SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate

s. information provided must be as truthful and accurate as possible. The fisher 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 of 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

15/08/2022 13:24 (SGT)

Driver

14/08/2022 17:30 (SGT)

Sims Way, Singapore

TOWARDS CHANGI, EXITING SLIP ROAD TO SIMS AVENUE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC2528X

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No

Alternative Phone No

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

CC

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

(Phone) +65-94772618

(Office) +65-65508768

Private hire

Hyundai

Ae ioniq

No - Claiming third party

Taxi

Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

AXA Insurance Pte Ltd VFX/P2419138

TAN KOK KIONG SXXXX208H 25/05/1963 Outdoor



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? Yes Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

PASSENGER 3

Name Gender

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

PLEASE REFER TO POLICE REPORT T/20220814/7027

25/09/1980

41 YEARS AND 11 MONTHS

Male

(Phone) +65-94772618

fleetsafety@cdgtaxi.com.sg

298A COMPASSVALE STREET #16-172

541298

No

Hirer No

Collision - Head to Rear

Clear Dry

No

2 Yes

No

No

UNKNOWN Female

UNKNOWN Female

DESMOND Male

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

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

Yes

Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour

Motorcycle

FBS3078H

Vehicle Category Name of Driver

JERVIM GAN KIAN SENG

NRIC No

SXXXX219F

Contact Number

Address

Address complement Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

JERVIM GAN KIAN SENG Name of injured person

Male Gender Phone No

Address Address Complement

Post Code Approximate Age Years Old

FELL DOWN AND FELT UNCONSCIOUS, BRUISES ON HIS Injuries Sustained

LEGS AND RIGHT HAND

Injured person in which vehicle? FBS3078H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? Yes

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 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)

lunderstand, 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) w he 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 wiell 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.

Policyholder's Signature / Date & Time

Sketch Plan

4-SHC 2528X B- FBS 30784 Driver's Signature (if driver is not the policyholder) / Date

& Time \$5.08.2072 1140APS

Witnessed

SUP FOAD TO SIMS AVE Describe Circumstances of the Accident

REFER TO POLIC T/20220814/702	E REPORT		
Declaration			
I/We declare the foregoing particul	ars are true in every respect.	_	
Policyholder's Signature / Date & Time	Driver's Signature (if driver is & Time 15-08-2072	not the policyhoider) / Date	Witnessed by Reporting Centre Personnel With You





1 of 4

Report No. T/20220814/7027

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

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 14/08/2022 22:09		Aade:	Vide Report No.: G/20220814/0176	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: TAN KOK KIONG			Address: 298A COMPASSVALE STREET #16-172 SINGAPORE 541298			
ID Type / ID No.: NRIC NO / S1572208H		08H	Contact No.: Home/Office:	Mobile: 98487118		
National SINGAP	ity: ORE CITIZ	EN	Email: TANKK2208@YAHOO.COM			
Sex: Age: Date of Birth: Male 59 25/05/1963			Type of Informant: Driver			
Race: Chinese Occupation:			Language: English	Institution / School Name:		
			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accident			The state of the s	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/08/2022 17:30	Type of Location Straight Road	
Location: SIMS WAY					
Weather:		Road Surface:	1000	Road Speed Limit: 0 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			a	nyone conveyed by mbulance: es	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS3078H	Motorcycle	HONDA	Honda ASV	Black	Slightly Damaged	1
SHC2528X	Car					0





Q1 - 5.4.000 002-5.4.-4. (98.0010-4-6-00.00.0)

2 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20220814/7027

CONTINUATION OF REPORT

Details of Perso	n Involved				WELL.		
Any Pedestrian Ir	volved: No						
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA			
Rider		To de la constitución de la cons					
Name	JERVIN GAN KKAIN SENG			ID No		S8941219F	
Related Vehicle	FBS3078H (Motorcycle)		Contact No.		NIL		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL		
Date	NIL Date		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	:	Slight	t	
Driver							
Name	TAN KOK KIONG			ID No.		S1572208H	
Related Vehicle	SHC2528X (Car)			Conta	ct No.	98487118	
Hospital/Clinic	NIL		Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL		
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	F	NIL		

Brief Details.

On 14 August 2022 at about 1730 hours, I was driving the taxi along PIE towards Changi, existing slip road towards Sims Avenue. About 300 metres from Sim Avenue, there was some traffic build up and I slowed down my vehicle and came to a complete stop with some distance from the car in front. The car behind stopped about one car length behind us. There were 3 passengers in the taxi and I was talking to them for about 4 seconds when I heard a thud sound. The passengers and I were a bit confused what could have caused that sound. One of the lady passenger turned, looked behind and saw a motor cycle lying on the the ground. I then realized that the taxi had been hit by a motorcycle from behind. I quickly checked with the passenger if all are OK. One of the lady passenger volunteered to call the police, I told her to please do so while I immediately alight to check on the motorcyclist. As I walked towards the motorcyclist I found he was lying on the ground and unconscious. Another motorcyclist tried to move him, but I told him not to do so as we do not know what could be the injuries. I then helped to direct traffic and make sure we are all in a safe position along the single lane. About 5 minutes later, the injured motorcyclist regain unconsciousness. I asked if he can moved his arms and legs and if he feed any back pain as I was worried he might have injured his back. He seems fine and was able to walk and talk, though there were bruises on his legs and right hand. For his wellbeing, I told him to wait for the ambulance to arrive to bring him to hospital for some check up, just in case there maybe some unseen injuries.





3 of 4

Report No. T/20220814/7027

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

CONTINUATION OF REPORT

Accident happened near lamp post 517S12/14, there was no pedestrian crossing. Traffic junction/signal is about 300 metres ahead. The taxi has a video cam.





4 of 4

Report No. T/20220814/7027

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

CONTINUATION OF REPORT

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Informant is not able to provide sketch

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: 14/08/2022 22:09
Officer In Charge Of Case: TP / TPIB / MUHAMMAD ISMAIL BIN AMZAH Contact No : 65476185	Classification Of Case:

NP168