

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 23/12/2021 10:59 (SGT)
Date of Accident 23/12/2021 01:10 (SGT)
Exact Location of Accident Bukit Timah Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4316H

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) +65-92359889
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 LIM BEE TIONG
NRIC No SXXXX500B

Date Of Birth	02/04/1952
Occupation	Outdoor
Date Of Driving Pass	11/03/1974
Driving experience	47 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92359889
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	93 PAYA LEBAR WAY #09-3059
Address complement	-
Postcode	370093
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?	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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 23/12/2021 AT ABOUT 01:10 0HRS, I WAS DRIVING VEHICLE A (SHB4316H) ALONG BUKIT TIMAH TOWRDS KAMPONG JAVA ROAD.. WHILE STATIONARY ON LANE 2 DUE TO RED TRAFFIC LIGHT, I FELT AN BIG IMPACT ONTO REAR OF VEHICLE A. VEHICLE B (SGX946L) COLLIDED ONTO VEHICLE A REAR BUMPER. MY PASSANGER CONVEYED TO HOSPITAL BY AMBULANCE DUE TO NECK INJURY. I SUSTAINED PAIN ON MY LEFT LEG.

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	SGX946L
Vehicle Manufacturer	Honda

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KWAH WEIJIE
NRIC No	SXXXX079E
Contact Number	(Phone) +65-85330261
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	LIM BEE TIONG
Gender	Male
Phone No	(Phone) +65-92359889
Address	93 PAYA LEBAR WAY #09-3059
Address Complement	-
Post Code	370093
Approximate Age Years Old	-
Injuries Sustained	LEFT LEG PAIN
Injured person in which vehicle?	SHB4316H
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	NECK INJURY
Injured person in which vehicle?	SHB4316H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Driver			
Name	KWAH WEI JIE		ID No. S9816079E
Related Vehicle	SGX946L (Car)		Contact No. 85330261
Hospital/Clinic	NIL		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	LIM BEE TIONG		ID No. S0732500B
Related Vehicle	SHB4316H (Car)		Contact No. 92359889
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 23/12/2021 at about 0110hrs, I was driving a vehicle (SHB4316H) along Bukit Timah Road towards Kampong Java Road. I have one female passenger with me. While stationary on Lane 2 due to Red traffic light, I felt a big impact onto the rear of my vehicle. One vehicle (SGX946L) collided onto the rear of my vehicle. I then called for ambulance. Ambulance and Traffic police attended to the accident. The male driver of the said vehicle then exchanged particulars.

My passenger was then conveyed by the ambulance due to neck injury. I also sustained pain on my left leg. The traffic police officer then informed me to lodge a traffic accident report. I then came to Macpherson NPP to lodge a traffic accident report.

Passenger hp: 83214810



**SINGAPORE
POLICE FORCE**



T/20211223/2038

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20211223/2038

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 2 MUHAMMAD AFIQ BIN MOHAMED KHAIRANI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/12/2021 12:58
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437 	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	

SKETCH PLAN

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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.

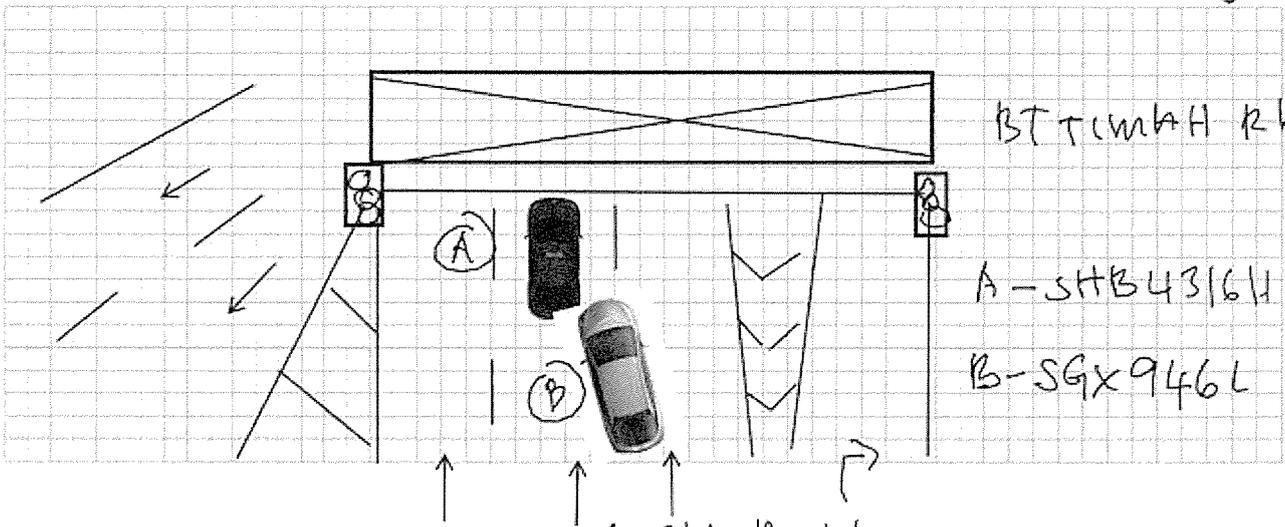
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

23/12/21 - 0245H

Sketch Plan



Describe Circumstances of the Accident

ON 23/12/2021 AT ABOUT 01:10 O HRS, I WAS DRIVING VEHICLE A (SHB4316H) ALONG BUKIT TIMAH TOWRDS KAMPONG JAVA ROAD.. WHILE STATIONARY ON LANE 2 DUE TO RED TRAFFIC LIGHT, I FELT AN BIG IMPACT ONTO REAR OF VEHICLE A. VEHICLE B (SGX946L) COLLIDED ONTO VEHICLE A REAR BUMPER. MY PASSANGER CONVEYED TO HOSPITAL BY AMBULANCE DUE TO NECK INJURY. I SUSTAINED PAIN ON MY LEFT LEG.

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

[Handwritten signature]

23/12/21 - 02454

[Handwritten signature]

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