SJ042267000H-01 / JP Knights Pte Ltd
ENTRY DATE & TIME: 07/06/2022 12:23 (SGT)
SUBMITTED BY: Alice
VERSION: 2 (10/06/2022 10:31 (SGT))

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	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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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. The report w ill 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 w ill 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, acknow ledge, 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "**Purposes**")

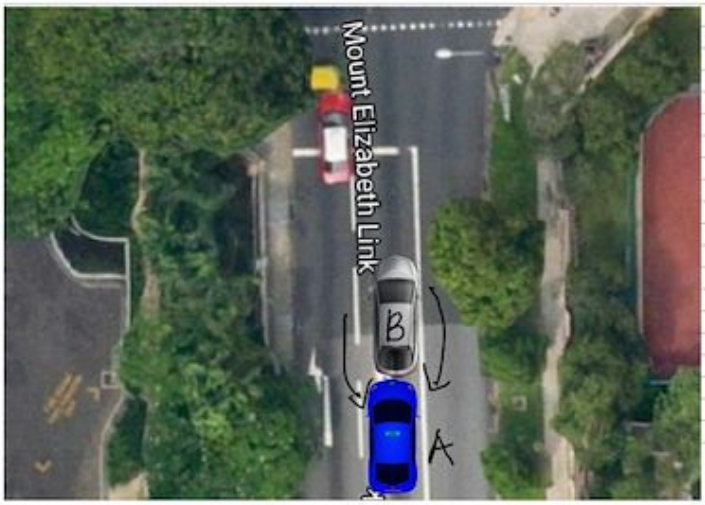
(b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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), w hich 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	Witnessed by Reporting Centre Personnel
	7/6/22 @ 1015H	

Sketch Plan



A - SHB 32J9K.

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 @ 1017	Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6


DAIKIN
HD 3259K
Pure Air Performance
STREAMER ON
Pure Air Perf

IMAGES #7

IMAGES #8

IMAGES #9


Perfecting the Air
STREAMER
STREAMER ON for
Pure Air Performance
Scan here for more!

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

SINGAPORE POLICE FORCE

T/20220607/2032

Report No. T/20220607/2032

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
07/06/2022 12:20		46

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.: Home/Office:	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

Report No. T/20220607/2032

CONTINUATION OF REPORT

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

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

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ042267000H Vehicle Registration No: SHD3259K

Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ( )

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 06/06/2022 Time of Accident: 16:50

Place of Accident: Mount Elizabeth Link,

Insurance Company: AYE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT

Policyholder / Driver's Signature
Date:

siti

Reporting Centre Personnel's Signature
Name: Siti
NRIC/FIN No.:
Date: 10.06.2022

GIARMC Addendum Form

OTHER DOCUMENTS