

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 19/03/2022 09:22 (SGT)
Date of Accident 18/03/2022 11:25 (SGT)
Exact Location of Accident Ang Mo Kio Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2203T

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) +65-90621375
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 TAN BOCK CHOON
NRIC No S0883554C

Date Of Birth	18/04/1951
Occupation	Outdoor
Date Of Driving Pass	06/06/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90621375
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	608 ANG MO KIO AVENUE 05 #05-2791
Address complement	-
Postcode	560608
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20220318/2044

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	SLP2360X
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Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FIRDHAUS
Contact Number	-
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	TAN BOCK CHOON
Gender	Male
Phone No	(Phone) +65-90621375
Address	608 ANG MO KIO AVENUE 05 #05-2791
Address Complement	-
Post Code	560608
Approximate Age Years Old	70
Injuries Sustained	RIGHT HAND, SHOULDERS, NECK AND BACK
Injured person in which vehicle?	SHA2203T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOT FEELING WELL
Injured person in which vehicle?	SHA2203T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

Driver's Signature (If driver is not the policyholder) / Date & Time 16:35 18-03-22

Witnessed by Reporting Centre Personnel MD NAT 22 in



A-SHA 22031

B-SLP 2360X

Describe Circumstances of the Accident

POLICE REPORT: T/20220318/2044

Declaration

I/We declare the foregoing particulars are true in every respect.

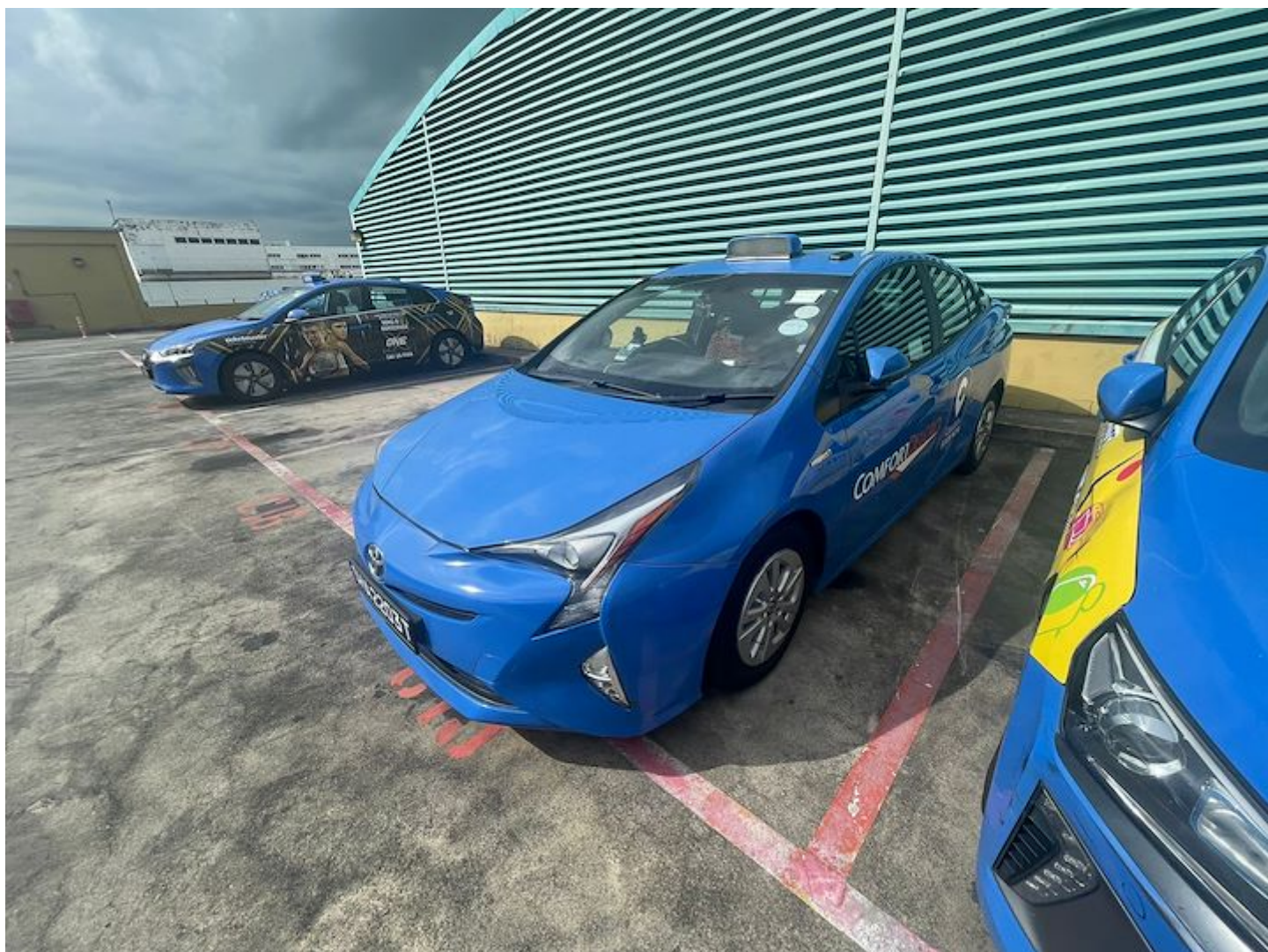


Policyholder's Signature / Date & Time

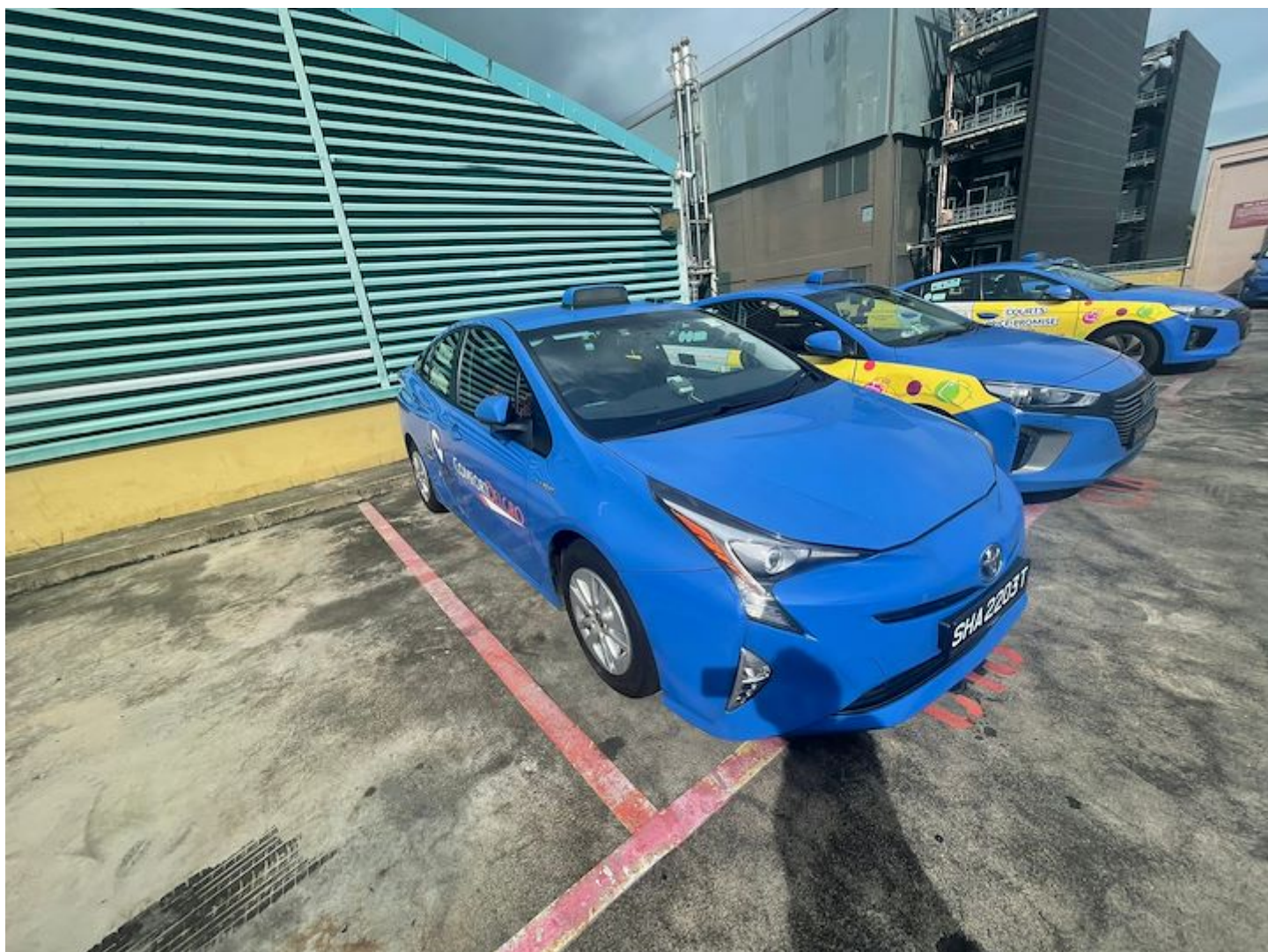
Driver's Signature (If driver is not the policyholder) / Date & Time 16.35 18.03.22



Witnessed by Reporting Centre Personnel MD NARRIN





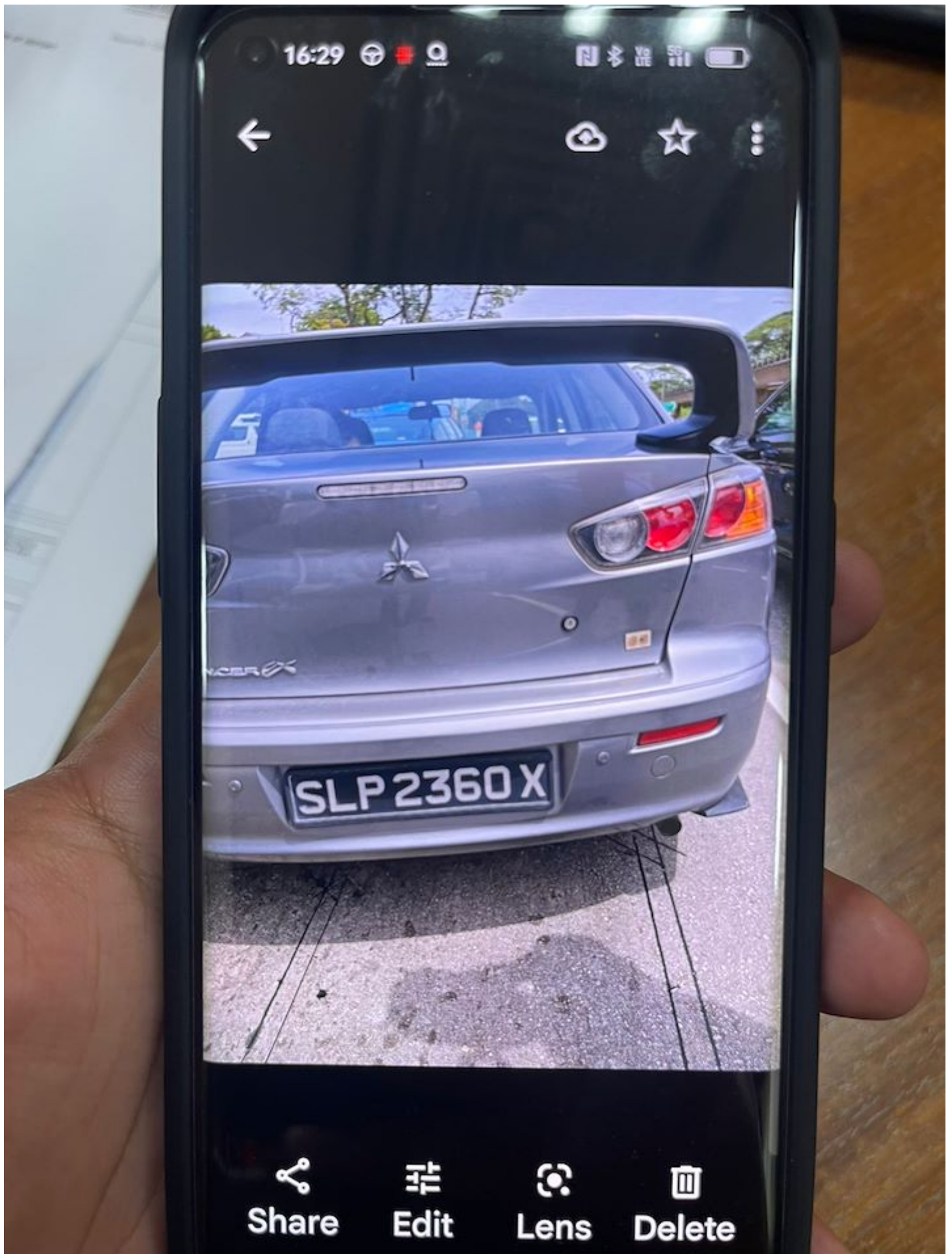


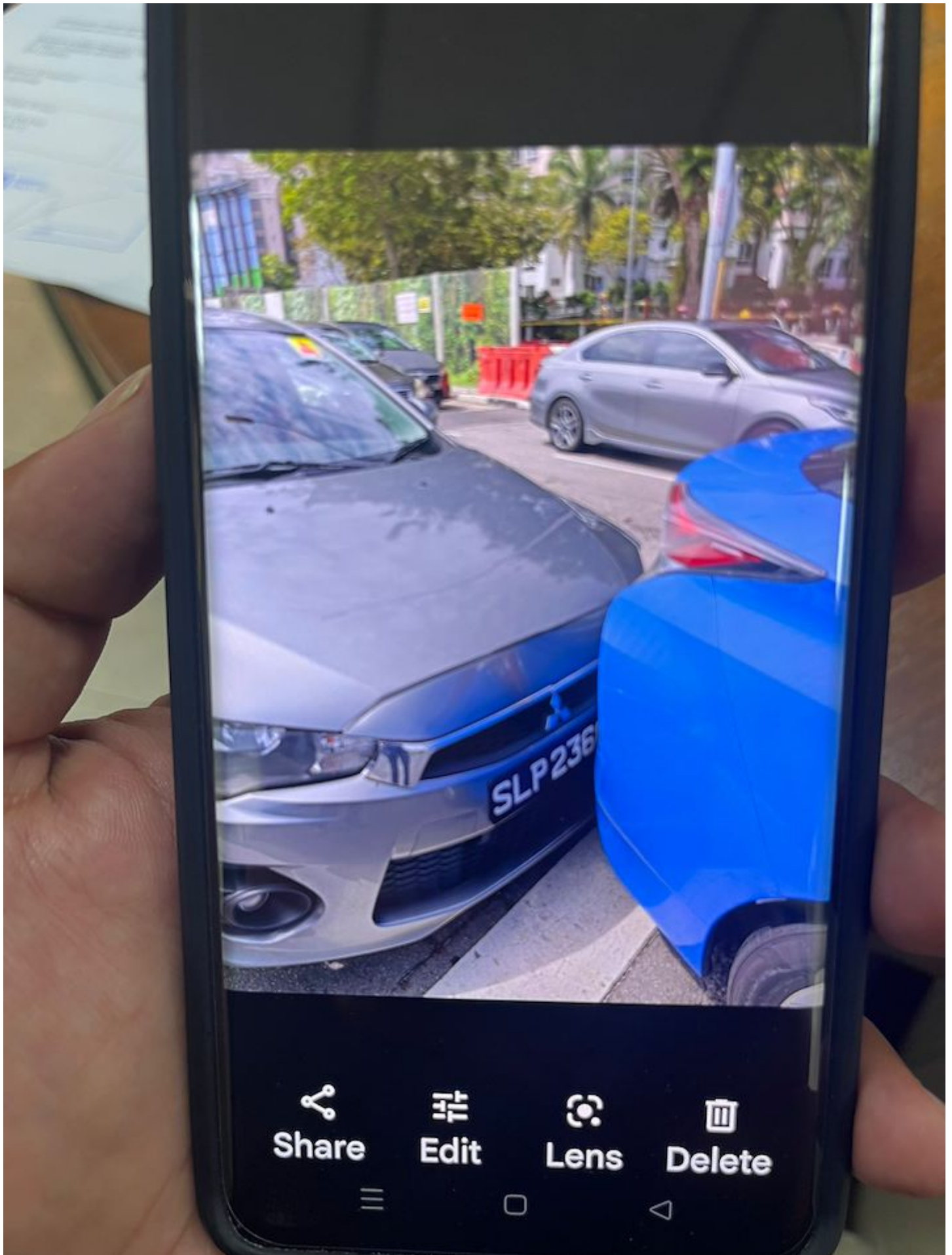













**SINGAPORE
POLICE FORCE**


T/20220318/2044

1 of 3

Report No. T/20220318/2044

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/03/2022 15:06	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: TAN BOCK CHOON	Address: APT BLK 608 ANG MO KIO AVENUE 5 #05-2791 SINGAPORE 560608
ID Type / ID No.: NRIC NO / S0883554C	Contact No.: Home/Office: Mobile: 90621375
Nationality: SINGAPORE CITIZEN	Email: bockchoon@gmail.com
Sex: Male Age: 70 Date of Birth: 18/04/1951	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2022 11:25	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 6				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: HEAD TO REAR AND SIDE	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2203T	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	1
SLP2360X	Car	MITSUBISHI	LANCER	Grey	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
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T/20220318/2044

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Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20220318/2044

CONTINUATION OF REPORT

Driver			
Name	TAN BOCK CHOON	ID No.	S0883554C
Related Vehicle	SHA2203T (Car)	Contact No.	90621375
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/03/2022	Date Discharge	18/03/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the abovementioned date time and location, I was travelling straight on the third lane going towards Lontor avenue. The other vehicle (SLP2360X) on the second lane abruptly changed into my lane and hit on the side of my vehicle. Thereafter, when I stopped my vehicle, his car then collided into the rear of my vehicle. No police or ambulance at scene. My car sustained damages to the side, front door, rear door, back bonnet and rims. I noticed damages to the front of the other vehicle. I then went to the clinic as I felt pain and was provided with 5 days of MC. I felt pain on my right hand, shoulders, neck and back. I wish to state that my passenger informed that she was not feeling well after the accident. I tried to talk to her however she just banged the door and walked away.



**SINGAPORE
POLICE FORCE**



T/20220318/2044

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20220318/2044

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 3 DANESH ASYRAFF
BIN LEONADI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/03/2022 15:06

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168



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