

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	10/01/2022 09:48 (SGT)
Date of Accident	09/01/2022 00:45 (SGT)
Exact Location of Accident	Ubi Rd 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6998P
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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) +65-86064078
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	LIM KIAN SOON(LIN JIANSHUN)
NRIC No	SXXXX442C

Date Of Birth	03/09/1976
Occupation	Outdoor
Date Of Driving Pass	08/07/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86064078
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	195 KIM KEAT AVENUE #09-370
Address complement	-
Postcode	310195
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	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	MR YANG
Gender	Male

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 THE 09/01/2022 AT ABOUT 0045 HOURS, I WAS DRIVING VEHICLE A (SH6998P) ON LANE 2 ALONG UBI ROAD 1 TURNING LEFT ONTO UBI AVENUE 1 IN STATIONARY POSITION WHEN VEHICLE B (GBF2263P) REAR ENDED ME SUDDENLY. I SUFFERED DULL PAIN TO MY NECK AND LOWER BACK AS A RESULT OF THE IMPACT.

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	GBF2263P
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Commercial vehicle
Work Permit No	KHAN PAPEL
Contact Number	GXXXX900U
Address	(Phone) +65-81750899
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	LIM KIAN SOON(LIN JIANSHUN)
Gender	Male
Phone No	(Phone) +65-86064078
Address	195 KIM KEAT AVENUE #09-370
Address Complement	-
Post Code	310195
Approximate Age Years Old	-
Injuries Sustained	NECK AND LOWER BACK
Injured person in which vehicle?	SH6998P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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")

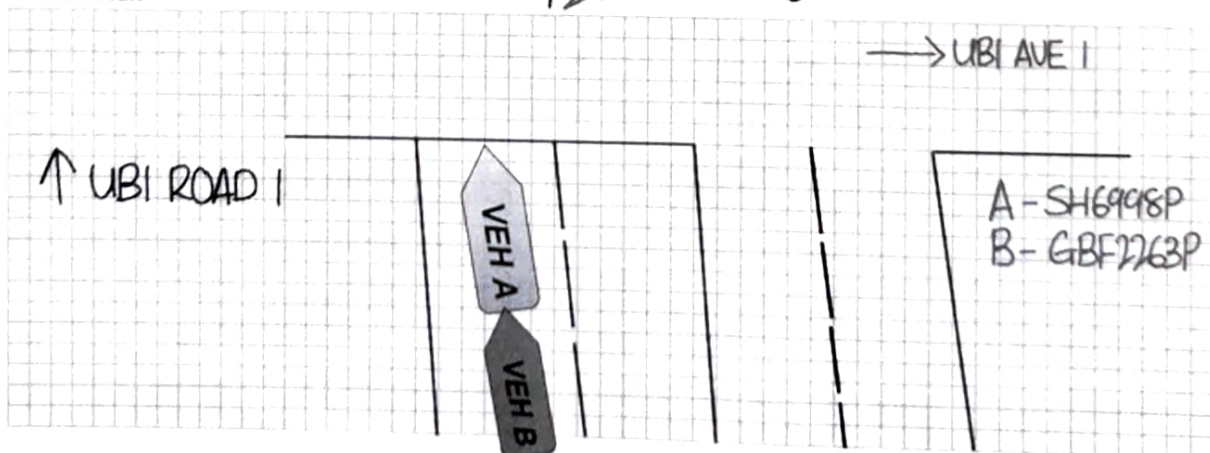
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 09/01/2022 AT ABOUT 0045 HOURS, I WAS DRIVING VEHICLE A (SH6998P) ON LANE 2 ALONG UBI ROAD 1 TURNING LEFT ONTO UBI AVENUE 1 IN STATIONARY POSITION WHEN VEHICLE B (GBF2263P) REAR ENDED ME SUDDENLY. I SUFFERED DULL PAIN TO MY NECK AND LOWER BACK AS A RESULT OF THE IMPACT.


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


09/01/22 0110





SINGAPORE POLICE FORCE



T/20220110/2008

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20220110/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2022 10:58		Vide Report No.:		Station Diary No.: 45	
Informant's Particulars					
Name of Informant: LIM KIAN SOON			Address: APT BLK 338 UBI AVENUE 1 #10-869 SINGAPORE 400338		
ID Type / ID No.: NRIC NO / S7628442C			Contact No.: Home/Office: Mobile: 86064078		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 03/09/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2022 00:45	Type of Location: T-Junction
Location: UBI ROAD 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF2263P	Lorry	TOYOTA	DYNA 3.0 M	Silver	Slightly Damaged	0
SH6998P	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220110/2008

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20220110/2008

CONTINUATION OF REPORT

Driver				
Name	KHAN PAPEL		ID No.	G2187900U
Related Vehicle	GBF2263P (Lorry)		Contact No.	81750899
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 KIAN SOON		ID No.	S7628442C
Related Vehicle	SH6998P (Car)		Contact No.	86064078
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	09/01/2022		Date Discharge	09/01/2022
No. of Days granted Medical Leave	15		Degree of Injury	Slight

Brief Details.

On 09/01/2022, while I was driving my vehicle (SH6998P) along Ubi Road 1 towards Ubi Avenue 1 on the left lane. There was a T-Junction and the Traffic Light was red. As such, I made a stop. Shortly after, I felt an impact from behind and realized that another vehicle (GBF2263P) had collided into the rear area of my vehicle. All parties alighted the vehicle and exchanged particulars. I then went to make a check on my vehicle and found that there were scratches on the rear right bumper area, dented car boot and dislodged rear right bumper. Afterwards, I went to see a doctor at Tan Tock Seng hospital and was given 15 days of medical leave due to back bone and neck injuries from the accident. I was also warded from the 09/01/2022 however I was also discharged on the same day. There is in-car camera in my vehicle and had recorded the accident.



**SINGAPORE
POLICE FORCE**



T/20220110/2008

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20220110/2008

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

E /

Sgt 2 RYJEAN YEOW ZHEN RUI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

10/01/2022 10:58

Officer In Charge Of Case:

TP / AEIT /

Insp (1) BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SAFE GUARDING EVERY DAY

SN 168

SIGNATURE