

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 25/04/2022 16:13 (SGT)
Date of Accident 24/04/2022 13:30 (SGT)
Exact Location of Accident Hospital Cres, Singapore
Additional Location Information SINGAPORE GENERAL HOSPITAL BLOCK 4 TAXI STAND
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA5092B

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) +65-90737377
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 SAHETAPY ALEX MAXIWANAH FIRDAUS
NRIC No SXXXX338H

Date Of Birth	19/09/1973
Occupation	Outdoor
Date Of Driving Pass	21/04/2009
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-90737377
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 747 WOODLANDS CIRCLE #02-700
Address complement	-
Postcode	730747
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?	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	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

REFER TO POLICE REPORT NO.: T/20220425/2024

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6940L
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	LOO CHOON MIN
NRIC No	SXXXXX904E
Contact Number	(Phone) +65-86617800
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	SAHETAPY ALEX MAXIWANAH FIRDAUS
Gender	Male
Phone No	(Phone) +65-90737377
Address	BLK 747 WOODLANDS CIRCLE #02-700
Address Complement	-
Post Code	730747
Approximate Age Years Old	48
Injuries Sustained	NECK, CHEST AND BACK PAIN
Injured person in which vehicle?	SHA5092B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHA 5092 B	BUK 4 SGH	TAXI STAND
B - SHC 6940 L		

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220425/2024

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

25.04.2022

1425HRS

Witnessed by Reporting Centre Personnel



Kyoni Yong


**SINGAPORE
POLICE FORCE**


T/20220425/2024

1 of 3

Report No. T/20220425/2024

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2022 12:09	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: SAHETAPY ALEX MAXIWANAH FIRDAUS	Address: APT BLK 747 WOODLANDS CIRCLE #02-700 SINGAPORE 730747		
ID Type / ID No.: NRIC NO / S7339338H	Contact No.: Home/Office: Mobile: 90737377		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 48	Date of Birth: 19/09/1973	Type of Informant: Driver
Race: Ambonese	Language:		Institution / School Name:
Occupation: Taxi driver	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/04/2022 13:30	Type of Location: Bend
Location: HOSPITAL CRESCENT				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5092B	Car				Slightly Damaged	0
SHC6940L	Car				Slightly Damaged	0

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20220425/20

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20220

CONTINUATION OF REPORT

Driver			
Name	SAHETAPY ALEX MAXIWANAH FIRDAUS	ID No.	S7339338H
Related Vehicle	SHA5092B (Car)	Contact No.	90737377
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/04/2022	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Loo Choon Min	ID No.	S2018904E
Related Vehicle	SHC6940L (Car)	Contact No.	86617800
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 24/04/2022 at about 1330hrs, I was in my Comfort Delgro Taxi (SHA5092B) queuing at SGH's block 4 taxi stand. I was the second in line waiting for a passenger to board. I placed my gear on handbrake mode. While waiting, I suddenly felt a strong impact from the rear. I discovered that a Premier Taxi (SHC6940L) had collided onto my rear bumper which caused my car to move slightly forward due to the force. However, it did not collide onto the first taxi at the front of the queue. As such, my rear bumper suffered from some dents, scratches and the reversing sensor was damaged. My taxi has an in-car camera facing front and back which recorded the accident.

On 25/04/2022 in the morning, I went to the doctor as I felt some pain in my neck and was issued 7 days MC. I am lodging a police report for my company to process the necessary claims and repairs.

**SINGAPORE
POLICE FORCE**

T/20220425/2024

3 of 3

Report No. T/20220425/2024

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

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 ELENA LEE SHAN YI



Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

25/04/2022 12:09

Officer In Charge Of Case:

TP / AEIT /

Other MUHAMMAD NOOR BIN ABDUL

RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168