

# 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 ..... 07/06/2022 12:23 (SGT)  
Date of Accident ..... 06/06/2022 16:50 (SGT)  
Exact Location of Accident ..... Mount Elizabeth Link, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHD3259K

### 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) +65-96348070  
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 ..... LIM SOW HAI  
NRIC No ..... SXXXX333Z

Date Of Birth .....	05/07/1948
Occupation .....	Outdoor
Date Of Driving Pass .....	28/02/1968
Driving experience .....	54 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96348070
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	APT BLK 168 LOR 1 TOA PAYOH #08-1026
Address complement .....	-
Postcode .....	310168
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 .....	Male

#### 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 06/06/2022 AT ABOUT 16:50HRS, I WAS DRIVING VEHICLE A (SHD3259K) ALONG MOUNT ELIZABETH LINK. AS MY VEHICLE WAS STATIONARY DUE TO RED TRAFFIC LIGHT, FRONT VEHICLE B (SJP9734D) REVERSE SUDDENLY AND COLLIDED ONTO VEHICLE A FRONT BUMPER. MY PASSENGER CLAIM THAT HE WILL GO SEE DOCTOR. I SUSTAINED PAIN ON MY HAND AND LEG DUE TO THE IMPACT.

#### 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 .....	SJP9734D
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	GAO LIFAN
Passport No/FIN .....	GXXXX698X
Contact Number .....	(Phone) +65-91137719
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM SOW HAI
Gender .....	Male
Phone No .....	(Phone) +65-96348070
Address .....	APT BLK 168 LOR 1 TOA PAYOH #08-1026
Address Complement .....	-
Post Code .....	310168
Approximate Age Years Old .....	74
Injuries Sustained .....	PAIN ON HAND AND LEG
Injured person in which vehicle? .....	SHD3259K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	PASSENGER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NOT SURE
Injured person in which vehicle? .....	SHD3259K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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6. The report will be forw arded 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)**

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' law yers/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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**FLASH ACCIDENT REPORTING OFFICER**  
 FRO KHAMARAJ



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
 7/6/22 @ 1015H

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A - SH6 3259K.  
 B - SJP 9734D

Describe Circumstances of the Accident

ON 06/06/2022 AT ABOUT 16:50HRS, I WAS DRIVING VEHICLE A (SHD3259K) ALONG MOUNT ELIZABETH LINK. AS MY VEHICLE WAS STATIONARY DUE TO RED TRAFFIC LIGHT, FRONT VEHICLE B (SJP9734D) REVERSE SUDDENLY AND COLLIDED ONTO VEHICLE A FRONT BUMPER. MY PASSANGER CLAIM THAT HE WILL GO SEE DOCTOR. I SUSTAINED PAIN ON MY HAND AND LEG DUE TO THE IMPACT.

Declaration

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



FLASH ACCIDENT  
REPORTING OFFICER  
FRO KHAMARAJ



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time  
7/6/22 @ 10/5/11

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220607/2032

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

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Report No. T/20220607/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/06/2022 12:20	Vide Report No.:	Station Diary No.: 46
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**Informant's Particulars**

Name of Informant: LIM SOW HAI		Address: APT BLK 168 LORONG 1 TOA PAYOH #08-1026 SINGAPORE 310168	
ID Type / ID No.: NRIC NO / S1023333Z		Contact No.:	Mobile: 96348070
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 73	Date of Birth: 05/07/1948	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: 06/06/2022 16:50	Type of Location: Straight Road
Location: MOUNT ELIZABETH LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SHD3259K	Car		HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG		Slightly Damaged	1
SJP9734D	Car		HYUNDAI HD AVANTE 1.6 A S/R		Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20220607/2032

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

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Report No. T/20220607/2032

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM SOW HAI	ID No.	S1023333Z
Related Vehicle	SHD3259K (Car)	Contact No.	96348070
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/06/2022	Date Discharge	07/06/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 06/05/2022 at about 1650hrs I was driving along Mount Elizabeth Link. Subsequently my car (SHD 3259K) was stationary as it was a red light. As the traffic light turned green I observed the car in front of me (SJP 9734D) had reversed back suddenly and collided onto my vehicle front bumper causing damage to my bumper. I also observed that the back of his vehicle had slight damage on it. I got out of the car and proceeded to exchange particulars with him. Subsequently, I drove to my passenger's location to drop him off. My passenger claim that he will go and see the doctor. I sustained pain on my hand and leg due to the impact as such I headed to the clinic today. I am lodging this report for TP follow up and for my claims.



**SINGAPORE  
POLICE FORCE**



T/20220607/2032

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

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Report No. T/20220607/2032

**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 HASHA YAQAZHAH BINTE SULAIMAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2022 12:20
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168