

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 17/06/2022 10:53 (SGT)
Date of Accident 17/06/2022 01:30 (SGT)
Exact Location of Accident Marina Blvd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7090T

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) +65-88339955
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 HENRY KOH CHEE WEE (XU ZHIWEI)
NRIC No SXXXX543F

Date Of Birth	13/05/1976
Occupation	Outdoor
Date Of Driving Pass	17/10/1994
Driving experience	27 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88339955
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 511 WEST COAST DRIVE #09-343
Address complement	-
Postcode	120511
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	Side Swipe
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 17/06/22 AT ABOUT 0130HRS I WAS DRIVING VEHICLE SHA7090T ALONG MARINA BOULEVARD AND WANTED TO TURN LEFT INTO BAYFRONT AVENUE.I WAS AT FOURTH LANE FROM EXTREME RIGHT,AS I WAS TURNING LEFT SUDDENLY VEHICLE B SMV9630C WHICH WAS TRAVELLING ALONG EXTREME LEFT LANE (TURN LEFT ONLY LANE) COLLIDED ONTO MY VEHICLE FRONT LEFT.EXCHANGED CONTACT NUMBER ONLY AND MYSELF INJURED 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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV9630C
Vehicle Manufacturer	Nissan
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91158493
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	HENRY KOH CHEE WEE (XU ZHIWEI)
Gender	Male
Phone No	(Phone) +65-88339955
Address	BLK 511 WEST COAST DRIVE #09-343
Address Complement	-
Post Code	120511
Approximate Age Years Old	46
Injuries Sustained	-
Injured person in which vehicle?	SHA7090T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT 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

Sketch Plan

A.SHA7090T
B.SMV9630C

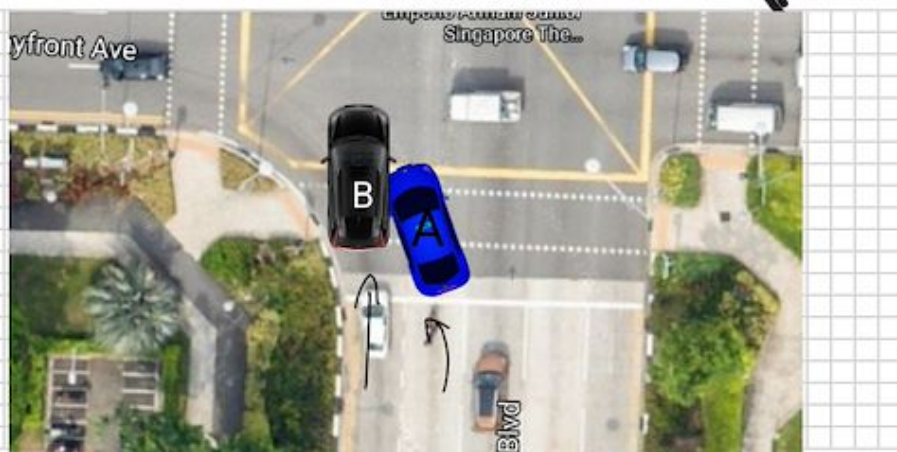
MARINA
BOULEVARD

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

0300HRS 17/06/22

Witnessed by Reporting Centre Personnel

BAAJI



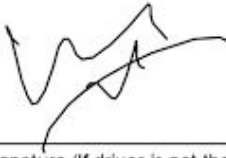
Describe Circumstances of the Accident

ON 17/06/22 AT ABOUT 0130HRS I WAS DRIVING VEHICLE SHA7090T ALONG MARINA BOULEVARD AND WANTED TO TURN LEFT INTO BAYFRONT AVENUE. I WAS AT FOURTH LANE FROM EXTREME RIGHT, AS I WAS TURNING LEFT SUDDENLY VEHICLE B SMV9630C WHICH WAS TRAVELLING ALONG EXTREME LEFT LANE (TURN LEFT ONLY LANE) COLLIDED ONTO MY VEHICLE FRONT LEFT. EXCHANGED CONTACT NUMBER ONLY AND MYSELF INJURED DUE TO THE IMPACT.

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 0300HRS 17/06/22



Witnessed by Reporting Centre
Personnel

BALAJI


**SINGAPORE
POLICE FORCE**


T/20220617/7039

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220617/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2022 20:26		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: HENRY KOH CHEE WEE		Address: 511 WEST COAST DRIVE #09-343 SINGAPORE 120511		
ID Type / ID No.: NRIC NO / S7613543F		Contact No.: Home/Office: Mobile: 88339955		
Nationality: SINGAPORE CITIZEN		Email: HENRYKOHWCW@HOTMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 13/05/1976	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2022 01:30	Type of Location: X-Junction
Location: MARINA BOULEVARD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHA7090T	Car	HYUNDAI	Ioniq	Blue	Slightly Damaged	0
SMV9630C	Car	NISSAN	SERENA 1.2L HIGHWAY STAR PREMIUM E-POWER	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220617/7039

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220617/7039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HENRY KOH CHEE WEE	ID No.	S7613543F
Related Vehicle	SHA7090T (Car)	Contact No.	88339955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	17/06/2022	Date	17/06/2022
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	EDWARD LAW	ID No.	NIL
Related Vehicle	SMV9630C (Car)	Contact No.	91158493
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

on 17 June 2022 at about 0130am, I was travelling along Marina Boulevard with the intention of heading to Marina Bay Sands (MBS) to look for passengers. I was travelling on the 2nd lane from the left. At the Junction of Marina Boulevard and Bayfront Ave, I had already signalled and slowed down to turn into Bayfront Ave towards MBS. Suddenly this Vehicle SMV9630C, instead of turning left into Bayfront Ave, he went straight. And his vehicle collided into my taxi. And the lane that he was in is only a left turn lane only. I was in the go straight / left turn lane.

I suffered slight injury to my shoulder, neck and lower back. I seek for medical treatment at the Farrer Park Hospital and I was given 5 days of Medical leave.

I have the footage of the accident. Here is the link to the footage as the file size is too large to be uploaded.

<https://we.tl/t-3TclO2j21m>

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220617/7039

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Report No. T/20220617/7039

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
BOON YEN KIAN
Contact No.: 65476172

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/06/2022 20:26

Classification Of Case: