

# 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 17:34 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 12/10/2022 12:00 (SGT)  
Exact Location of Accident ..... Kg Java Rd, Singapore  
Additional Location Information ..... FLYOVER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH7921D

### 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) +65-90619475  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Ae ioniq  
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 ..... 1580

### INSURANCE COMPANY

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

### DRIVER

Name of Driver ..... LIM GUAN HIANG ERIC  
NRIC No ..... SXXXX397Z  
Date Of Birth ..... 21/01/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/10/1982
Driving experience .....	40 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-90619475
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 225 COMPASSVALE WALK #02-325
Address complement .....	-
Postcode .....	542225
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 .....	Collided into Motorcyclist
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 12/10/22 AT AROUND 1200HRS I WAS DRIVING VEHICLE A (SH7921D) AT KAMPONG JAVA FLYOVER. AS I WAS AT THE FAR LEFT LANE MOVING SLOWLY TO MERGE INTO THE LEFT LANE. SUDDENLY I FELT AN IMPACT FROM BEHIND AND SAW THAT VEHICLE B (FBK4321R) AND COLIDED AGAINST MY REAR. VEHICLE B RIDER WAS LIMPING AND WAS CONVEYED TO THE HOSPITAL. I EXCHANGED PARTICULARS FIRST AND I WASNT INJURED

AS PER POLICE REPORT No.T/20221014/2000

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
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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 ..... FBK4321R  
Vehicle Manufacturer ..... Yamaha  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Motorcycle  
Name of Driver ..... ABDILLAH UMAR BIN AIN  
NRIC No ..... TXXXX811J  
Contact Number ..... (Phone) +65-9661632  
Address ..... BLK 188 PASIR RIS STREET 12 #07-46  
Address complement ..... -  
Postcode ..... 510188  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

##### PASSENGER 1

Name ..... FARILAH  
Gender ..... Female

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LIM GUAN HIANG ERIC  
Gender ..... Male  
Phone No ..... (Phone) +65-90619475  
Address ..... BLK 225 COMPASSVALE WALK #02-325  
Address Complement ..... -  
Post Code ..... 542225  
Approximate Age Years Old ..... 63  
Injuries Sustained ..... PAIN ON NECK, BACK AND SHOULDERS.  
3DAYS MC  
Injured person in which vehicle? ..... SH7921D  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... ABDILLAH UMAR BIN AIN  
Gender ..... Male  
Phone No ..... (Phone) +65-9661632  
Address ..... BLK 188 PASIR RIS STREET 12 #07-46  
Address Complement ..... -  
Post Code ..... 510188  
Approximate Age Years Old ..... 22  
Injuries Sustained ..... LEG LIMPING  
Injured person in which vehicle? ..... FBK4321R  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

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

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5. Any false reporting may be referred to the Police for investigation.
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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.


**FLASH ACCIDENT  
REPORTING OFFICER**

FRO ZIKRUL



Policyholder's Signature / Date &amp; Time

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

12/10/22 1415HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

ON 12/10/22 AT AROUND 1200HRS I WAS DRIVING VEHICLE A (SH7921D) AT KAMPONG JAVA FLYOVER. AS I WAS AT THE FAR LEFT LANE MOVING SLOWLY TO MERGE INTO THE LEFT LANE. SUDDENLY I FELT AN IMPACT FROM BEHIND AND SAW THAT VEHICLE B (FBK4321R) AND COLIDED AGAINST MY REAR. VEHICLE B RIDER WAS LIMPING AND WAS CONVEYED TO THE HOSPITAL. I EXCHANGED PARTICULARS FIRST AND I WASNT INJURED

## 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 12/10/22 1415HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO ZIKRUL



Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20221014/2000

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4

Report No. T/20221014/2000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2022 00:25		Vide Report No.: T/20221012/2072		Station Diary No.: 8
<b>Informant's Particulars</b>				
Name of Informant: LIM GUAN HIANG ERIC		Address: APT BLK 225B COMPASSVALE WALK #02-325 SINGAPORE 542225		
ID Type / ID No.: NRIC NO / S1351397Z		Contact No.: Home/Office: Mobile: 90619475		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 21/01/1959	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2022 12:00	Type of Location: Flyover
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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	Condition	No of Passenger
FBK4321R	Motorcycle				Seriously Damaged	1
SH7921D	Car				Seriously Damaged	1

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20221014/2000

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20221014/2000

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	ABDILLAH UMAR BIN AIN	ID No.	T0005811J
Related Vehicle	FBK4321R (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pillion</b>			
Name	FARILAH	ID No.	NIL
Related Vehicle	FBK4321R (Motorcycle)	Contact No.	96616432
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LIM GUAN HIANG ERIC	ID No.	S1351397Z
Related Vehicle	SH7921D (Car)	Contact No.	90619475
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/10/2022	Date Discharge	13/10/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 12/10/2022 at about 1200hrs, I was driving my taxi bearing vehicle plate number SH7921D along Kampong Java flyover. I was driving on the far left lane moving slowly to merge into the left lane and out of nowhere, I felt an impact from behind. I saw a motorcycle bearing FBK4321R collided onto the rear of my vehicle and the motorcycle on the ground.

Thereafter, the rider was limping and there was a pillion with him and the pillion was not injured from the accident. I wish to state that my passenger was also not injured from the accident. I exchanged particulars with the rider and also the pillion.

There was no government property damage from the accident. Traffic police came down to the scene and gave me a report number F/20221012/0076. There is an in-car camera installed inside my vehicle and the



**SINGAPORE  
POLICE FORCE**



T/20221014/2000

Police Station Of Origin:  
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545025  
Tel No: 1800-343 8999

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Report No. T/20221014/2000

**CONTINUATION OF REPORT**

SD card have been taken by traffic police.

On 13/10/2022 at 1030hrs, I went to 'Our Family Physician Clinic and Surgery' clinic at 829 Tampines St 81 #01-292 and was given 3 days MC as I felt pain on my neck, back and shoulders. As such, I am lodging another report on top of T/20221012/2072 to indicate of the MC.





**SINGAPORE  
POLICE FORCE**



T/20221014/2000

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Police Station Of Origin:  
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2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20221014/2000

**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:

F /

STAFF SGT MUHAMMAD  
SYAHIRAN BIN BADARRUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/10/2022 00:25

Officer In Charge Of Case:

TP / GIT /  
SR STAFF SGT JOFILIANO BIN MOHAMED  
ALI  
Contact No.: 65476960

Classification Of Case:

NP168