

# 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	12/10/2022 09:06 (SGT)
Reported by	Driver
Date of Accident	10/10/2022 15:15 (SGT)
Exact Location of Accident	11 Leedon Heights, Singapore 267955
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3372X
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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) +65-96445611
Alternative Phone No	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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	1685

### INSURANCE COMPANY

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

### DRIVER

Name of Driver	TAN BENG GUAN (CHEN MINGYUAN)
NRIC No	SXXXX407G
Date Of Birth	20/04/1975
Occupation	Outdoor

Date Of Driving Pass	27/02/2003
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96445611
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 268B BOON LAY DRIVE #04-588
Address complement	-
Postcode	6442268
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	Collision - Major/Minor Rd
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)	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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NUMBER E/20221011/2023

#### 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	SLM5810K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAAFAR B MAJORI
NRIC No	SXXXX164F
Contact Number	(Phone) +65-96715513
Address	247 SIMEI S STREET 5 #01-31
Address complement	520247
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

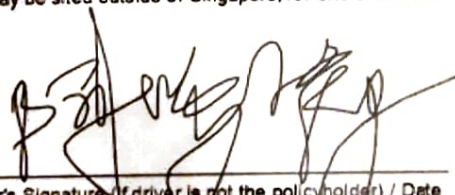


**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.



**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO SUFIYAN

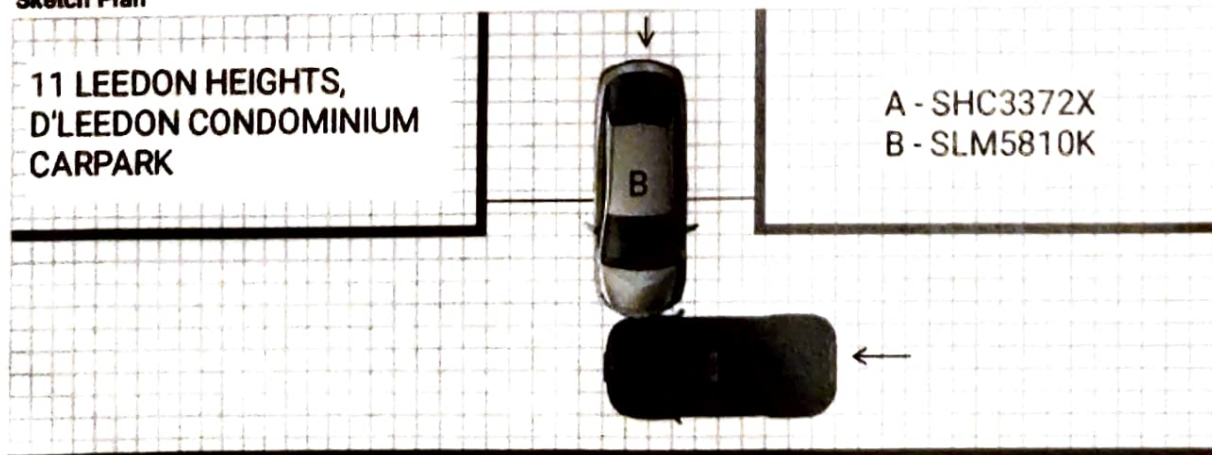


Policyholder's Signature / Date & Time

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

11/10/2022 1640HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

REFER TO POLICE REPORT NUMBER E/20221011/2023

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

11/10/2022 1640HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO SUFIYAN



Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



E/20221011/2023

1 of 2

Report No. E/20221011/2023

**POLICE REPORT (NP299)**

Police Station Of Origin  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Date/Time Report Made 11/10/2022 12:10	Vide Report No.	Station Diary No. 60		
Name Of Informant TAN BENG GUAN	Address APT BLK 268B BOON LAY DRIVE #04-568 SINGAPORE 642268			
ID Type / ID No. NRIC NO / S7518407G	Contact No. Home/Office	Mobile 96445611		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Taxi driver	Sex Male	Age 47	Date of Birth 20/04/1975	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 10/10/2022 15:15	Location Of Incident 11 LEEDON HEIGHTS D'LEEDON SINGAPORE 267955			

**Brief details.**

On 10/10/2022 at about 1515hrs, I was driving my taxi(SHC3372X) at the carpark near to 11 and 13 D'Leedon. As I was going straight near the slope, another vehicle(SLM5810K) was coming down the slope and collided into my vehicle body on the right side. I would like to state that the vehicle failed to stop at the stop line and I had the right of way. After the accident, I sought medical treatment at Mount Alvernia Hospital for whiplash, chest pains, back pains, and pain in my right arm. I was given 5days of MC. I would also like to state that I have a footage of the accident.

Signature Of Officer Recording The Report:  
E / SGT 3 TOH LENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/10/2022 12:10

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
INSP (2) JAGATHEESWARI D/O GUNASEKARAN  
Contact No.: 63914735

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



E/20221011/2023

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. E/20221011/2023**

I am lodging this report for insurance claim.

The other driver's particulars is:

Jaafar B Majori

S0072164F

Blk 247 Simei Street 5 #01-31

HP: 96715513

Signature Of Officer Recording The Report:  
E / SGT 3 TOH LENG

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
INSP (2) JAGATHEESWARI D/O GUNASEKARAN  
Contact No.: 63914735

Signature Of Informant:

Date/Time:  
11/10/2022 12:10

Classification Of Case: