

# 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 ..... 04/01/2022 10:02 (SGT)  
Date of Accident ..... 01/01/2022 00:10 (SGT)  
Exact Location of Accident ..... Boon Lay Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD3084Y

### 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) +65-96662468  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... I40  
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 ..... 1685

### 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 ..... LOW FOOK WAH  
NRIC No ..... S1524849A

Date Of Birth .....	12/01/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	17/10/1984
Driving experience .....	37 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-65508768
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	43 BEDOK SOUTH ROAD #11-769
Address complement .....	-
Postcode .....	460043
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 .....	Raining
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? .....	Yes
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 .....	Tanah Merah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004499999
Alt. Police Station Phone No .....	(Fax) +65-62447251
Police Station Address .....	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20220101/2066

#### 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 .....	FBK4307H
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person .....	RIDER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBK4307H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	PILLION
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBK4307H
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 3

Name of injured person .....	LOW FOOK WAH
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SHD3084Y
Were seat belts worn? .....	-
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")

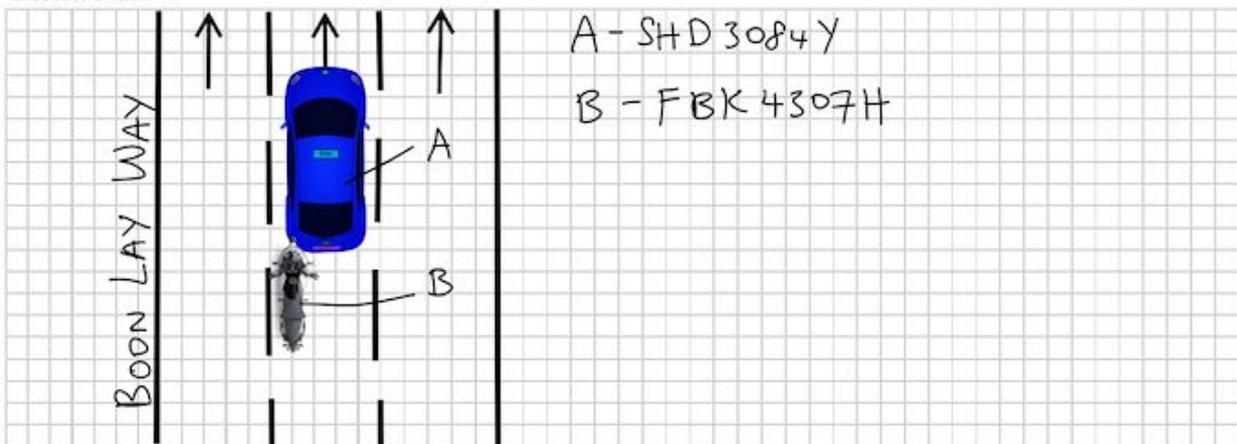
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Witnessed by Reporting Centre Personnel

Driver's Signature (if driver is not the policyholder) / Date & Time  
3/1/22 14 05h

**Sketch Plan**



Describe Circumstances of the Accident

POLICE REPORT NO: D/20220101/0004

**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

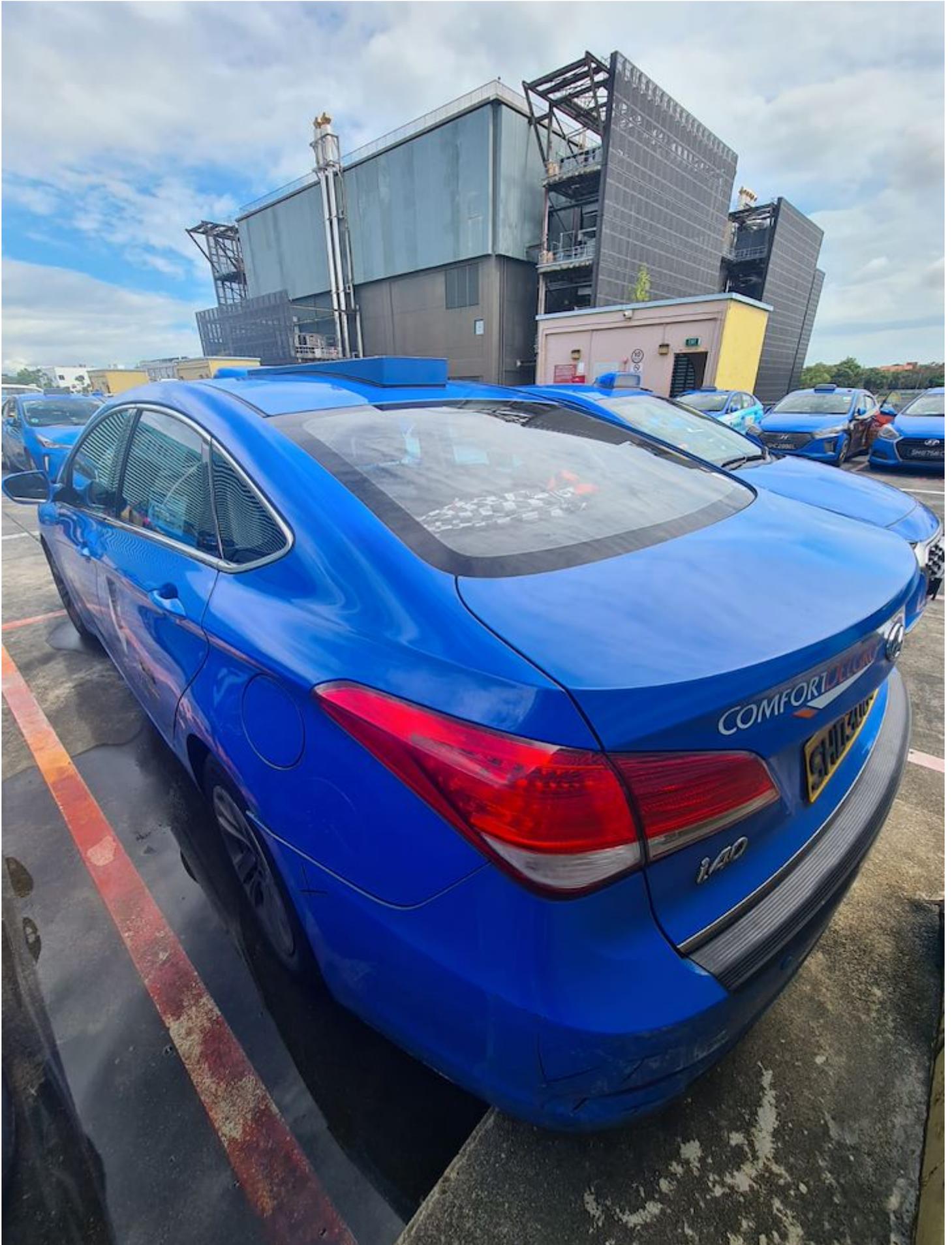
Witnessed by Reporting Centre Personnel

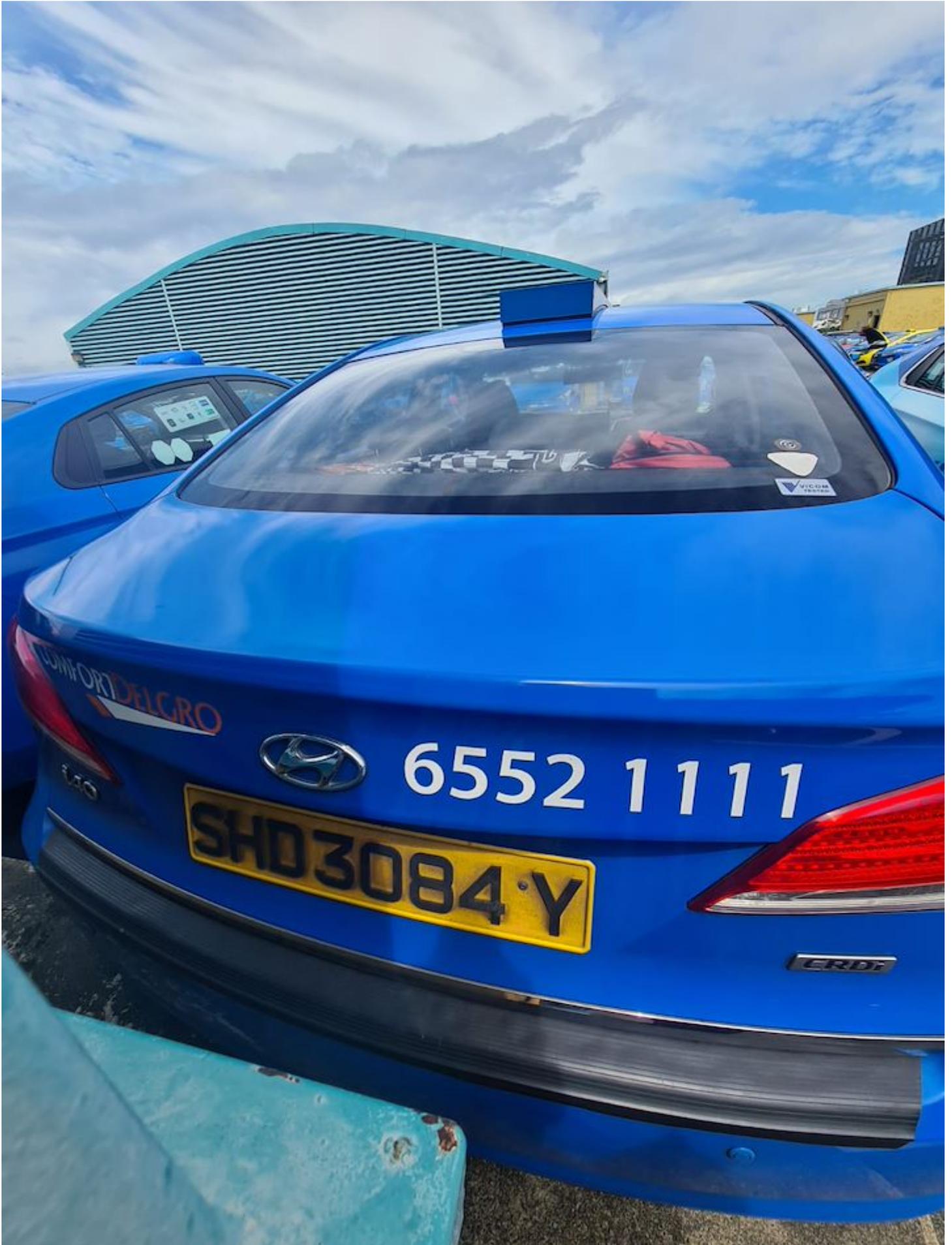
3/1/22 1410hrs



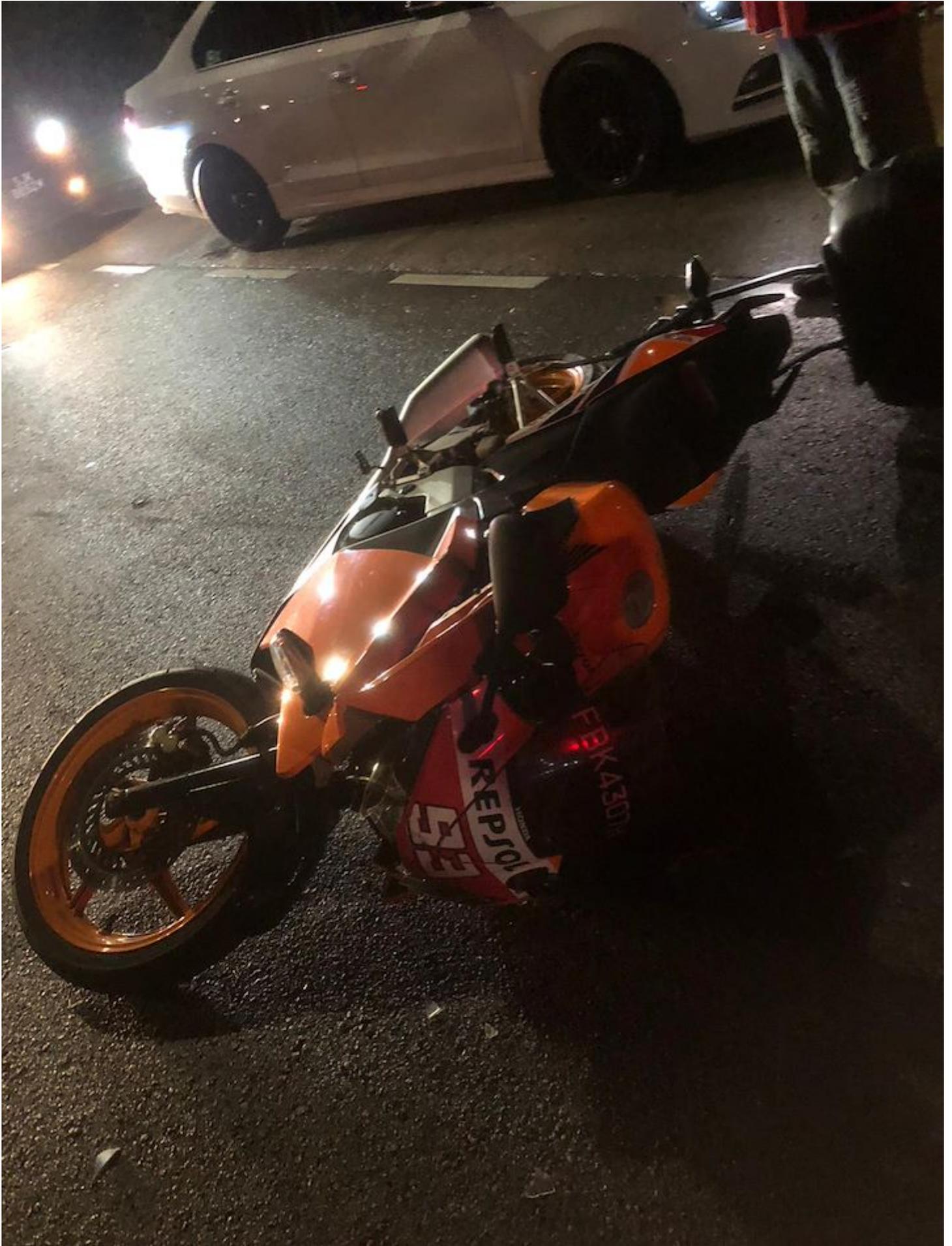


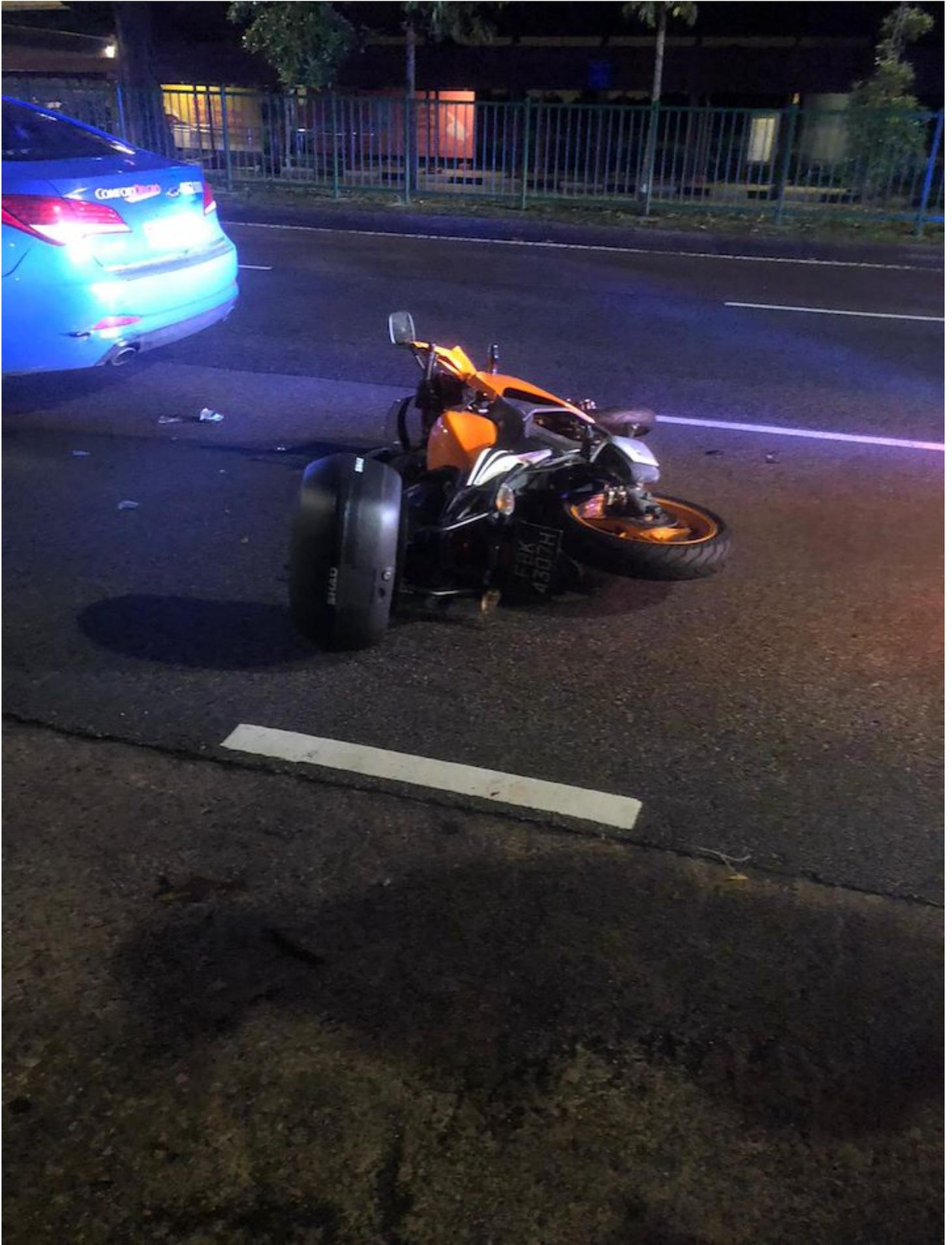






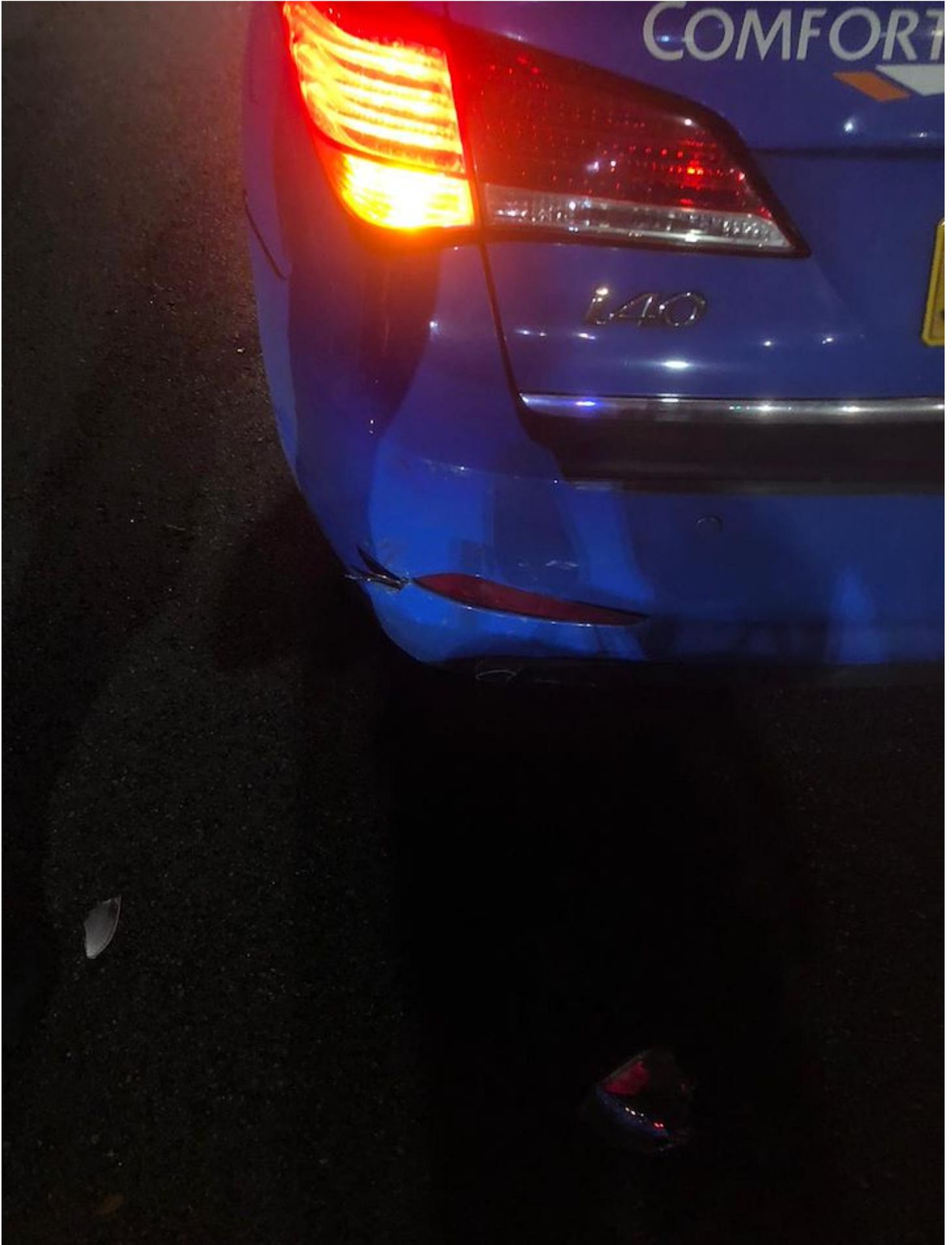













**SINGAPORE  
POLICE FORCE**


T/20220101/2066

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

1 of 3

Report No. T/20220101/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/01/2022 15:37	Vide Report No.: D/20220101/0004	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: LOW FOOK WAH		Address: APT BLK 43 BEDOK SOUTH ROAD #11-769 SINGAPORE 460043	
ID Type / ID No.: NRIC NO / S1524849A		Contact No.: Home/Office: Mobile: 96662468	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 12/01/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2022 00:10	Type of Location: Straight Road
Location: BOON LAY WAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBK4307H	Motorcycle				Slightly Damaged	1
SHD3084Y	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220101/2066

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Report No. T/20220101/2066

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

**CONTINUATION OF REPORT**

Driver			
Name	LOW FOOK WAH	ID No.	S1524849A
Related Vehicle	NIL	Contact No.	96662468
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time I was travelling along boon lay way towards commonwealth avenue west as I saw the traffic turn red I started to slow down as I was slowing down I felt a collision impact from the rear of my vehicle. After which I came to a complete stop and got out to check on what had happen and I saw a motorcycle had collided at the rear of my vehicle and the rider and pillion was laying on the ground.

A passerby had called for the police. Ambulance conveyed the rider and the pillion as such I do not have their particulars. My vehicle have vehicle camera I have already pass the memory card to the traffic police.



**SINGAPORE  
POLICE FORCE**



T/20220101/2066

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Report No. T/20220101/2066

Police Station Of Origin:  
Tanah Merah NPP  
51 New Upper Changi Road #01-1514  
SINGAPORE 461051  
Tel No: 1800-4499999

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 YAZID BIN  
MUHAMMAD HUSSEIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/01/2022 15:37

Officer In Charge Of Case:  
TP / GIT /  
Other MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Classification Of Case:

Authentication Stamp  
NP168

SINGAPORE  
POLICE FORCE  
SIGNATURE



**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: SJ0422140005 Vehicle Registration No: SHD3084Y  
 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): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 01/01/2022 Time of Accident: 00:10HRS  
 Place of Accident: Boon Lay Way, Singapore  
 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:

- ADD INJURY DETAILS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Policyholder / Driver's Signature  
Date:

*kavi*

Reporting Centre Personnel's Signature  
Name: KAVI  
NRIC/FIN No.:  
Date: 04.01.2022

