

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 02/12/2021 13:41 (SGT)
Date of Accident 02/12/2021 10:40 (SGT)
Exact Location of Accident Kim Tian Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7261B

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) +65-82828270
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
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number VFX/P2419138
Cover Note Number -

DRIVER

Name of Driver KOK KIM MONG VICTOR(GUO JIANMING VICTOR)
NRIC No S7245960A

Date Of Birth	12/11/1972
Occupation	Outdoor
Date Of Driving Pass	10/05/2001
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82828270
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	668 CHANDER ROAD #07-20
Address complement	-
Postcode	210668
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 02/12/2021 AT ABOUT 1040HRS I WAS DRIVING MY VEHICLE A SHD7261B ON KIM TIAN ROAD TURNING RIGHT INTO HIGHLINE RESIDENCE CONDO. ROAD WAS CLEAR ON THE OPPOSITE DIRECTION WHEN I EXECUTE MY RIGHT TURN. SUDDENLY VEHICLE B UNKNOWN ON THE OPPOSITE DIRECTION CRASH HIS VEHICLE B RIGHT REAR ONTO MY VEHICLE A RIGHT FRONT. RIDER FELL OVER. HIS HANDS AND KNEES HAD ABRASION. I CALLED FOR POLICE AND AMBULANCE. RIDER WAS CONVEYED. NO SCENE PHOTOS OR PARTICULARS EXCHANGED.

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	CHINESE MALE
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHINESE MALE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HAND AND KNEE
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 02/12/2021 AT ABOUT 1040HRS I WAS DRIVING MY VEHICLE A SHD7261B ON KIM TIAN ROAD TURNING RIGHT INTO HIGHLINE RESIDENCE CONDO. ROAD WAS CLEAR ON THE OPPOSITE DIRECTION WHEN I EXECUTE MY RIGHT TURN. SUDDENLY VEHICLE B UNKNOWN ON THE OPPOSITE DIRECTION CRASH HIS VEHICLE B RIGHT REAR ONTO MY VEHICLE A RIGHT FRONT. RIDER FELL OVER. HIS HANDS AND KNEES HAD ABRASION. I CALLED FOR POLICE AND AMBULANCE. RIDER WAS CONVEYED. NO SCENE PHOTOS OR PARTICULARS EXCHANGED.

Declaration

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



Policyholder's Signature / Date & Time

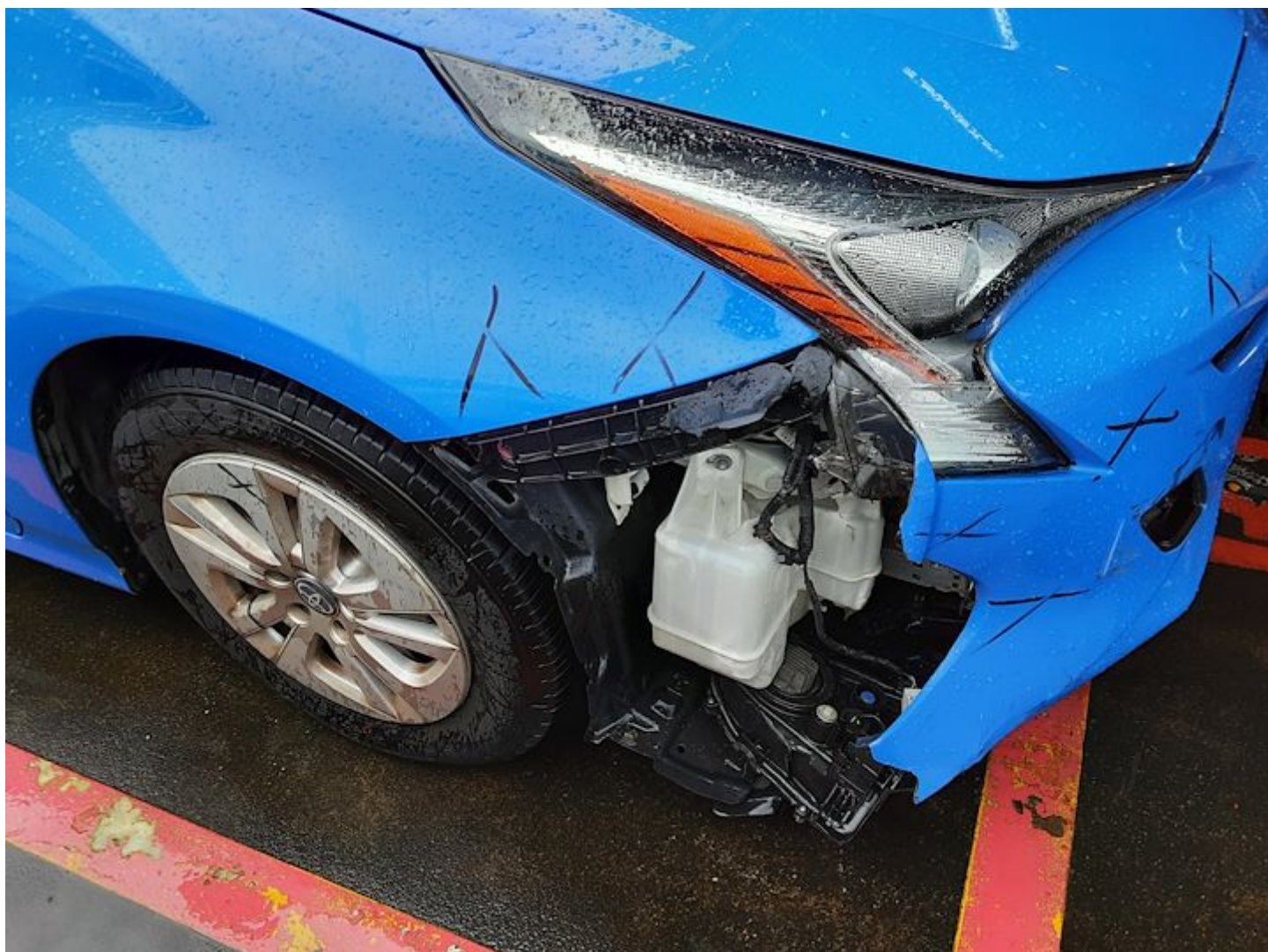
Driver's Signature (If driver is not the policyholder) / Date & Time 02.12.2021 1250HRS



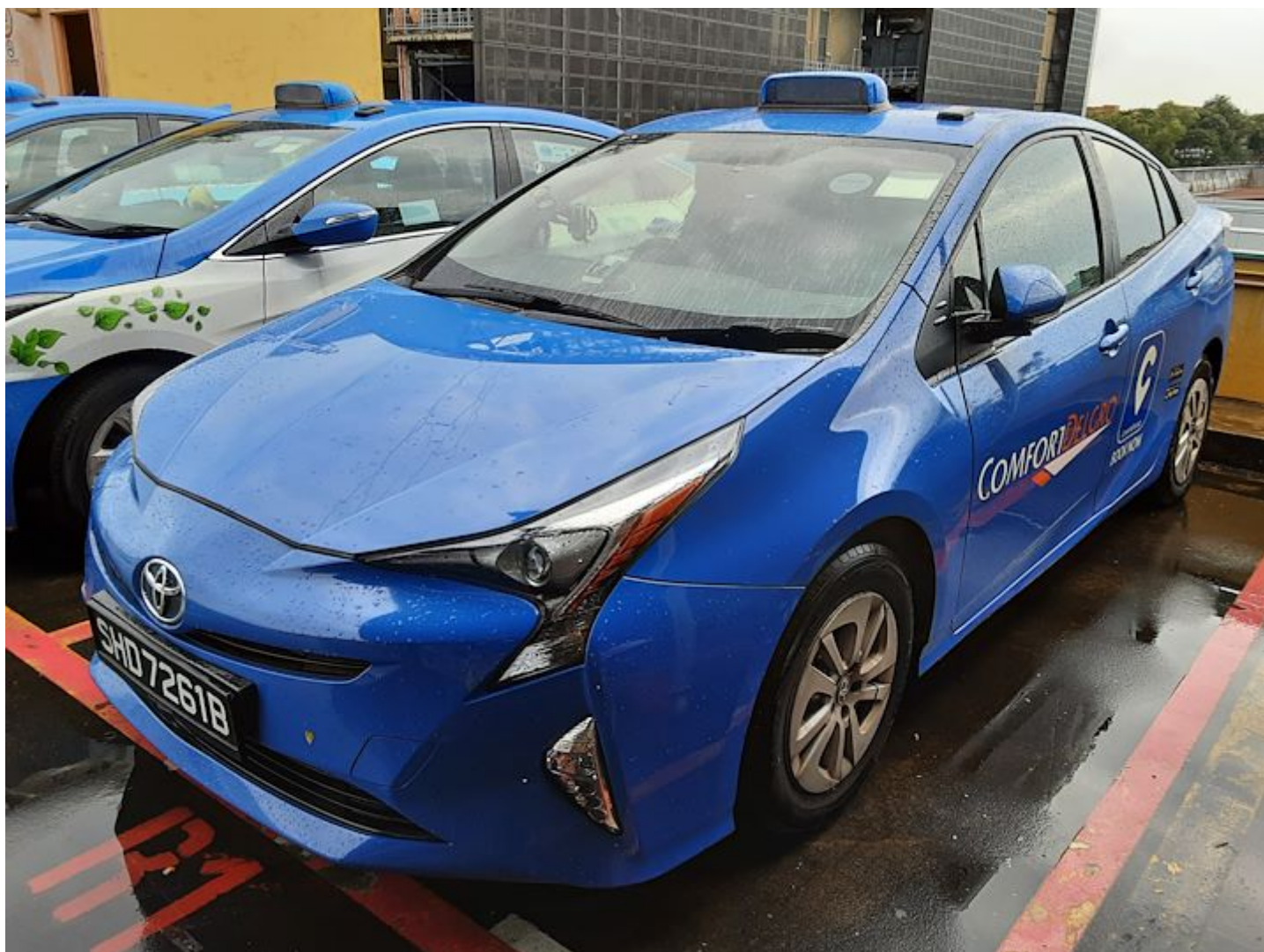
Witnessed by Reporting Centre Personnel Kymie Yong
















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20211202/2080

1 of 3

Report No. T/20211202/2080

RECEIVED
03 DEC 2021

BY:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2021 17:45	Vide Report No.: A/20211202/0039	Station Diary No.: 82
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Informant's Particulars

Name of Informant: KOK KIM MENG VICTOR			Address: APT BLK 668 CHANDER ROAD #07-20 SINGAPORE 210668		
ID Type / ID No.: NRIC NO / S7245960A			Contact No.: Home/Office: Mobile: 82828270		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 12/11/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/12/2021 10:40	Type of Location: Straight Road
Location: KIM TIAN ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD7261B	Car	TOYOTA	Prius	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211202/2080

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20211202/2080

CONTINUATION OF REPORT

Driver			
Name	KOK KIM MENG VICTOR	ID No.	S7245960A
Related Vehicle	NIL	Contact No.	82828270
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/12/2021 at about 1040hrs, I was entering Highline Residences to pick-up one passenger. As I was travelling along Kim Tian Road, and had wanted to turn right into Highline Residence.

Before turning right, I had ensure that there was no incoming vehicle from the opposite direction. Suddenly one unknown black color motorcycle, came from unknown direction and hit onto the front right side of my vehicle.

Thereafter I witnessed the motorcyclist had fell onto his side. I immediately went down from my vehicle to make a check on the said motorcyclist. I observed that he had abrasions on his hands and knees.

I immediately called for police and medical assistance. I had not managed to get any photo from the scene and exchanged the particulars of the motorcyclist as he was later conveyed to the hospital. My in-car camera SD card was also handed over to the attended police.

My vehicle's front right side bumper was dislodged. The motorcycle do not suffer any damages.



**SINGAPORE
POLICE FORCE**



T/20211202/2080

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20211202/2080

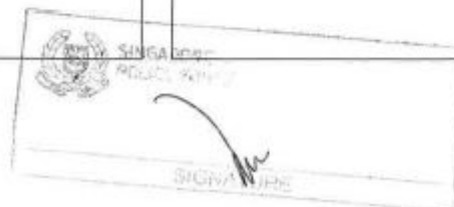
CONTINUATION OF REPORT

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 A / Sr Staff Sgt NURUL ASHIQIN BINTI MOHD SHUKOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/12/2021 17:45
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	





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: SJ0421C2000I Vehicle Registration No: SHD7261B
 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): 65508768 Mobile No.: _____
 Email Address: _____
 Date of Accident: 02/12/2021 Time of Accident: 10:40
 Place of Accident: Kim Tian Rd
 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:

Update Accident timing to 10.40HRS.



Policyholder / Driver's Signature
Date:

KAVIA

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

