

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	12/05/2022 16:20 (SGT)
Date of Accident	11/05/2022 18:30 (SGT)
Exact Location of Accident	Bideford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4953H
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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) +65-97998199
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	YAP KAM MUAN (YE JINWEN)
NRIC No	SXXXX152E

Date Of Birth	25/06/1975
Occupation	Outdoor
Date Of Driving Pass	07/04/1997
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97998199
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 122E RIVERVALE DRIVE #16-474
Address complement	-
Postcode	545122
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)	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

REFER TO POLICE REPORT T/20220512/2041

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	SMJ8714P
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Vehicle Manufacturer	
Vehicle Model	Hyundai
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
NRIC No	-
Contact Number	-1
Address	(Phone) +65-92322622
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT
No. Of Passenger (Including Driver)	-
	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YAP KAM MUAN
Gender	Male
Phone No	-
Address	BLK 122E RIVERVALE DRIVE #16-474
Address Complement	-
Post Code	545122
Approximate Age Years Old	46
Injuries Sustained	NECK N BACK
Injured person in which vehicle?	SHD4953H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

Yap

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

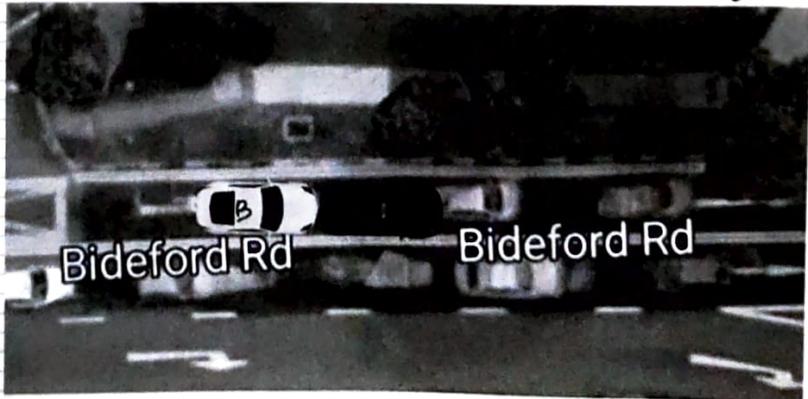
Sketch Plan

12-06-2022

15601RS

Kyau Yung

A - SHD 4953 H
B - SMJ 8714 P



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220512/2041

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

Witnessed by Reporting Centre Personnel

YAP

12.05.2022

1505HRS

[Signature]

Kyngi Yong



SINGAPORE POLICE FORCE



T/20220512/2041

1 of 3

Report No. T/20220512/2041

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: 12/05/2022 12:48	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: YAP KAM MUAN			Address: APT BLK 122E RIVERVALE DRIVE #16-474 SINGAPORE 545122		
ID Type / ID No.: NRIC NO / S7577152E			Contact No.: Home/Office: Mobile: 97998199		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 25/06/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 11/05/2022 18:30	Type of Location: Straight Road
Location: BIDEFORD ROAD			
Weather: Cloudy	Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4953H	Car				Slightly Damaged	1
SMJ8714P	Car				Slightly Damaged	0

**SINGAPORE
POLICE FORCE**

T/20220512/2041

2 of 3

Report No. T/20220512/2041

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

CONTINUATION OF REPORT**Brief Details.**

On 19/05/2022 at about 1830hrs, I was driving along Bideford Rd to send my passenger to Parklane. The road is a 2-lane road. I was on the 2nd lane. As the traffic was heavy, my vehicle came to a stop. As my vehicle was stationery, there was a white-coloured Hyundai Avante (SMJ8714P) behind me driving from the first lane approaching towards the same direction. As the vehicle changed to a 2nd lane, the vehicle unable to stopped on time. As such, the vehicle front bumper collided to my rear boot.

Due to the collision, my vehicle suffered dent and scratches on the rear boot. The vehicle suffered some scratches on the front bumper and small crack on the vehicle number plate.

Subsequently, I managed to confront the driver and requested to exchange particulars. However, she refused to do so. I informed her that I will be lodging a police report. She left with no complaints.

I made a check on my passenger, and she was not injured. There was no ambulance and TP came for this incident. I continued to send my passenger to her location. Subsequently, when I got back home, I felt pain on my waist, shoulder and neck. I suspected the pain is caused from the accident.

I wish to state that I have worked as a Taxi Driver for the past 10 years and this is not the first time such incident happened to me. I also wish to state I have taken a 5-day MC due to the mentioned pain I am suffering. I am lodging this report for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20220512/2041

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

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Report No. T/20220512/2041

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 2 MUHAMMAD ALIFF BIN
ZAINOL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/05/2022 12:48

Officer In Charge Of Case:

TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168