

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 03/10/2022 16:32 (SGT)
Reported by Driver
Date of Accident 02/10/2022 19:55 (SGT)
Exact Location of Accident Devonshire Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA4597T

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) +65-88165202
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 - Claiming third party
Vehicle Category Motorcycle
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 MAZLAN BIN SINNNIN @MAZLAN BIN AHMAD
NRIC No SXXXX991H
Date Of Birth 02/11/1966
Occupation Outdoor

Date Of Driving Pass	10/01/1990
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88165202
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 146 SERANGGON NORTH AVENUE 1 #02-399
Address complement	-
Postcode	550146
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 to Rear
Weather Conditions	DRIZZLE
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?	No
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20221003/7053

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	FBP7489U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	KAY
Contact Number	(Phone) +65-86611311
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	MAZLAN BIN SINNIM @MAZLAN BIN AHMAD
Gender	Male
Phone No	(Phone) +65-88165202
Address	BLK 146 SERANGGON NORTH AVENUE 1 #02-399
Address Complement	-
Post Code	550146
Approximate Age Years Old	-
Injuries Sustained	SHOULDER AND BACK
Injured person in which vehicle?	SHA4597T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

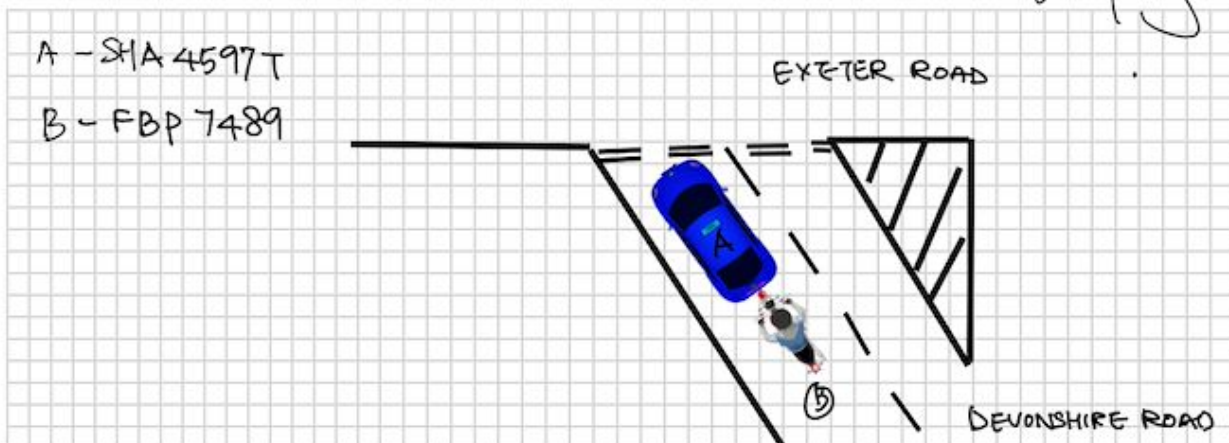
SKETCH PLAN**IMPORTANT NOTICE**

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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

REFER TO POLICE REPORT
T/20221003/7053

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

Witnessed by Reporting Centre
Personnel


03.10.2022 1355HRS


Kym Yung









**SINGAPORE
POLICE FORCE**



T/20221003/7053

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

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Report No. T/20221003/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2022 10:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAZLAN BIN SINNNIN			Address: 146 SERANGOON NORTH AVENUE 1 #02-399 SINGAPORE 550146		
ID Type / ID No.: NRIC NO / S1772991H			Contact No.: Home/Office: Mobile: 88165202		
Nationality: SINGAPORE CITIZEN			Email: MAZDASINNIN@GMAIL.COM		
Sex: Male	Age: 55	Date of Birth: 02/11/1966	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/10/2022 19:55	Type of Location: minor to major rd
Location: devonshire rd				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP 7489 U	Motorcycle	HONDA	cb 150 r	Red	Slightly Damaged	0
SHA4597T	Car	TOYOTA	prius	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20221003/7053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAZLAN BIN SINNIN	ID No.	S1772991H
Related Vehicle	SHA4597T (Car)	Contact No.	88165202
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	03/10/2022	Date	03/10/2022
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details:

I am driving SHA 4597 T along Devonshire Road exiting from a minor road to a major road - Exeter Road. my taxi is in a complete stop to give way to cars along the Exeter Road when i felt a jerk coming from behind my vehicle. I found out that a motorbike FBP 7489 U had hit the rear of my vehicle and damaged my rear bumper.

i was given 4 days of mc dated 3 Oct 2022 to 6 Oct 2022.

i am lodging a report for insurance and claim purposes.

**SINGAPORE
POLICE FORCE**

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



T/20221003/7053

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Report No. T/20221003/7053

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

This report is lodged at Tampines NPC Kiosk 1
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/10/2022 10:59

Classification Of Case:

