

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	
Date of Accident	11/01/2022 18:23 (SGT)
Exact Location of Accident	10/01/2022 17:25 (SGT)
Additional Location Information	Boon Lay Way, Singapore
Country/State of Loss	- Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7894Z
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) +65-98220919
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	DESMOND LEE KENG FAI
NRIC No	SXXXX667F

Date Of Birth	06/05/1959
Occupation	Outdoor
Date Of Driving Pass	29/01/1980
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-98220919
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	119 BUKIT BATOK WEST AVENUE 6 #07-250
Address complement	-
Postcode	650119
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)	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.J/20220111/7027

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	SMK1344P
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Category	Private car
Driver	NEO CHEE SIONG(LIANG ZHIXIONG)
No	SXXXX890F
act Number	(Phone) +65-91453601
ress	-
dress complement	651 SENJA LINK #17-38
ostcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	670651

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	DESMOND LEE KENG FAI
Gender	Male
Phone No	(Phone) +65-98220919
Address	119 BUKIT BATOK WEST AVENUE 6 #07-250
Address Complement	-
Post Code	650119
Approximate Age Years Old	-
Injuries Sustained	NECK AND LEG INJURIES - 3DAYS MC
Injured person in which vehicle?	SH7894Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

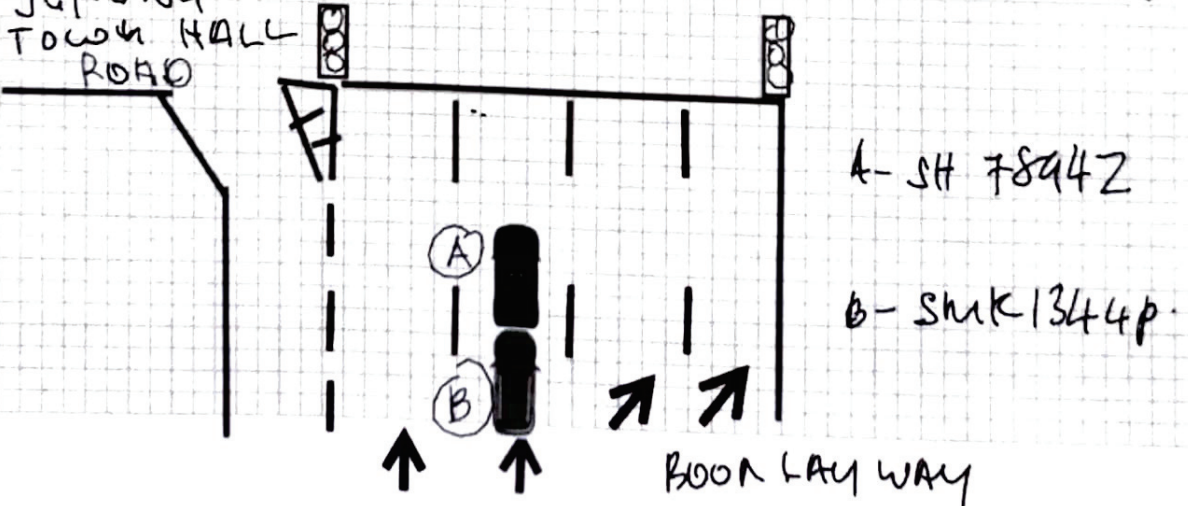
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SUNGAI
TOWN HALL
ROAD





SINGAPORE POLICE FORCE



J/20220111/7027

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POLICE REPORT (NP299)

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Report No. J/20220111/7027

Date/Time Report Made 11/01/2022 14:26	Vide Report No.	Station Diary No.
Name Of Informant DESMOND LEE KENG FAI	Address 119 BUKIT BATOK WEST AVENUE 6 #07-250 SINGAPORE 650119	
ID Type / ID No. NRIC NO / S1349667F	Contact No. Home/Office: Mobile: 98220919	
Nationality SINGAPORE CITIZEN	Email Address DES56PAT@GMAIL.COM	
Occupation Taxi driver	Sex Male	Age 62
Institution/School Name	Date of Birth 06/05/1959	Race Chinese
Date/Time Of Incident 10/01/2022 17:25 - 10/01/2022 17:30	Language English	
	Location Of Incident 119 BUKIT BATOK WEST AVENUE 6 #07-250 SINGAPORE 650119	

Brief details.

On 10/01/2022 at about 5:25pm I was driving my taxi SH7894Z along Boon Lay Way and I stopped at the traffic junction because of the red light. Then a white BMC car SMK1344P suddenly slammed into the rear of my taxi causes damaged to the bumper. The impact cause my neck and my leg to be hurting. I reported to my insurer AXA and they require me to make a police report since I sustain injury and seeking medical treatment and compensation from the third party. I was given 3 days MC and I am seeking a specialist for my neck and leg injury. I got the particular of the driver who hit me from the rear. Name of

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
11/01/2022 14:26

Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220111/7027

driver: Neo Chee Siong, NRIC 8523890F, address: 651 Senja Link #17-38 Singapore 670651. Mobile: 91453601

Subjects Involved			
Suspect			
Person Name	Neo Chee Siong		
ID Type	NRIC NO	ID No	S8523890F
Gender	Male	Age	30-40
Race	Chinese	Language	English
Occupation	nil	Address	651 Senja Link #17-38 n.a. SINGAPORE 670651
Mobile No	91453601	Complexion	Light tan
Build	Medium	Height About	160cm
Attire Last Worn	Brown T shirt with light blue jeans	Hair Colour	Black
Hair Style	Short-Straight	Relation To Informant	no
Habits & Oddities	Chinese with big spectacles		
Victim			
Person Name	DESMOND LEE KENG FAI		
ID Type	NRIC NO	ID No	S1349667F
Gender	Male	Age	62
Race	Chinese	Language	English

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
11/01/2022 14:26

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220111/7027

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220111/7027

Occupation	Taxi driver	Address	119 BUKIT BATOK WEST AVENUE 6 #07-250 SINGAPORE 650119
Mobile No	98220919	Is Informant A Victim?	Yes
Person Name	DESMOND LEE KENG FAI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
11/01/2022 14:26

Classification Of Case: