

# 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 ..... 16/08/2022 15:07 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 16/08/2022 01:50 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS BEFORE CTE CITY EXIT ON LANE 4  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA4096Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORT TRANSPORTATION PTE LTD  
Company Reg No ..... 199303821R  
Email Address ..... fleetsafety@cdgtaxi.com.sg  
Mobile Phone No ..... (Phone) +65-82220679  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 - Reporting only  
Vehicle Category ..... Taxi  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... VFX/P2419138

### DRIVER

Name of Driver ..... YAP SOON WEE DICKSON  
NRIC No ..... S6929111B  
Date Of Birth ..... 12/08/1969  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/08/1999
Driving experience .....	23 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82220679
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 51 TAMPINES STREET 86 #05-10
Address complement .....	-
Postcode .....	528539
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### 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

ON 16/08/2022 AT ABOUT 0150HRS I WAS DRIVING VEHICLE A (SHA4096Y) ALONG PIE TOWARDS TUAS BEFORE CTE CITY EXIT ON LANE 4. I NOTICE VEHICLE B (FBP8032Y) WAS SLOWING DOWN. I STARTED TO MAKE A LANE CHANGE TO LANE 3. ALL OF SUDDEN I FELT AN IMPACT. VEHICLE B HAD SIDE SWIPE VEHICLE A FRONT RIGHT PORTION. I CHECKED ON THE RIDER, HE CLAIMS NO INJURIES. NOBODY WAS INJURED OR CONVEYED TO HOSPITAL.

#### 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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBP8032Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	AL AKEEM BIN MOHAMED RAFI
NRIC No .....	T0014630C
Contact Number .....	-
Address .....	BLK 510 ANG MO KIO AVENUE 8 #03-2536
Address complement .....	-
Postcode .....	560510
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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)**

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

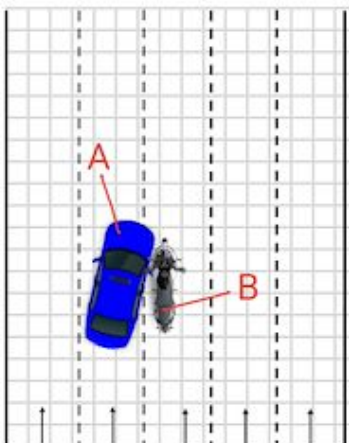
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time **16/08/2022 1240HRS**

Witnessed by Reporting Centre Personnel **FRO NAZREEN**

**Sketch Plan**

	<p>A - SHA4096Y</p> <p>B - FBP8032Y</p> <p>PIE TUAS BEFORE CTE CITY</p>
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## Describe Circumstances of the Accident

ON 16/08/2022 AT ABOUT 0150HRS I WAS DRIVING VEHICLE A (SHA4096Y) ALONG PIE TOWARDS TUAS BEFORE CTE CITY EXIT ON LANE 4. I NOTICE VEHICLE B (FBP8032Y) WAS SLOWING DOWN. I STARTED TO MAKE A LANE CHANGE TO LANE 3. ALL OF SUDDEN I FELT AN IMPACT. VEHICLE B HAD SIDE SWIPE VEHICLE A FRONT RIGHT PORTION. I CHECKED ON THE RIDER, HE CLAIMS NO INJURIES. NOBODY WAS INJURED OR CONVEYED TO HOSPITAL.

## 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 16/08/2022 1240HRS

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel FRO NAZREEN













































Annex D

**NOTICE OF REPORTING**

This is to confirm that Yap Soon Wee, NRIC/FIN S6929111B, has  
 Reported to the Police a non-injury traffic accident which occurred at  
PIE towards Tuas, before CTE exit on 16/08/22 at 1:50 am/pm  
 involving the following vehicles: SHA4096Y & FBP8032Y

On 16/08/22, at about 0150hrs, I was travelling on the extreme left lane along PIE towards Tuas, before CTE exit. At that point of time, there was a motorcycle on my right. As I noticed that the motorcycle was slowing down, I filtered to the right lane. All of a sudden, I felt an impact on the right bonnet area. The motorcycle had side swipe my vehicle. We then alighted from our vehicles to exchange particulars and take photos of the damages before moving off.

I would like to state that I have a passenger at the point of accident. The passenger did not complain of any injuries. There are no traffic police or ambulance at scene. There are no visible injuries on either parties. I have an inbuilt front and rear vehicle camera which should be working when the accident happened. My company is 'ComfortDelgro'.

Particulars of the motorcyclist:  
 Al Akeem Bin Mohamed Rafi  
 T0014630C  
 HP: 87499234

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.


Rank/Name of Issuing Officer: SGT(3) Jonathan Lim

Date: 16/08/2022 Time: 1053hrs

S/D Ref: 24

Police Post/Unit : Tampines NPC

  
**Tampines NPC**  
 No. 6 Tampines Avenue 4  
 Singapore 529682  
 Tel: 1800-5871999

  
S6929111 B



**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: SJ0G228G000M Vehicle Registration No: SHA4086Y  
 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: 16/08/2022 Time of Accident: 01:50  
 Place of Accident: PIE,  
 Insurance Company: AXA Insurance Singapore Pte Ltd

**(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 NOTICE OF REPORTING



\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*Siti*

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 16.08.2022

GIARMC Addendum Form



