(E)

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 witholding 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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

24/05/2022 19:32 (SGT) 23/05/2022 22:40 (SGT) Orchard Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHA6064B

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No Email Address

Mobile Phone No Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg (Phone) +65-91116495

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

Transi

Hyundai

Ae ioniq

Private hire

No - Claiming third party

Taxi

Auto 1580

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number AXA Insurance Pte Ltd ThirdPartyFireTheft

Yes

VFX/P2419138

DRIVER

Name of Driver NRIC No

TEO CHONG HUAT



SXXXX018J

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No.

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to the Police Report

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

20/10/1957

23/02/1978

44 YEARS AND 3 MONTHS

fleetsafety@cdgtaxi.com.sg

Collision - Major/Minor Rd

BLK 613B BEDOK RESERVOIR ROAD#12-1374

(Phone) +65-91116495

Outdoor

472613

No

Hirer No

Clear

Dry

No

No

Yes

No

No

2

Yes

FILE IS NOT SUITABLE

Tanglin Division Headquaters

21 Kampong Java Road Singapore 228892

(Phone) +65-18003910000

(Fax) +65-63964900

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

GBG5479J

Vehicle Category

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)

Commercial vehicle

No Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

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- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (f) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (i) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me.
- (w) 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 wiell as on the external cover of envelopesimal 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' law yers/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 & orting Centre Driver's Signature (If driver is not the policyholder) / Date Personne 246572 0035 Hry A.SHA6064B CAIRHILL ROAD

B.GBG5479J

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT.

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

24/55h /0035Am

Witnessed by Rourting Centre Personnel





Report No. E/20220524/7021

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000

Date/Time Report Made	Vide Rej	port No.		Station Diary No
24/05/2022 14:53				
Name Of Informant	Address	Address		
TEO CHONG HUAT	613B BEDOK RESERVOIR ROAD #12-1374			
	SINGAPORE 472613			
ID Type / ID No.	Contact	No.	alaerindigay (salaerin 1914) (Alaerin) - Opt (salaerin)	Secretaria de Caracteria de Ca
NRIC NO / \$1270018J	Home/O	ffice:	Mobile:	
	No.		91116495	
Nationality	Email Address			
SINGAPORE CITIZEN	chteo1957@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Taxi driver	Male	64	20/10/1957	Chinese
Institution/School Name	Languag	e		
	English			
Date/Time Of Incident	Location Of Incident			
23/05/2022 22:40 - 23/05/2022 22:50	CAIRNHILL ROAD			

I was driving my comfort taxi (SHA6064B) on the most left lane of Cairnhill Road towards Orchard at approximately 1040pm on 23/5/2022 when a silver van (GBG5479J) suddenly came out of the minor road (near the T junction of Hullet road) without stopping as required. The van hit the front left side of my taxi and caused me to swerve across 2 lanes to the right.

The impact was so great that I instantly felt a sharp pain through my neck, shoulder and back.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2022 14:53
Officer In-Charge Of Case:	Classification Of Case:
The state of the control of the cont	Management and the contract to





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220524/7021

After colliding into my taxi, the van did not stop and attempted to escape. In shock, I sounded my horn and gave chase. Luckily for me the traffic light turned red at the junction of Caimhill and Orchard Road. I stopped my car behind his van and alighted and asked for the van driver to step out too.

The van driver looks like an Indian, slightly taller than 1.63m. I told him that he hit my car and should not drive away. He denied colliding with my car so I ask him to follow me to check on his car and found out his van right front has the same collision impact as the front left side (front left tyre side) of my car. I then went back to my car to take my phone out to record. The van driver escaped when the light turn green before I can start recording.

I called the police and they assigned 2 traffic police to assist me. The officers arrived shortly and assisted to take down the information. They took my in car camera sd card. The report reference number is E/20220523/0153

I am waiting to see the doctor now due to the pain through my neck, shoulder and back as the pain has affected my rest despite eating some painkillers. There were few instances today while out making necessary reports, that I felt giddy too.

Subjects Involve	ed				
Victim					
Person Name	TEO CHONG HUAT				
ID Type	NRIC NO	ID No	S1270018J		
Gender	Male	Age	64		
Race	Chinese	Language	English		
Signature Of Officer Recording The Report: Not applicable Signature Of Interpreter: Not applicable Officer In-Charge Of Case:		The ide report I No sign Date/T 24/05/2	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. Date/Time: 24/05/2022 14:53 Classification Of Case:		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220524/7021

Occupation	Taxi driver	Address	613B BEDOK RESERVOIR ROAD #12-1374 SINGAPORE 472613
Mobile No	91116495	Is Informant A Victim?	Yes
Person Name	TEO CHONG HUAT		er od den er om en

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/05/2022 14:53
Officer In-Charge Of Case:	Classification Of Case: