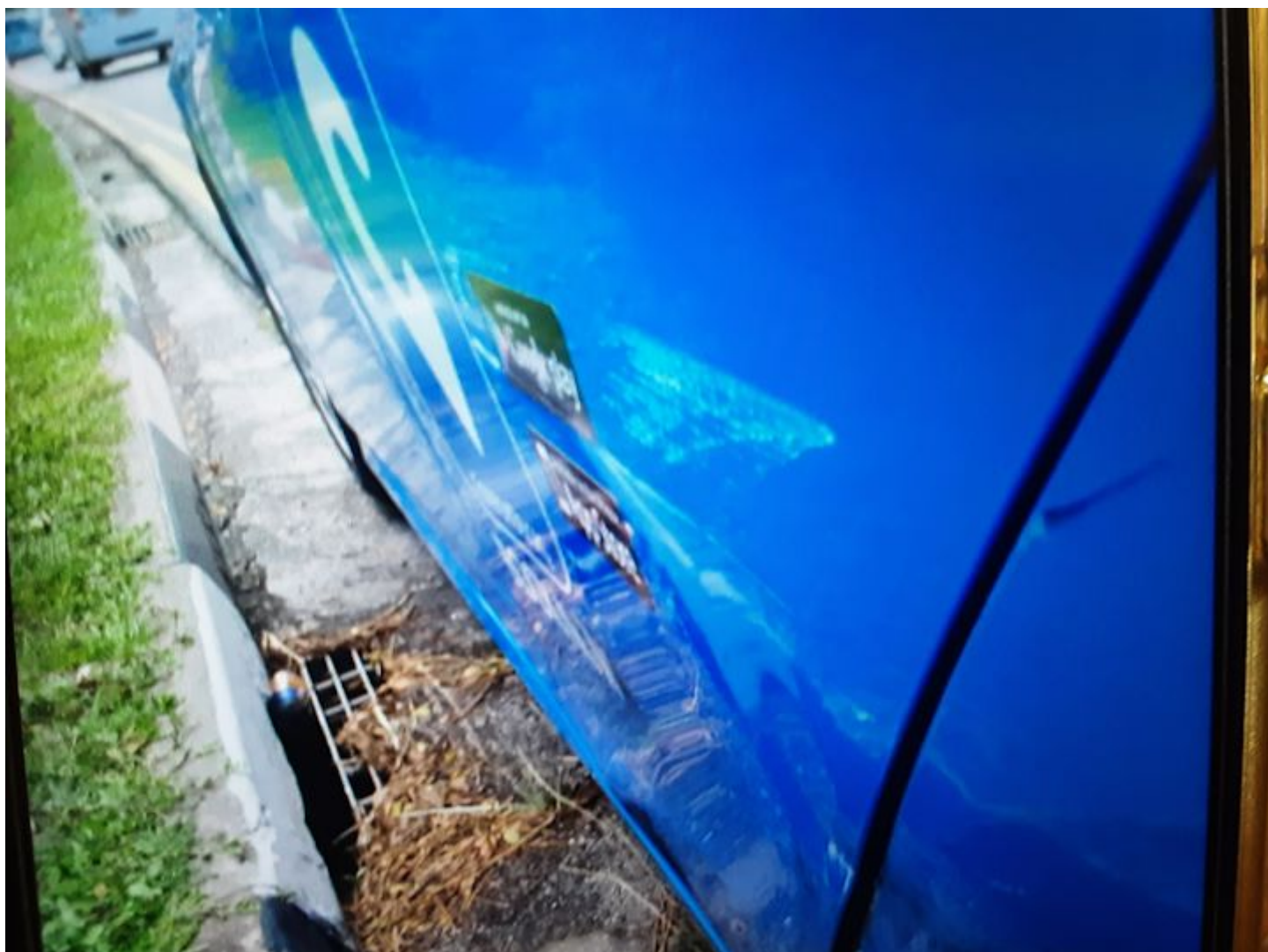


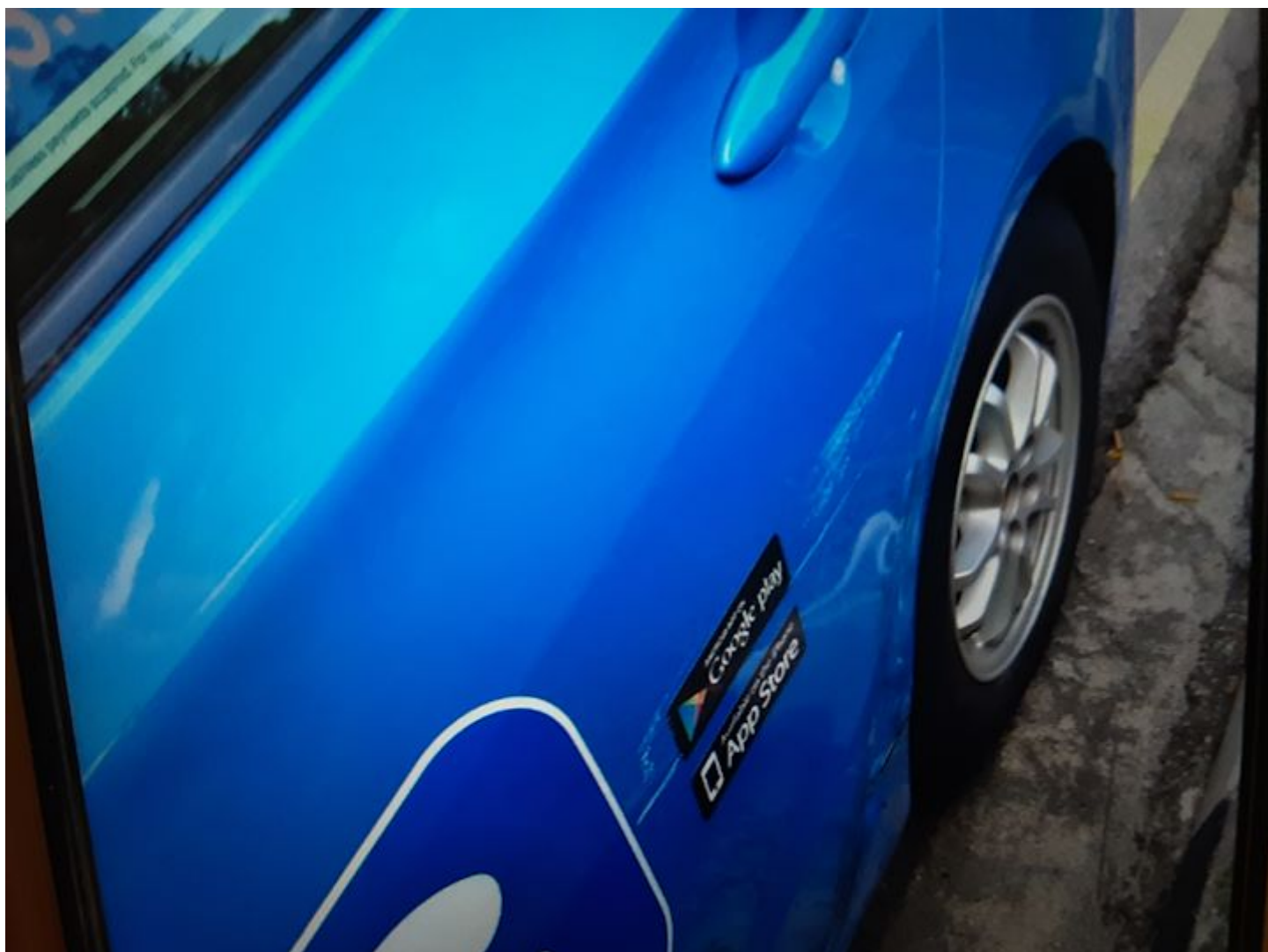


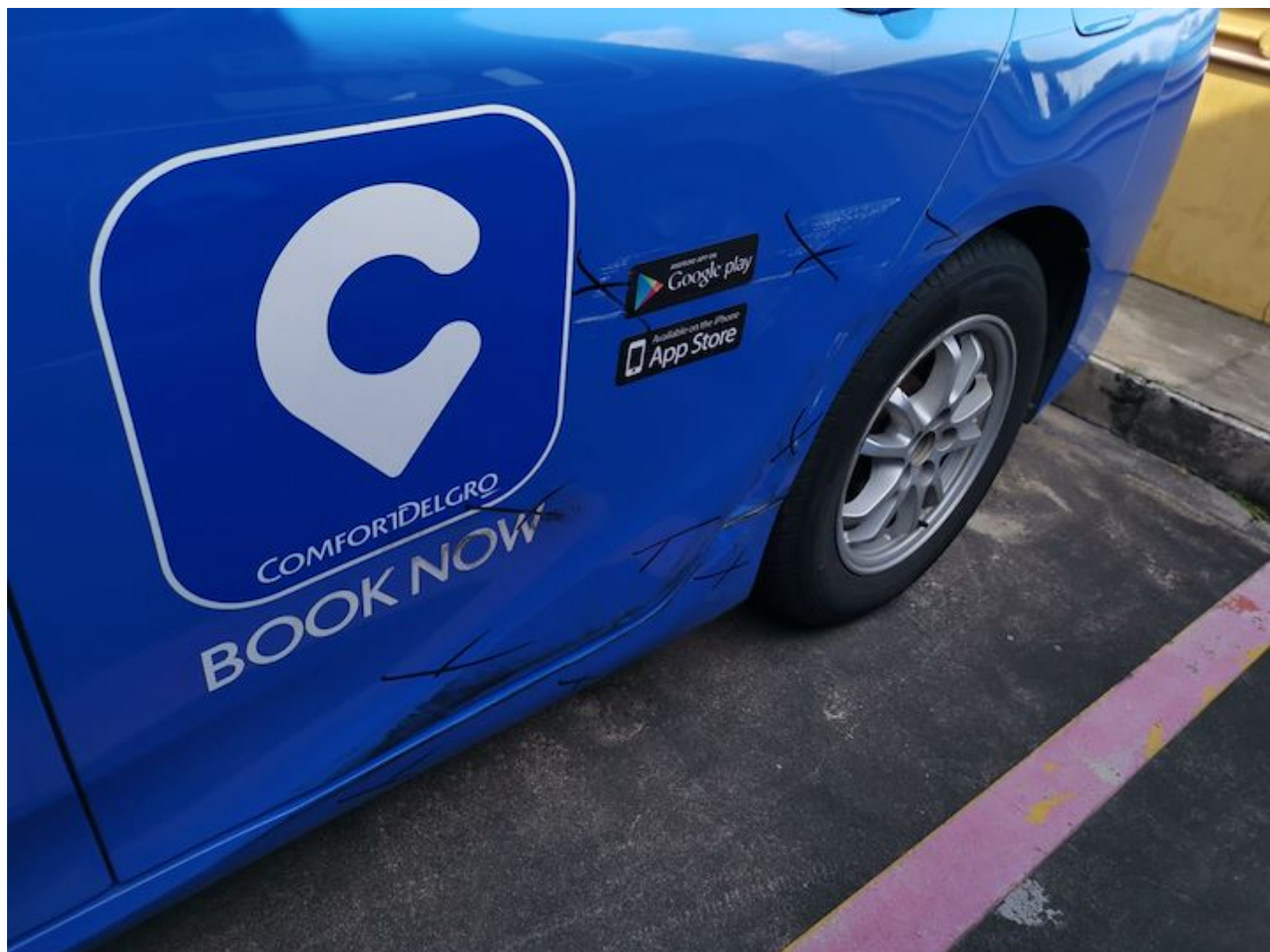






















**SINGAPORE  
POLICE FORCE**



T/20211122/2074

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 3

Report No. T/20211122/2074

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>22/11/2021 15:09 | Vide Report No.: | Station Diary No.:<br>16 |
|--|------------------|--------------------------|

|  |            |   |                              |
|--|------------|---|------------------------------|
| <b>Informant's Particulars</b>           |            |   |                              |
| Name of Informant:<br>LAI HOI SIN        |            | Address:<br>APT BLK 420 ANG MO KIO AVENUE 10 #11-1147<br>SINGAPORE 560420 |                              |
| ID Type / ID No.:<br>NRIC NO / S1229824B |            | Contact No.:<br>Home/Office: Mobile: 86685493                             |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:  |                              |
| Sex:<br>Male                             | Age:<br>64 | Date of Birth:<br>10/03/1957  | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English  | Institution / School Name:   |
| Occupation:<br>Taxi driver               |            | Driving Licence Information:<br>Class: 3 Date of Expiry:                  |                              |

|  |                  |                                    |  |                                    |
|--|------------------|------------------------------------|--|------------------------------------|
| <b>General Information of the Accident</b>                   |                  |                                    |  |                                    |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of Accident:<br>22/11/2021 11:45 | Type of Location:<br>Straight Road |
| Location:<br><br>PAN-ISLAND EXPRESSWAY                       |                  |                                    |  |                                    |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>50 Km/h               |                                    |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

| <b>Details of Vehicle Involved</b> |      |      |       |       |                  |                 |
|------------------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No.                        | Type | Make | Model | Color | Condition        | No of Passenger |
| SHA6121U                           | Car  |      |       |       | Slightly Damaged | 1               |
| SLU9826Y                           | Car  |      |       |       | Slightly Damaged | 1               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20211122/2074

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Report No. T/20211122/2074

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## CONTINUATION OF REPORT

|                                   |                             |  |                                   |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | LAI HOI SIN                 | ID No.                                 | S1229824B                         |
| Related Vehicle                   | SHA6121U (Car)              | Contact No.                            | 86685493                          |
| Hospital/Clinic                   | Y M CHAN CLINIC & SURGERY   | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 22/11/2021                  | Date Discharge                         | 22/11/2021                        |
| No. of Days granted Medical Leave | 05                          | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                             |  |                                   |
| Name                              | Nadiah Nadirah Binte Hussen | ID No.                                 | S9428300J                         |
| Related Vehicle                   | NIL                         | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                         | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of Injury                       | NIL                               |

**Brief Details.**

On 22/11/2021 @1145hrs, I was travelling along PIE side road to Toh Guan Road and is a merging road. I was on the right side when another vehicle (SLU9826Y) which was on my left did not slow down and subsequently hit onto my left. I have a passenger with my (Mr Lim HP: 98896796) and he was not injured. The other driver was driving alone and she was not injured either. I felt some discomfort on my neck and right shoulder and was given 5 days MC.

Damage to my taxi - left passenger door dented and scratched  
Damage to the other vehicle - some scratches on the front right





**SINGAPORE  
POLICE FORCE**



T/20211122/2074

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Report No. T/20211122/2074



Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

**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<br>G /<br>SI NADIA TAN  | Signature Of Informant:  |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>22/11/2021 15:09   |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SSI TAY CHUN KEEN<br>Contact No.: 65476436  | Classification Of Case:  |
| Authentication Stamp<br>NP188  | <div data-bbox="598 1836 1101 2038" data-label="Image"> </div>   |



