

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 05/01/2022 11:52 (SGT)
Date of Accident 04/01/2022 18:00 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information TOWARDS AIRPORT NEAR TAMPINES AVENUE 10 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9292Y

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) +65-98233611
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 - Reporting only
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 QUEK PIAK KHIM
NRIC No S0199907I

Date Of Birth	10/11/1951
Occupation	Outdoor
Date Of Driving Pass	27/11/1976
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98233611
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	176C EDGEFIELD PLAINS #11-176
Address complement	-
Postcode	823176
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	Wet

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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 04/01/2022 AT ABOUT 18:00HRS, I WAS DRIVING VEHICLE A (SH9292Y) ALONG TPE TOWARDS AIRPORT. WHILE TRAVELLING STRAIGHT ON SECOND LANE, VEHICLE B (FBQ6983K) FROM LANE 3 SWITCH LANE SUDDENLY AND GRAZED ONTO VEHICLE A LEFT SIDE. THE RIDER FELT DOWN AND SUSTAIN ABRASION ON HER HANDS. SHE REFUSED TO CALL AMBULANCE. NO AMBULANCE AND NO TRAFFIC POLICE ON SCENE.

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	FBQ6983K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	FELLA FAZLINI BINTE HERMAN
NRIC No	T0234421H
Contact Number	(Phone) +65-81832303
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	FELLA FAZLINI BINTE HERMAN
Gender	Female
Phone No	(Phone) +65-81832303
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON HAND
Injured person in which vehicle?	FBQ6983K
Were seat belts worn?	No
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' law firms/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")

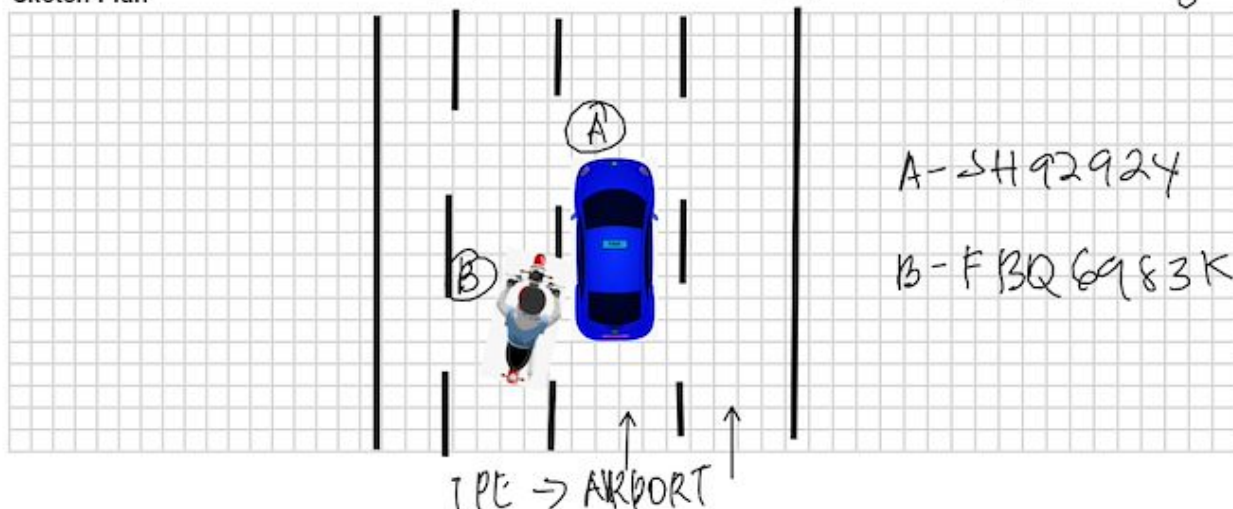
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 firms/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

Describe Circumstances of the Accident

ON 04/01/2022 AT ABOUT 18:00HRS, I WAS DRIVING VEHICLE A (SH9292Y) ALONG TPE TOWARDS AIRPORT. WHILE TRAVELLING STRAIGHT ON SECOND LANE, VEHICLE B (FBQ6983K) FROM LANE 3 SWITCH LANE SUDDENLY AND GRAZED ONTO VEHICLE A LEFT SIDE. THE RIDER FELT DOWN AND SUSTAIN ABRASION ON HER HANDS. SHE REFUSED TO CALL AMBULANCE. NO AMBULANCE AND NO TRAFFIC POLICE ON SCENE.

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













CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

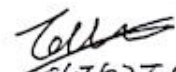
This is to confirm that Quek Piak Khim,NRIC/FIN S01999071, has reported to the Police a non-injury traffic accidentwhich occurred at Along TPE Towards Airport near Tampines Ave 10 Exiton 04/01/2022 at 6.00 pm involving the following vehicles:

Taxi: SH9292Y

Motorcycle: FBQ6983K

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(3) Tat HengDate: 04/01/2022 Time: 10.30PMS/D Ref: 106Police Post/Unit: Punggol NPC


SGT(3) Tat Heng
Punggol NPC
21A Tebing Lane
S (S28837)
Tel: 1800-604-9999

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

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Version as of 15 Jan 2002



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0422150009 Vehicle Registration No: SH9292Y
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 65508768 Mobile No.: _____
 Email Address: _____
 Date of Accident: 04.01.2022 Time of Accident: 10:00
 Place of Accident: _____
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

update; replace photo



Policyholder / Driver's Signature
Date:

KAVI

Reporting Centre Personnel's Signature
Name: kavi
NRIC/FIN No.:
Date: 05.01.2022

GLA/RMC Addendum Form

