

# 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 ..... 14/02/2021 00:59 (SGT)  
Date of Accident ..... 13/02/2021 05:20 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... (CTE)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC3998R

### 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) +65-90667502  
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

### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... VFX/P2419138  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RAIMEE BIN HASSAN  
NRIC No ..... S1296271A  
Date Of Birth ..... 13/02/1958  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/06/1980
Driving experience .....	40 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90667502
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 126 BISHAN STREET 12 #06-151
Address complement .....	-
Postcode .....	570126
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 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? .....	Yes
Was any other material 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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 13/02/21, AT OR ABOUT 0520HRS, I WAS ALONE TRAVELLING ALONG SLE (CTE) ON LANE 6. SUDDENLY, I FELT AN IMPACT FROM THE FRONTAL RIGHT PORTION, IN WHICH AN ACCIDENT HAD OCCURRED WITH MOTORCYCLE FX898D. I DO NOT KNOW WHICH DIRECTION MOTORCYCLE HAD COME FROM.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FX898D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

Name of Driver .....	UNKNOWN MALE RIDER
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 .....	UNKNOWN MALE RIDER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	70
Injuries Sustained .....	LEFT SHOULDER PAIN
Injured person in which vehicle? .....	FX898D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes





## Describe Circumstances of the Accident

ON 13/02/21, AT OR ABOUT 0520HRS, I WAS  
 ALONE TRAVELLING ALONG STE (CTR) ON LANE 6. SUDDENLY,  
 I FELT AN IMPACT FROM THE FRONTAL RIGHT PORTION,  
 IN WHICH AN ACCIDENT HAD OCCURRED WITH MOTORCYCLE  
 FX 9900. I DO NOT KNOW WHICH DIRECTION MOTORCYCLE  
 HAD COME FROM.

## Declaration

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 13/02/21 0745HRS

Witnessed by Reporting Centre  
 Personnel

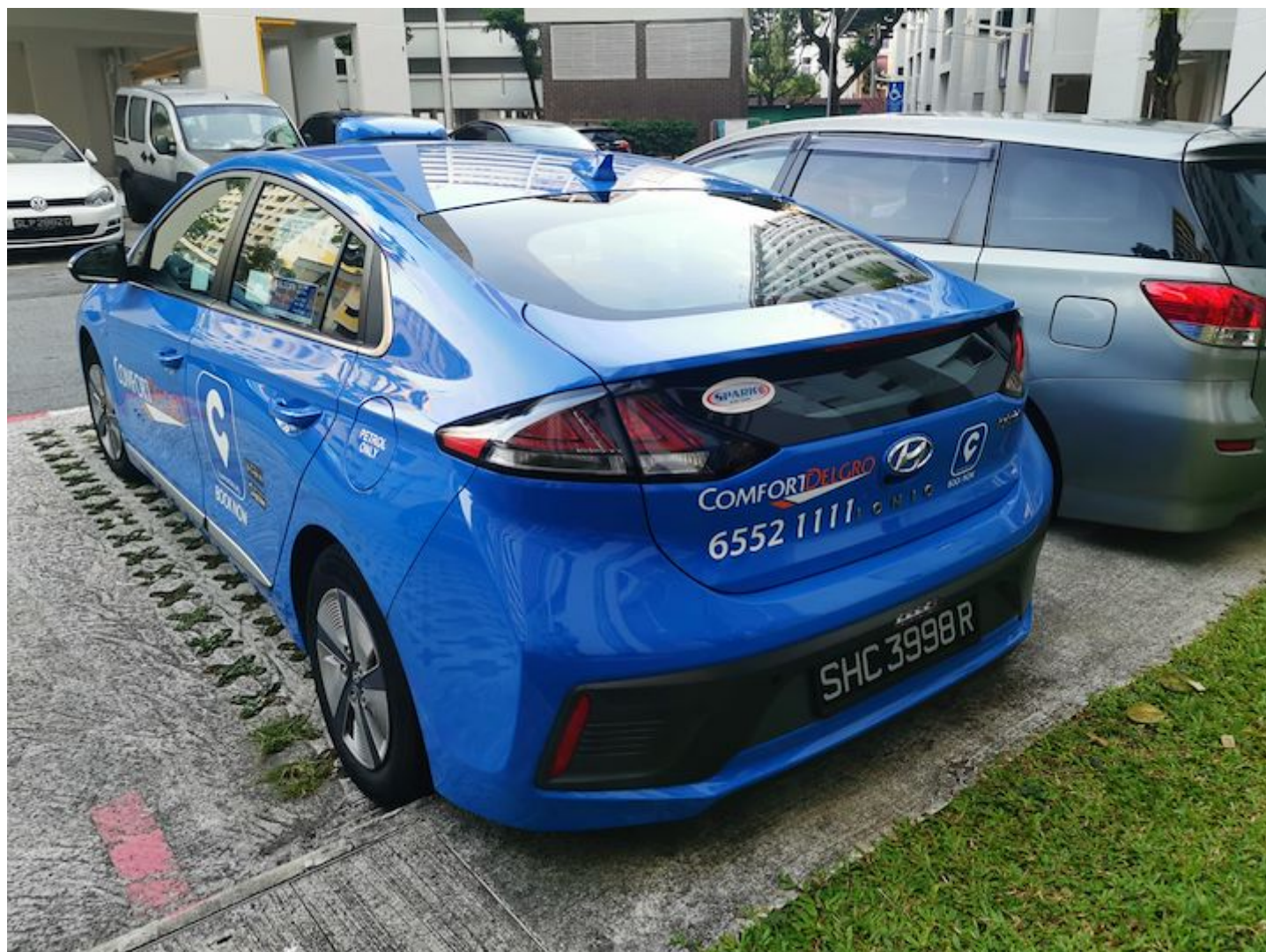




























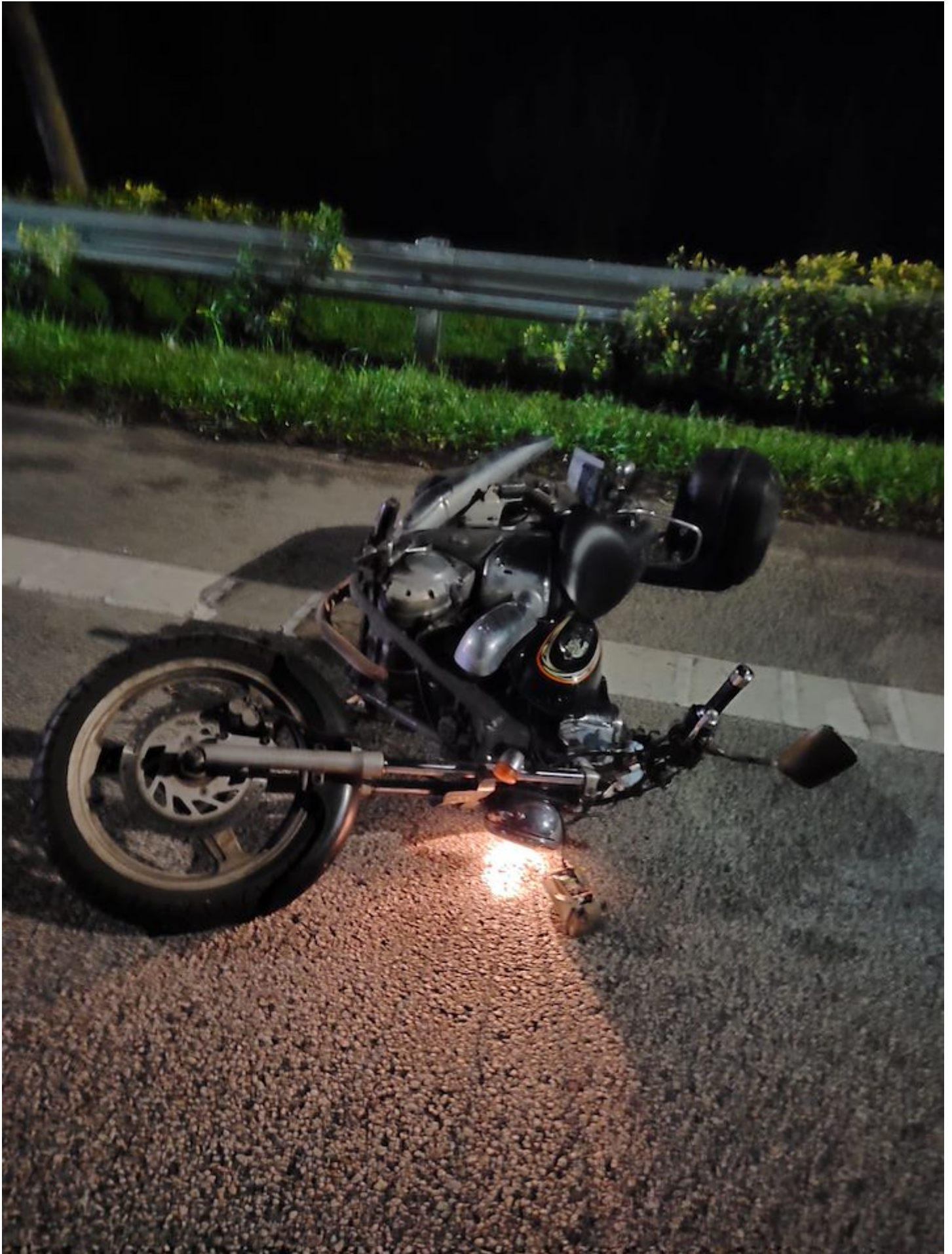








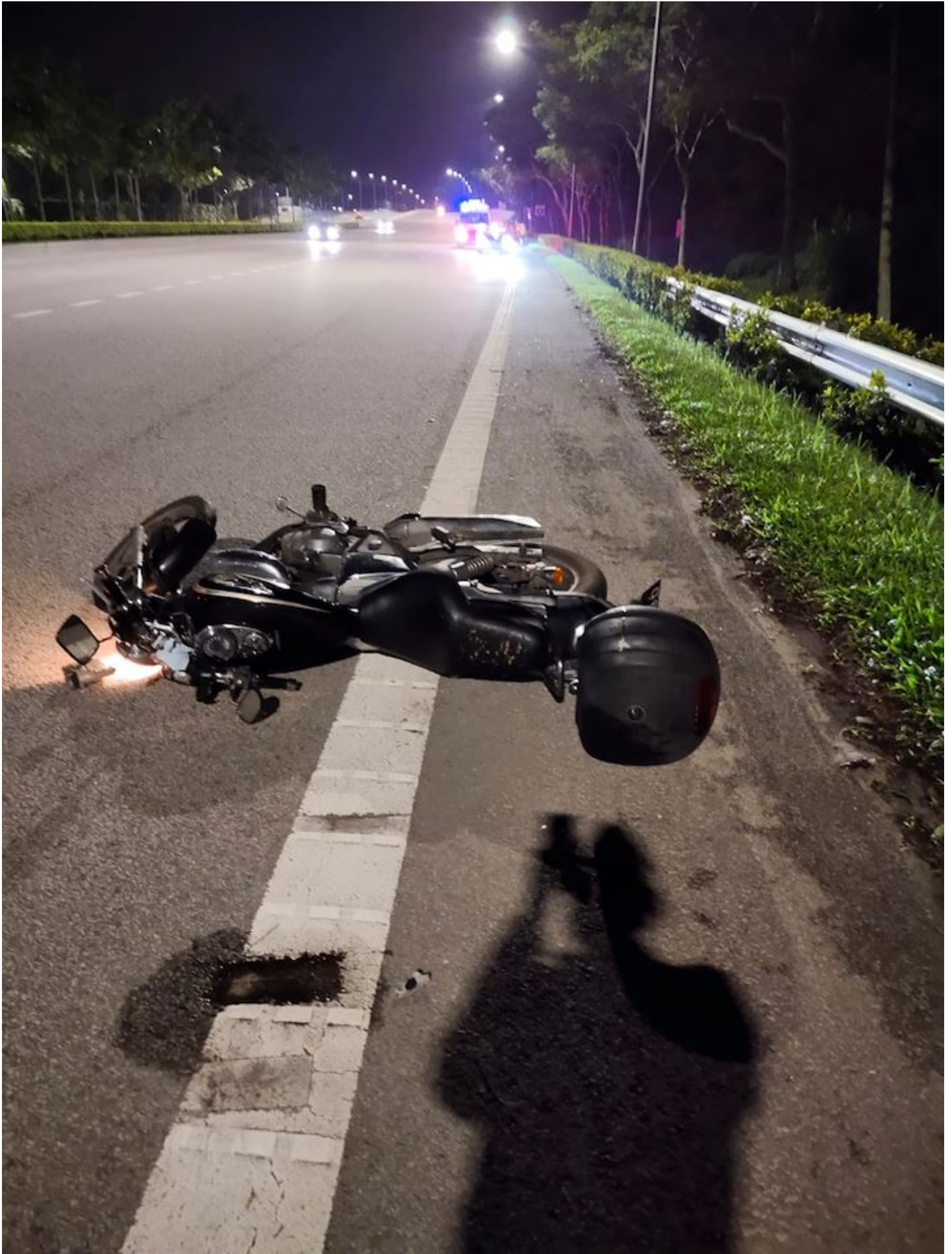






















**SINGAPORE  
POLICE FORCE**



T/20210213/2028

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20210213/2028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/02/2021 12:55		Vide Report No.: F/20210213/0091		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: RAIMEE BIN HASSAN			Address: APT BLK 126 BISHAN STREET 12 #06-151 SINGAPORE 570126		
ID Type / ID No.: NRIC NO / S1296271A			Contact No.: Home/Office:		Mobile: 90667502
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 13/02/1958	Type of Informant: Driver		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2021 05:30	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX888D	Motorcycle					0
SHC3998R	Car				Slightly Damaged	0

**Details of Person Involved**

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





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Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No T/20210213/2028

**CONTINUATION OF REPORT**

Name	Unknown		ID No.	NIL
Related Vehicle	FX898D (Motorcycle)		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	
<b>Driver</b>				
Name	RAIMEE BIN HASSAN		ID No.	S1296271A
Related Vehicle	SHC3998R (Car)		Contact No.	90667502
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 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 the above mentioned date and time, I was driving my vehicle (SHC 3998R) from Lentor Ave into SLE (CTE) on the most extreme left lane.

Suddenly, I heard a loud bang coming from the right side of my vehicle. I stopped my vehicle to make a check. I discovered that a motorcycle (FX 898D) had skidded beside my vehicle. I wish to note that I was not going to filter lane and I was just driving straight. Cars that was driving past assisted to call for police and ambulance. I assisted to make a check on the motorcyclist.

Traffic Police and ambulance subsequently came to make a check on the motorcyclist. The motorcyclist was subsequently conveyed to hospital. My vehicle in-car camera memory card was seized by the police. I did not have time to exchanged particulars with him but the police have his particulars.

My vehicle suffered slight crack on my front right side bumper and scratch on the right passenger door.



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Report No. T/20210213/2028

**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 MUHAMMAD TAUFIQ BIN ISHAK

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/02/2021 12:55

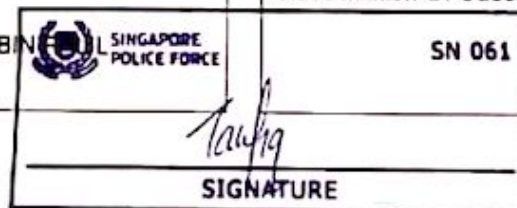
Officer In Charge Of Case:

TP / GIT /  
SI MOHAMMAD ABDILLAH BIN  
Contact No.: 65476246

Classification Of Case:

SN 061

Authentication Stamp  
NP168



**SIGNATURE**