

# 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 Actual 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 ..... 04/08/2022 14:15 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 04/08/2022 08:15 (SGT)  
Exact Location of Accident ..... Lor 4 Toa Payoh, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA7019B

### 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) +65-98237585  
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  
Policy Number / Cover Note Number ..... VFX/P2419138

### DRIVER

Name of Driver ..... YAP SWEE SENG  
NRIC No ..... SXXXX913C  
Date Of Birth ..... 06/01/1954  
Occupation ..... Outdoor

|  |                                   |
|--|-----------------------------------|
| Date Of Driving Pass .....   | 23/04/1975                        |
| Driving experience .....   | 47 YEARS AND 4 MONTHS             |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-98237585              |
| Alt. Phone Number .....  | -                                 |
| Email Address .....  | fleetsafety@cdgtaxi.com.sg        |
| Address .....  | BLK 446 TAMPINES STREET 42 #11-22 |
| Address complement .....   | -                                 |
| Postcode .....   | 520446                            |
| Is the driver the policyholder? .....                              | No                                |
| If No, Relationship of the Driver with the Insured .....           | RELIEF DRIVER                     |
| 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 on collision |
| 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? .....  | Yes |
| 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  |
| Translator's name .....   | -   |
| Translator's ID .....   | -   |
| Translator's phone number .....   | -   |
| Translator's email .....  | -   |
| Original language used in the statement .....   | -   |

DETAILS OF POLICE ACTION

|   |                                      |
|---|--------------------------------------|
| Was the accident reported to the police? .....  | Yes                                  |
| Police Station Name .....                       | Tampines Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18005871999              |
| Alt. Police Station Phone No .....              | (Fax) +65-65871699                   |
| Police Station Address .....                    | 6 Tampines Ave 4 Singapore 529682    |
| Was notice of intended Prosecution given? ..... | No                                   |
| If yes, against whom? .....                     | -                                    |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NUMBER T/20220804/2031

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 |

DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBQ9256G |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |

|   |            |
|---|------------|
| Vehicle Variant .....                         | -          |
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| Name of Driver .....                          | UNKNOWN    |
| Contact Number .....                          | -          |
| 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 .....                              | FBQ9256G           |
| Gender .....  | Female             |
| Phone No .....  | -                  |
| Address .....   | -                  |
| Address Complement .....                                  | -                  |
| Post Code .....   | -                  |
| Approximate Age Years Old .....                           | -                  |
| Injuries Sustained .....                                  | FELL OFF FROM BIKE |
| Injured person in which vehicle? .....                    | FBQ9256G           |
| Were seat belts worn? .....                               | -                  |
| Was this injured conveyed to hospital by ambulance? ..... | Yes                |

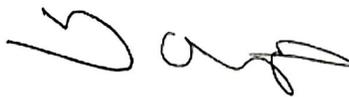


Describe Circumstances of the Accident

REFER TO POLICE REPORT NUMBER T/20220804/2031

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  
04/08/2022 1145 HRS



Witnessed by Reporting Centre Personnel FRO Sufiyan





**SINGAPORE  
POLICE FORCE**



T/20220804/2031

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20220804/2031

**CONTINUATION OF REPORT**

| Driver                            |                |  |   |
|-----------------------------------|----------------|--|---|
| Name                              | YAP SWEE SENG  |  | ID No. S0085913C  |
| Related Vehicle                   | SHA7019B (Car) |  | Contact No. 98237585  |
| Hospital/Clinic                   | NIL            |  | Class of Driving Licence & Expiry Date<br>Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            |  | Date Discharge NIL  |
| No. of Days granted Medical Leave | NIL            |  | Degree of Injury NIL  |

**Brief Details.**

On 04/08/2022 at about 0815hrs, I was driving my taxi (SHA7019B) along Lor 4 Toa Payoh on the right most lane with one male passenger on board. Weather was clear and road surface was dry.

At the junction of Lor 4 Toa Payoh and Toa Payoh Central near lamp post 22, I drove into the yellow box and came to a stop. While waiting to make a right turn into Toa Payoh Central, a motorcycle (FBQ9256G) came from the opposite direction collided with my taxi on the front right, the rider lost balance and fell off. The collision resulted in scratches on the front right of my taxi.

Both Police and Ambulance attended to us. The rider was conveyed to hospital. My in-car camera memory card was handed over to the Traffic Police at scene.



**SINGAPORE  
POLICE FORCE**



T/20220804/2031

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Report No. T/20220804/2031

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**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:<br>G /<br>SR STAFF SGT ZHANG LINHAN<br> | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>04/08/2022 10:41   |
| Officer In Charge Of Case:<br>TP / GIT /<br>STAFF SGT MOHAMED SUFIAN BIN<br>MOHAMED JUNID<br>Contact No.: 65476247  | Classification Of Case:  |

NP168