

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 04/02/2022 10:58 (SGT)
Date of Accident 03/02/2022 21:00 (SGT)
Exact Location of Accident Crawford St, Singapore
Additional Location Information ON THE 3RD LANE FROM THE RIGHT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4377G

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) +65-96830608
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 LAM POH KHOON
NRIC No SXXXX536E

Date Of Birth	17/11/1960
Occupation	Outdoor
Date Of Driving Pass	18/12/1981
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96830608
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 499B TAMPINES AVENUE 9 #02-224
Address complement	-
Postcode	522499
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	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	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 03/02/2022 AT ABOUT 21:00HRS. I WAS DRIVING VEHICLE A, SHB4377G TRAVELLING ALONG CRAWFORD STEET ON THE 3RD LANE FROM THE RIGHT. VEHICLE B ON THE RIGHT LANE SUDDENLY CUT ONTO MY LANE AH HIT ONTO MY FRONT RIGHT PART OF THE VEHICLE.

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	SMY8524S
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Attrage

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VASKO MANIVASAGAM S G
NRIC No	SXXXX147G
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	LAM POH KHOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK, NECK, SHOULDER AND 5 DAYS MC
Injured person in which vehicle?	SHB4377G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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.

[Handwritten Signature]

[Handwritten Signature]

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time *09.20 04.02.22*

Witnessed by Reporting Centre Personnel *MD NA 20 22*



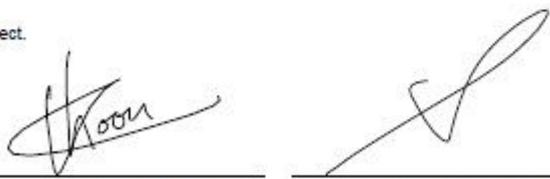
A - SHB 4377G
B - SMY 8524S

Describe Circumstances of the Accident

ON 03/02/2022 AT ABOUT 21:00HRS. I WAS DRIVING VEHICLE A, SHB4377G TRAVELLING ALONG CRAWFORD STEET ON THE 3RD LANE FROM THE RIGHT. VEHICLE B ON THE RIGHT LANE SUDDENLY CUT ONTO MY LANE AH HIT ONTO MY FRONT RIGHT PART OF THE VEHICLE.

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 09:20 01.02.22

Witnessed by Reporting Centre Personnel M.D. NISZIN







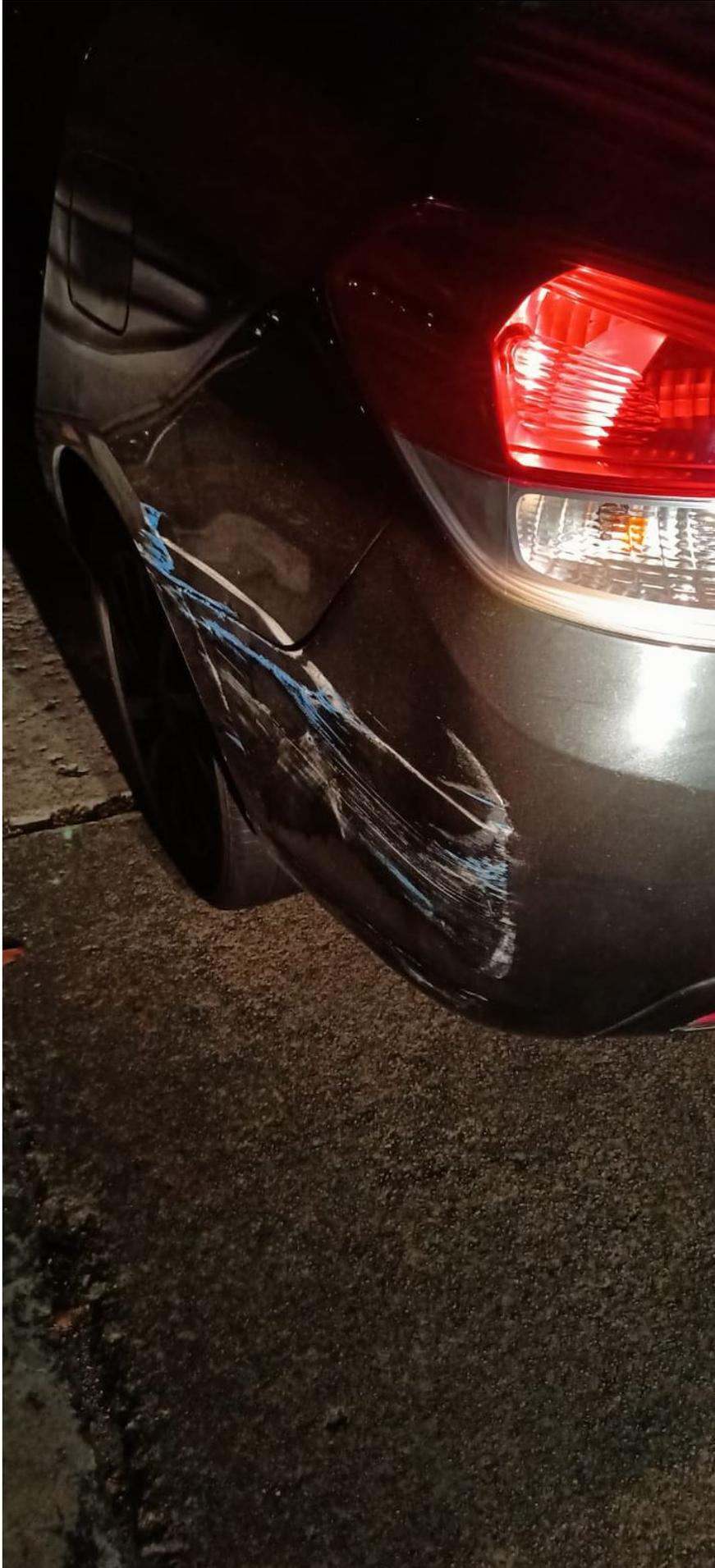














**SINGAPORE
POLICE FORCE**



T/20220204/2031

1 of 4

Report No. T/20220204/2031

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2022 12:55	Vide Report No.	Station Diary No: 9
Informant's Particulars		
Name of Informant: LAM POH KHOON	Address: APT BLK 499B TAMPINES AVENUE 9 #02-224 SINGAPORE 522499	
ID Type / ID No. NRIC NO / S1453536E	Contact No. Home/Office:	Mobile: 96830608
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 61	Date of Birth: 17/11/1960
Race: Chinese	Type of Informant: Driver	Institution / School Name:
Occupation: Taxi driver	Language: English	Date of Expiry:
	Driving Licence Information: Class: 2B,2A,2,3,4	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 03/02/2022 21:00	Type of Location: Straight Road
Location: CRAWFORD STREET				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4377G	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SMY8524S	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Black	Slightly Damaged	1


**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



T/20220204/2031

2 of 4

Report No: T/20220204/2031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	LAM POH KHOON	ID No	S1453536E
Related Vehicle	SHB4377G (Car)	Contact No	96830608
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	04/02/2022	Date Discharge	04/02/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No	NIL
Related Vehicle	NIL	Contact No	NIL
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

Brief Details.

On 03/02/2022 at around 2100 hours I was driving my Taxi (SHB4377G) on Crawford Street towards Republic Avenue.

I was on the left lane heading straight and another vehicle (SMY8524S) was travelling on the right side of my vehicle. However the lane he was travelling on was supposed to be a right turn only lane.

There was chevron markings on the road near the traffic junction.

Suddenly the above mentioned vehicle then cut the chevron markings and cut into my lane and resulting the front left of his vehicle hit the front right of my vehicle.

We then stopped our vehicles to exchange particulars.

The damage sustained to my vehicle are scratches and dents to the front right of the bumper

I had seen a doctor on 04/02/2022 and was given 5 days MC from 04/02/2022 till 08/02/2022.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-58 SINGAPORE
370461
Tel No: 1800-7818999



T/20220204/2031

3 of 4

Report No: T/20220204/2031

CONTINUATION OF REPORT

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999



T/20220204/2031

2 of 4

Report No: T/20220204/2031

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	LAM POH KHOON	ID No	S1453536E
Related Vehicle	SHB4377G (Car)	Contact No	96830608
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	04/02/2022	Date Discharge	04/02/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No	NIL
Related Vehicle	NIL	Contact No	NIL
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

Brief Details.

On 03/02/2022 at around 2100 hours I was driving my Taxi (SHB4377G) on Crawford Street towards Republic Avenue.

I was on the left lane heading straight and another vehicle (SMY8524S) was travelling on the right side of my vehicle. However the lane he was travelling on was supposed to be a right turn only lane.

There was chevron markings on the road near the traffic junction.

Suddenly the above mentioned vehicle then cut the chevron markings and cut into my lane and resulting the front left of his vehicle hit the front right of my vehicle.

We then stopped our vehicles to exchange particulars.

The damage sustained to my vehicle are scratches and dents to the front right of the bumper

I had seen a doctor on 04/02/2022 and was given 5 days MC from 04/02/2022 till 08/02/2022.



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: SJ0422240004 Vehicle Registration No: SHB4377G
 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: 03/02/2022 Time of Accident: 2100HRS
 Place of Accident: Crawford St, 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 POLICE REPORT AND INJURY DETAILS



 Policyholder / Driver's Signature
 Date:

Kavi

 Reporting Centre Personnel's Signature
 Name: KAVI
 NRIC/FIN No.:
 Date: 09.02.2022

