

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 14/12/2021 10:46 (SGT)
Date of Accident 11/12/2021 12:30 (SGT)
Exact Location of Accident Whitley Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3496Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Company Reg No 1XXXXX821R
Email Address fleetsafety@cdgtaxi.com.sg
Mobile Phone No (Phone) +65-96152083
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 ANG TAI NEE
NRIC No SXXXX149C

Date Of Birth	28/05/1949
Occupation	Outdoor
Date Of Driving Pass	13/12/1968
Driving experience	53 YEARS
Gender	Male
Mobile Number	(Phone) +65-96152083
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	514 SERANGOON NORTH AVENUE 04 #03-280
Address complement	-
Postcode	550514
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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	Collision - Head to Rear
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO.F/20211211/2043

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	GBC3686L
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Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KEE CHEOK HOCK
NRIC No	SXXXX648B
Contact Number	(Phone) +65-96152083
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	ANG TAI NEE
Gender	Male
Phone No	-
Address	514 SERANGOON NORTH AVENUE 04 #03-280
Address Complement	-
Post Code	550514
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC3496Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC3496Y
Were seat belts worn?	Yes
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 16:25 13.12.21

Witnessed by Reporting Centre Personnel MD NA 22 in



A-SHC34964
B-GBC36862


Describe Circumstances of the Accident

POLICE REPORT: F/20211211/2043

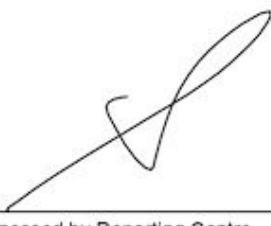
Declaration

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 16:25 13.12.21



Witnessed by Reporting Centre
Personnel MD NARRIN

















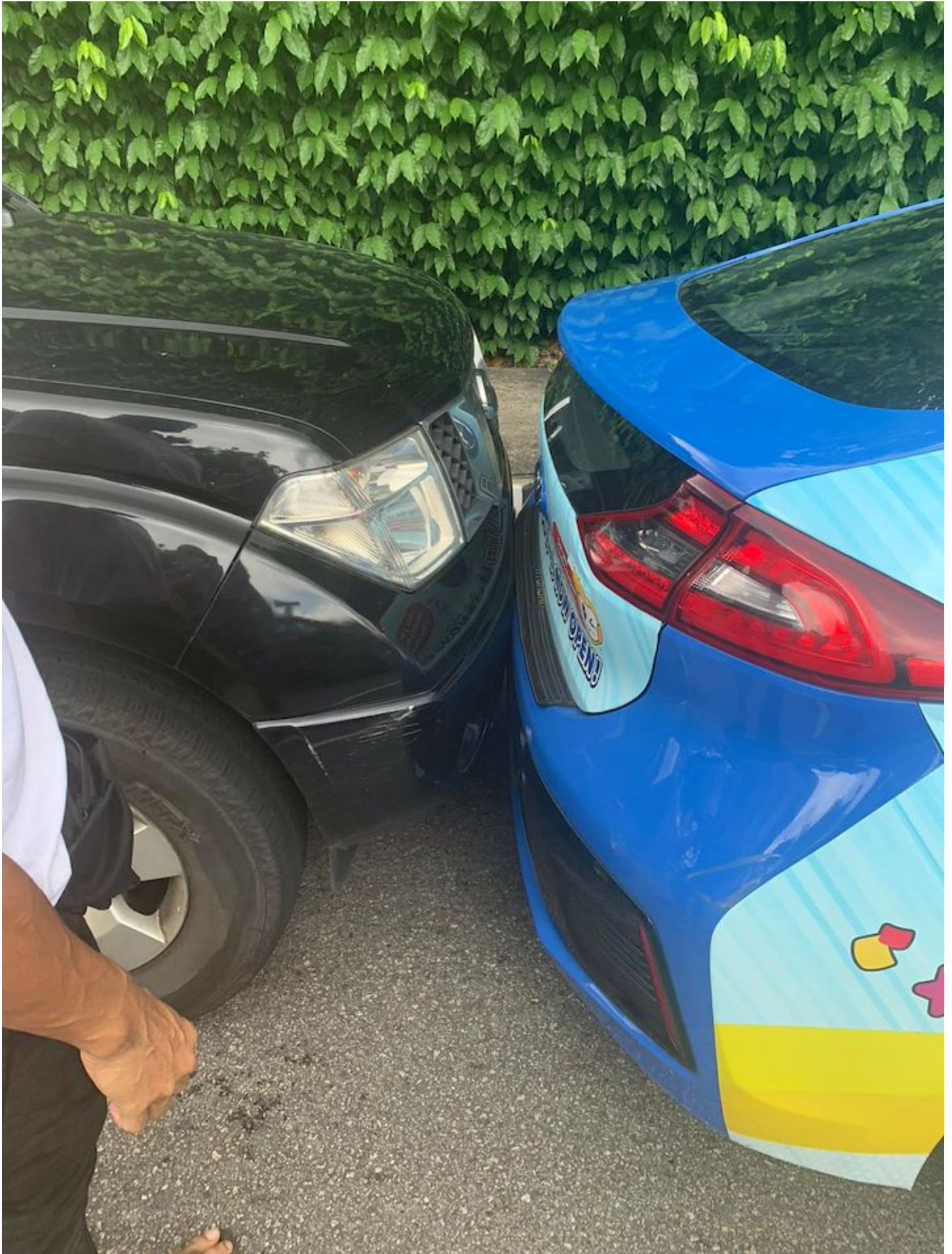













**SINGAPORE
POLICE FORCE**


F/20211211/2043

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POLICE REPORT (NP299)

Report No. F/20211211/2043

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 11/12/2021 16:13	Vide Report No.	Station Diary No. 64
Name Of Informant ANG TAI NEE	Address APT BLK 514 SERANGOON NORTH AVENUE 4 #03- 280 SINGAPORE 550514	
ID Type / ID No. NRIC NO / S0291149C	Contact No. Home/Office	Mobile 96152083
Nationality SINGAPORE CITIZEN	Email Address	
Occupation COMFORT TAXI DRIVER	Sex Male	Age 72
Institution/School Name	Date of Birth 28/05/1949	Race Chinese
Date/Time Of Incident 11/12/2021 12:30	Location Of Incident WHITLEY ROAD SINGAPORE Along Whitley Road	

Brief details.

On 11/12/2021 at about 1230hrs, I was driving my Comfort Taxi(Registration No. SHC3496Y) along Whitley Road towards Mount Pleasant Road's direction on the 3rd lane(Extreme Left) of the 3lanes road when my taxi was stationary due to traffic. Suddenly a van(Registration No. GBC3686L) collided onto my taxi's rear, My passenger and I suffered impact on our back and neck area. I alighted from my taxi to take photos, exchange particulars, agree on Insurance Claim and left the scene. There is dashcamera in my car. My passenger informed that she is feeling nauseous therefore I proceeded to sent her to Ng Teng

Signature Of Officer Recording The Report: F / Sgt 2 BOH YONG SENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2021 16:13
Officer In-Charge Of Case: F / Hougang N.P.C / Sgt 3 YASMIN BINTE MAZLAN Contact No.: 64890999	Classification Of Case:
Authentication Stamp Singapore Police Force	

**SINGAPORE
POLICE FORCE**

F/20211211/2043

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20211211/2043

Fong hospital.

At about 1600hrs, I called to check on her and she informed that she is ok and did not take any MC. My taxi is towed to my Company's depot and suffered dent damages on the rear. I am lodging this Police report as instructed by my Comfort Company incase the passenger make a claim. I have not seek medical attention yet.

Signature Of Officer Recording The Report:
F / Sgt 2 BOH YONG SENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/12/2021 16:13

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sgt 3 YASMIN BINTE MAZLAN
Contact No.: 64890999

Classification Of Case:

Authentication Stamp

Singapore Police Force

