

## 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	01/10/2022 18:28 (SGT)
Reported by	Driver
Date of Accident	01/10/2022 07:30 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4777R
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#### 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) +65-90709821
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	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	YEO ENG LING
NRIC No	SXXXX377G
Date Of Birth	28/04/1965
Occupation	Outdoor

Date Of Driving Pass	13/06/1983
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90709821
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 846 WOODLANDS AVENUE 4 #11-614
Address complement	-
Postcode	730846
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 - Cross Junction
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?	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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221001/2063

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB7344J
Vehicle Manufacturer	Honda
Vehicle Model	Jazz
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	HEELEY CATHERINE DOROTHY
NRIC No	SXXXX858E
Contact Number	(Phone) +65-90727860
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	YEO ENG LING
Gender	Male
Phone No	(Phone) +65-90709821
Address	BLK 846 WOODLANDS AVENUE 4 #11-614
Address Complement	-
Post Code	-
Approximate Age Years Old	57
Injuries Sustained	-
Injured person in which vehicle?	SHA4777R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLANIMPORTANT NOTICE

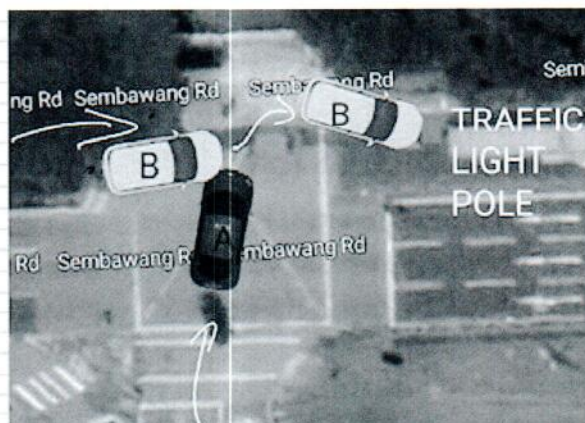
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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' 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 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' 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.

FLASH ACCIDENT  
REPORTING OFFICER

FRO BALAJI

Policyholder's Signature / Date &  
TimeDriver's Signature (If driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
PersonnelSketch PlanA. SHA4777R  
B. SLB7344J

SEMBAWANG ROAD



Describe Circumstances of the Accident

REFER TO THE POLICE REPORT.

**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

1345hrs 01/10/22

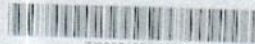
**FLASH ACCIDENT  
REPORTING OFFICER**

FRO BALAJI



Witnessed by Reporting Centre  
Personnel




**SINGAPORE  
POLICE FORCE**


T/20221001/2063

1 of 1

Report No: T/20221001/2063

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2022 18:51	Vide Report No.: L/20221001/0037	Station Diary No.: 82
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**Informant's Particulars**

Name of Informant: YEO ENG LING		Address: APT BLK 846 WOODLANDS AVENUE 4 #11-614 SINGAPORE 730846	
ID Type / ID No.: NRIC NO / S1723377G		Contact No.: Home/Office: Mobile: 90709821	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 28/04/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2022 07:30	Type of Location: T-Junction
Location: SEMPAWANG ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side		Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4777R	Car				Slightly Damaged	0
SLB7344J	Car				Seriously Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/2022/001/2063

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Report No. T/2022/001/2063

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive #3 SINGAPORE 737890  
Tel No: 1800-7679999




**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>		<b>S1723377G</b>	
Name	YEO ENG LING		Contact No.	90709821	
Related Vehicle	SHA4777R (Car)		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Date Treatment	01/10/2022	
			Date Discharge	01/10/2022	
	No. of Days granted Medical Leave 05		Degree of Injury	Slight	
<b>Driver</b>		<b>ID No.</b>		<b>S2766858E</b>	
Name	HEELEY CATHERINE DOROTHY		Contact No.	90727660	
Related Vehicle	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL		Date Treatment	NIL	
			Date Discharge	NIL	
	No. of Days granted Medical Leave NIL		Degree of Injury	NIL	

**Brief Details.**

On 01/10/2022 at about 0730hrs, I was driving my taxi SHA4777R along Sembawang Road heading towards the direction of Upper Thompson Road. At the traffic light junction of Sembawang Country Club and Sembawang Road, the light indicated green for my taxi to turn right, thus I drove off and turn right. Out of a sudden, there was another car SLB7344J coming from the left collided onto the front left side of my taxi. The taxi then collided onto a traffic light pole.

Both of us then got out of our cars to make a check. I discovered that the other driver had beaten the red light. We then exchanged particulars. Subsequently, Traffic Police and SCDF came to attend to us. Due to the accident, my taxi sustained damages on the front left side of the taxi and the front number plate also dropped off. I have an in-car camera and the footage was handed over to the Traffic Police at scene. At that point of time, I did not feel any pain. However after a few hours, I felt pain on my left side of my neck, left shoulder, left arm, left buttock, and left knee. I went to see a doctor at a clinic and was given 5 days MC.

 <b>SINGAPORE POLICE FORCE</b>	 T/20221001/2063
Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999	3 of 3 Report No: T/20221001/2063
CONTINUATION OF REPORT	
<b>Sketch Plan</b> 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 <u>report number</u> as reference.	
Signature of Officer Recording The Report: L / STAFF SGT KHAIRUL ARIFIN BIN KAMAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2022 16:51
Officer In Charge Of Case: TP / GIT / SR STAFF SGT ABDUL RAHIM BIN SALIM Contact No.: 65476433	Classification Of Case:
NP168	