SJ0G229J001L / JP Knights Pte Ltd ENTRY DATE & TIME: 19/09/2022 18:02 (SGT) SUBMITTED BY: Weine Chieng VERSION: 1 (19/09/2022 18:02 (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 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 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.

- 4. The issue and acceptance of this is form by instrained 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 19/09/2022 18:02 (SGT) Reported by Date of Accident 17/09/2022 16:00 (SGT) Exact Location of Accident Scotts Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SH7822G

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) +65-97478351 Alternative Phone No (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer

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 **NEO HIO YAN** NRIC No S0091843A Date Of Birth 13/03/1949 Occupation Outdoor

Date Of Driving Pass 20/01/1969 Driving experience 53 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97478351 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 129 LORONG AH SOO #09-346 Address complement Postcode 530129 Is the driver the policyholder? If No, Relationship of the Driver with the Insured RELIEF DRIVER 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 Collision - Change/cross lane Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident

Was anybody injured in the Accident? Yes 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? Nο Translator's name Translator's ID Translator's phone number Translator's email

Original language used in the statement PASSENGER 1

Name ELI Gender Male

**DETAILS OF POLICE ACTION** 

Was the accident reported to the police? Yes Police Station Name Pasir Ris Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005852999 Alt. Police Station Phone No (Fax) +65-65855261 Police Station Address 1 Pasir Ris Drive 4 #01-01 Singapore 519457 Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220918/2016

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	FBR3957B
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 Gender	UNKNOWN Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR3957B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

# 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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 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 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, 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 w ith 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 Gingapore, for one or more of the above Purposes.

FLASH ACCIDENT COME
REPORTING OFFICER
FRO LATIFF

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time 19/09/2022 0945hrs

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

	PLEASE REFER TO POLICE REPORT T/20220918/2016	
L		

# Declaration

I/We declare the foregoing particulars are true in every respect.

FLASH ACCIDENT

Policyholder's Signature / Date & Time

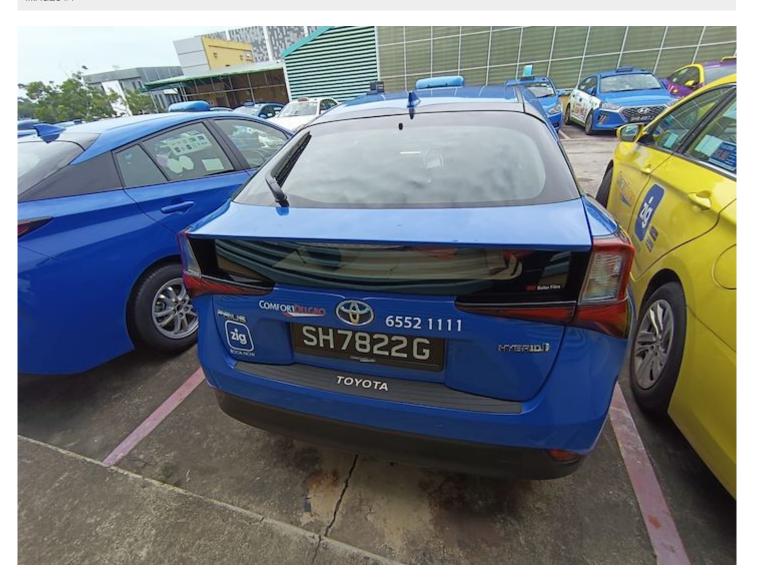
Driver's Signature (If driver is not the policyholder) / Date  $^{\&\, Time} \,\, 19/09/2022 \,\,\, 09045 hrs$ 

Witnessed by Reporting Centre Personnel







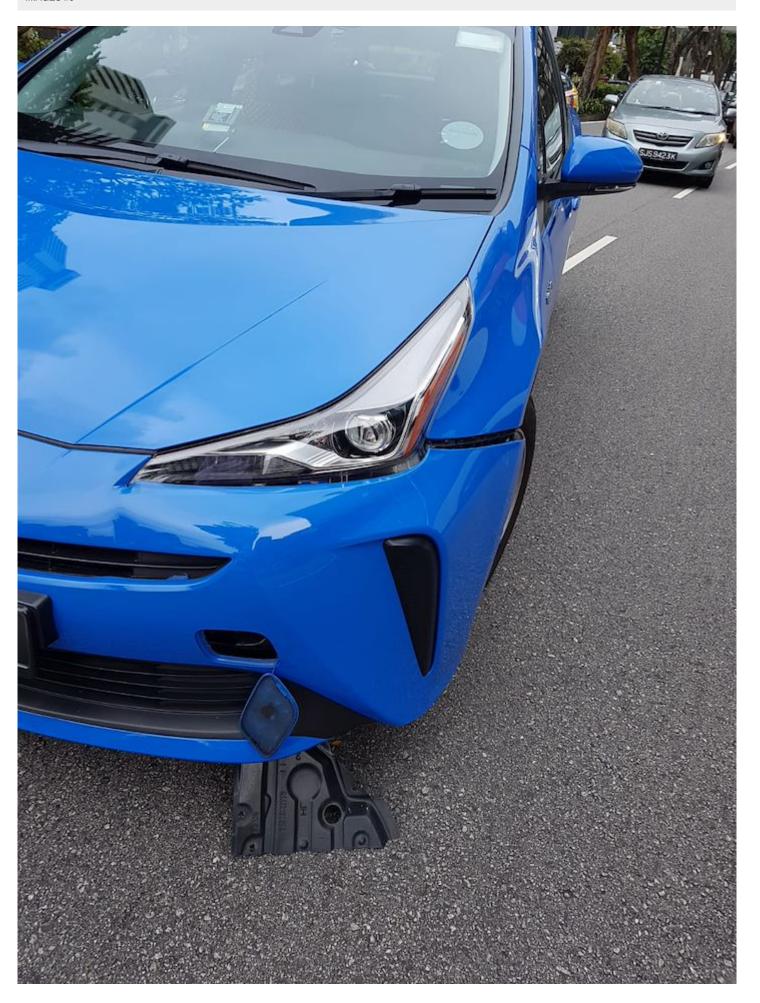




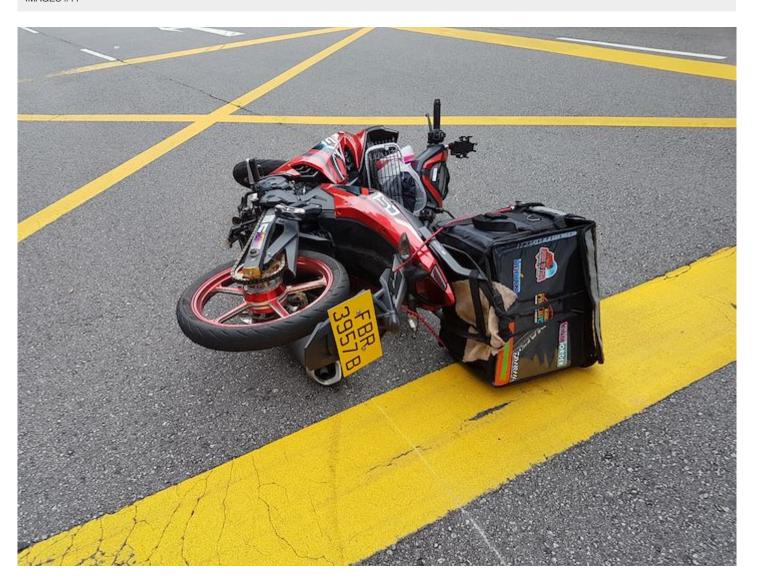




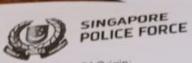








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SCOT	TS ROAD	3				No	_	Accident 17/09/20		0	Type of Location: Straight Road
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Type	of	nation of Injur	the Accider	nt					Date	of Exp	iry:
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	1 1300	r Ris N.P.C	Or Origin:	RCE					1000000	THE	HILL WALL



Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457 Tel No: 1800-5852999 T/2022001872016

CONTINUATION OF REPORT

river	THE VAN	ID INV	91843A
lame	NEO HIO YAN	974	78351
		Couract	
Related Vehicle	NIL	Class of Clas	ss: 3 e of Expiry: NIL
Hospital/Clinic	NIL	Licence & Expiry Date	
		Date Discharge NIL  Degree of Injury NIL	

On the above date, time and location, I was driving on the second lane at Scotts Rd towards Newton Rd. I noticed before Stevens Rd when an accident occur. As I wanted to change to the left lane to Steven Rd. I noticed the road was clear, therefore I proceeded slowly until a motorcyclist sped and appeared from nowhere the road was clear, therefore I proceeded slowly until a motorcyclist sped and suffered injuries. We were and hit my front left of the car. The motorcyclist then fell to the ground and suffered instructed by the attended by both the traffic police as well as the ambulance. I am making the report instructed by traffic police.

POLICE FORCE	T/20220918/2016
Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999	Feport No. T/20220918/20
Sketch Plan	
Informant is not able to provide sketch plan	
,	
IMPORTANT: Please attach a copy of your vehicle	le's Insurance Certificate to this report. If you don't have
IMPORTANT: Please attach a copy of your vehicle the certificate with you now, please fax a copy to the certificate with you now, please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax a copy to the certificate with your new please fax	le's Insurance Certificate to this report. If you don't have 65474885 stating the report number as reference.
the certificate with you now, please fax a copy to	65474885 stating the <u>report number</u> as reference.
Signature of Officer Recording The Report:	le's Insurance Certificate to this report. If you don't have 65474885 stating the report number as reference.  Signature Of Informant:
Signature of Officer Recording The Report:  G /  SR STAFF SGT	Signature Of Informant:
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN	65474885 stating the <u>report number</u> as reference.
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN Signature Of Interpreter:	Signature Of Informant:  Date/Time:
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN	Signature Of Informant:
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN Signature Of Interpreter: Not applicable	Signature Of Informant:  Date/Time: 18/09/2022 07:57
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN Signature Of Interpreter: Not applicable  Officer In Charge Of Case: TP / GIT /	Signature Of Informant:  Date/Time:
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN Signature Of Interpreter: Not applicable  Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYARIFUDDIN	Signature Of Informant:  Date/Time: 18/09/2022 07:57
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN Signature Of Interpreter: Not applicable  Officer In Charge Of Case: TP / GIT /	Signature Of Informant:  Date/Time: 18/09/2022 07:57
Signature of Officer Recording The Report: G / SR STAFF SGT NORSALELAWATI BINTE SHARIFUDIN Signature Of Interpreter: Not applicable  Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN	Signature Of Informant:  Date/Time: 18/09/2022 07:57

