

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 15/03/2022 14:33 (SGT)
Date of Accident 14/03/2022 23:50 (SGT)
Exact Location of Accident Bencoolen St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC3663G

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) +65-96984678
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Ae ioniq
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 1580

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 ABDUL MALIK B MOHAMMED
NRIC No S1755035G

Date Of Birth	23/05/1966
Occupation	Outdoor
Date Of Driving Pass	29/11/2000
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96984678
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	33 JALAN BAHAGIA #06-256
Address complement	-
Postcode	320033
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 on collision
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?	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	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 14/03/22 AT ABOUT 2350HRS I WAS DRIVING VEHICLE A SHC3663G ALONG BRAS BASAH ROAD TOWARDS VICTORIA STREET.I WAS AT THIRD LANE FROM EXTREME RIGHT AND TRAVELLING STRAIGHT AS TRAFFIC LIGHT WAS MY FAVOUR.SUDDENLY VEHICLE B SJL5344T WHICH TRAVELLING ALONG BENCOOLEN STREET COLLIDED ONTO MY VEHICLE LEFT PORTION.UNABLE TO EXCHANGE PARTICULAR.MYSELF INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE.

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	SJL5344T
Vehicle Manufacturer	Honda
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL MALIK B MOHAMMED
Gender	Male
Phone No	(Phone) +65-96984678
Address	ABDUL MALIK B MOHAMMED
Address Complement	-
Post Code	320033
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SHC3663G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A.SHC3663G
B.SJL5344T



Describe Circumstances of the Accident

ON 14/03/22 AT ABOUT 2350HRS I WAS DRIVING VEHICLE A SHC3663G ALONG BRAS BASAH ROAD TOWARDS VICTORIA STREET.I WAS AT THIRD LANE FROM EXTREME RIGHT AND TRAVELLING STRAIGHT AS TRAFFIC LIGHT WAS MY FAVOUR.SUDDENLY VEHICLE B SJL5344T WHICH TRAVELLING ALONG BENCOOLEN STREET COLLIDED ONTO MY VEHICLE LEFT PORTION.UNABLE TO EXCHANGE PARTICULAR.MYSELF INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE.

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

14/03/22 / 0115 A43

Witnessed by Reporting Centre
Personnel

BALAJI

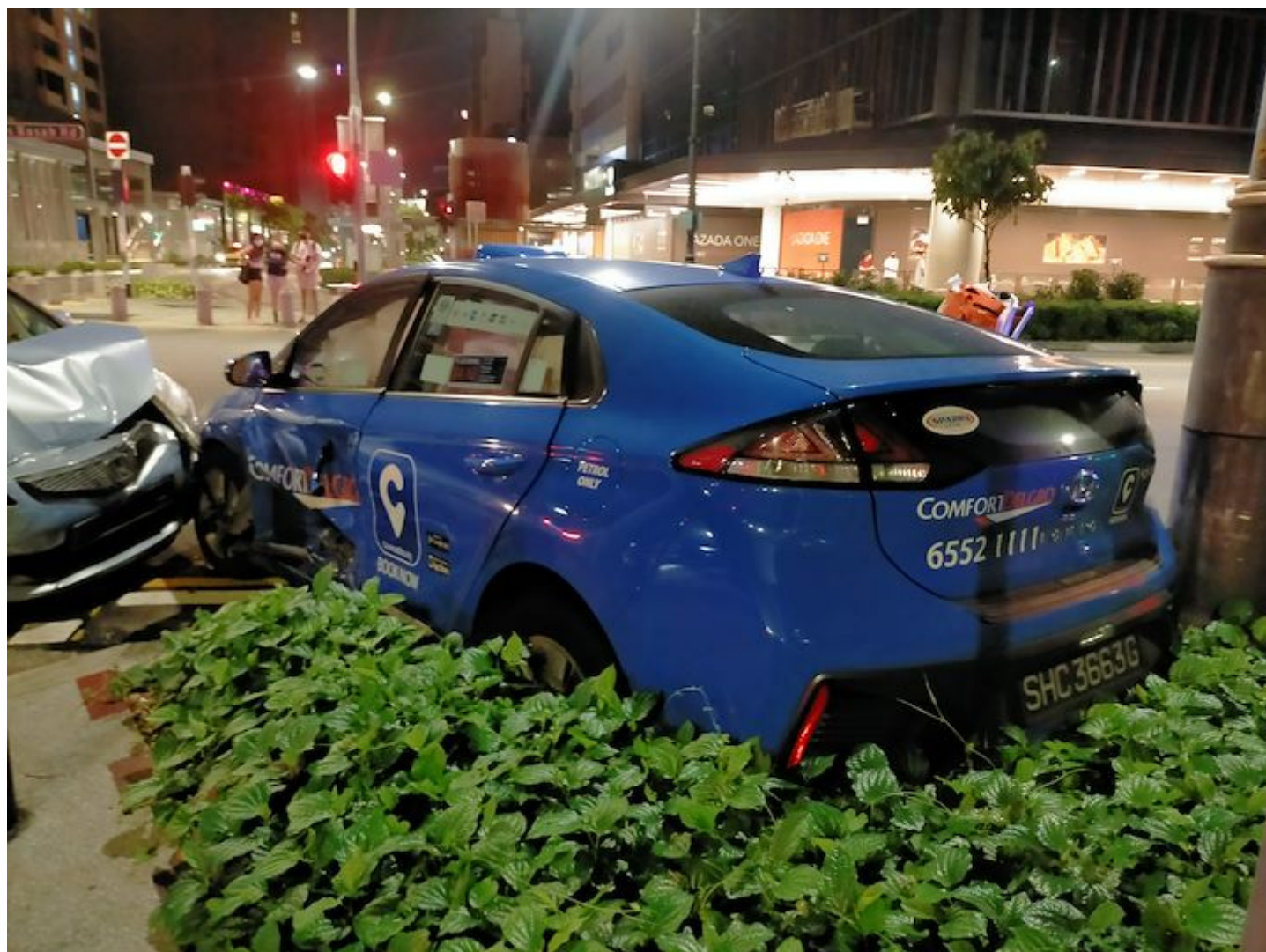


















**SINGAPORE
POLICE FORCE**



T/20220315/2048

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20220315/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2022 14:15	Vide Report No.: A/20220314/0192	Station Diary No.: 50
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Informant's Particulars

Name of Informant: ABDUL MALIK B MOHAMMED			Address: APT BLK 33 JALAN BAHAGIA #06-256 SINGAPORE 320033	
ID Type / ID No.: NRIC NO / S1755035G			Contact No.: Home/Office: Mobile: 96984678	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 23/05/1966	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2022 23:50	Type of Location: X-Junction
Location: BRAS BASAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC3663G	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue		0
SJL5344T	Car	HONDA	FIT 1.3G A	Blue		0

Details of Person Involved

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



**SINGAPORE
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T/20220315/2048

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

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Report No. T/20220315/2048

CONTINUATION OF REPORT

Driver			
Name	ABDUL MALIK B MOHAMMED	ID No.	S1755035G
Related Vehicle	SHC3663G (Car)	Contact No.	96984678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/3/2022 at about 2350hrs, I was driving my taxi, registration no. SHC3663G along Bras Basah Road towards Victoria Street on the 3rd lane from the right. When I was approaching the junction of Bras Basah Road and Bencoolen Street I observed that the traffic light was green and in my favour. Thus, I proceed.

Suddenly, a vehicle with a registration no. SJL5344T which was travelling along Bencoolen Street collided onto the left side of my taxi and caused my taxi to swerved and hit the kerb nearby. After the accident, I alighted from my vehicle and approached the other driver to make a check. However, the other driver in a shock and did not reply to my questions. As such, I didn't attain the other driver details.

Subsequently, the Traffic Police and ambulance arrived at the accident. The Traffic Police had taken my vehicle in-car camera SD card which had captured the accident. I was then conveyed by ambulance to Singapore General Hospital. However, while I was in Singapore General Hospital the queue was long and I discontinue and left.

I would like to state that currently I felt pain on the left side of my shoulder and front left of my chest and I will be seeing a doctor for medical consultation. Regarding to this accident, I had reported it to my insurance company.

I had a quick glanced on my taxi damage before I was conveyed by ambulance and to my quick glance my taxi sustained dent on the left side of both doors and slight dent on the rear bumper.



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21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T/20220315/2048

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Report No. T/20220315/2048

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 JANSON CHEW

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/03/2022 14:15

Officer In Charge Of Case:
TP / GIT /
STAFF SGT QHAIRIL BIN ZULKEFLEE
Contact No.: 65476187

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

SN 72

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: SJ04223F000G Vehicle Registration No: SHC3863G
 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: 14/03/2022 Time of Accident: 2350HRS
 Place of Accident: Bencoolen 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: 16.03.2022

