

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 26/09/2022 18:44 (SGT)
Reported by Driver
Date of Accident 25/09/2022 19:20 (SGT)
Exact Location of Accident Yishun Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8318P

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) +65-96787122
Alternative Phone No (Office) +65-87256880

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 - Reporting only
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 LIM CHEW PING
NRIC No S1342688J
Date Of Birth 03/03/1959
Occupation Outdoor

Date Of Driving Pass	13/08/1977
Driving experience	45 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96787122
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 664A JURONG WEST STREET 64 #10-244
Address complement	-
Postcode	641664
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	Male

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/20220925/7034

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	FBQ1462E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTORCYLIST
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	49
Injuries Sustained	LEFT ARM
Injured person in which vehicle?	FBQ1462E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220925/7034

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

Daniel

26.09.2022

[Signature]

[Signature]



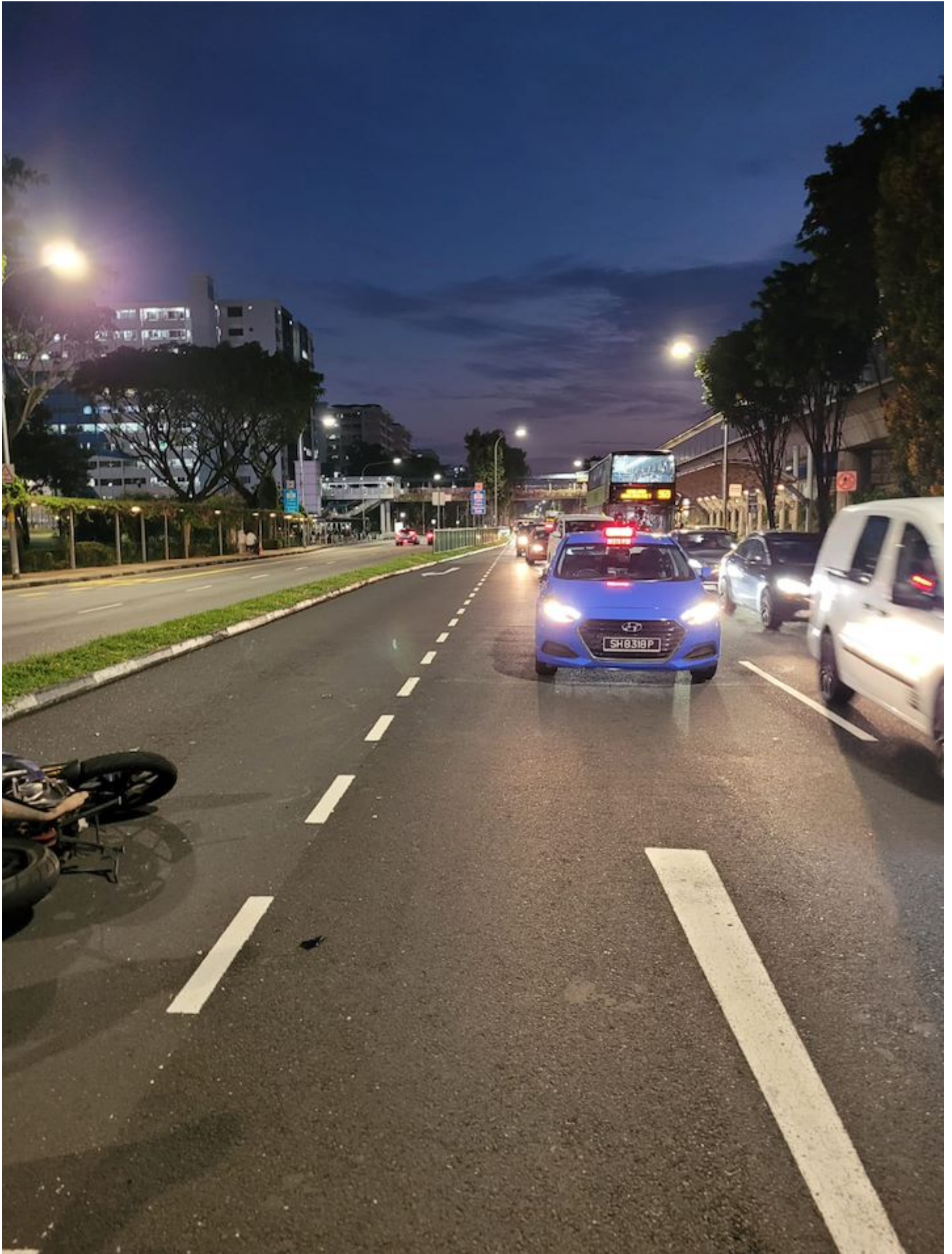


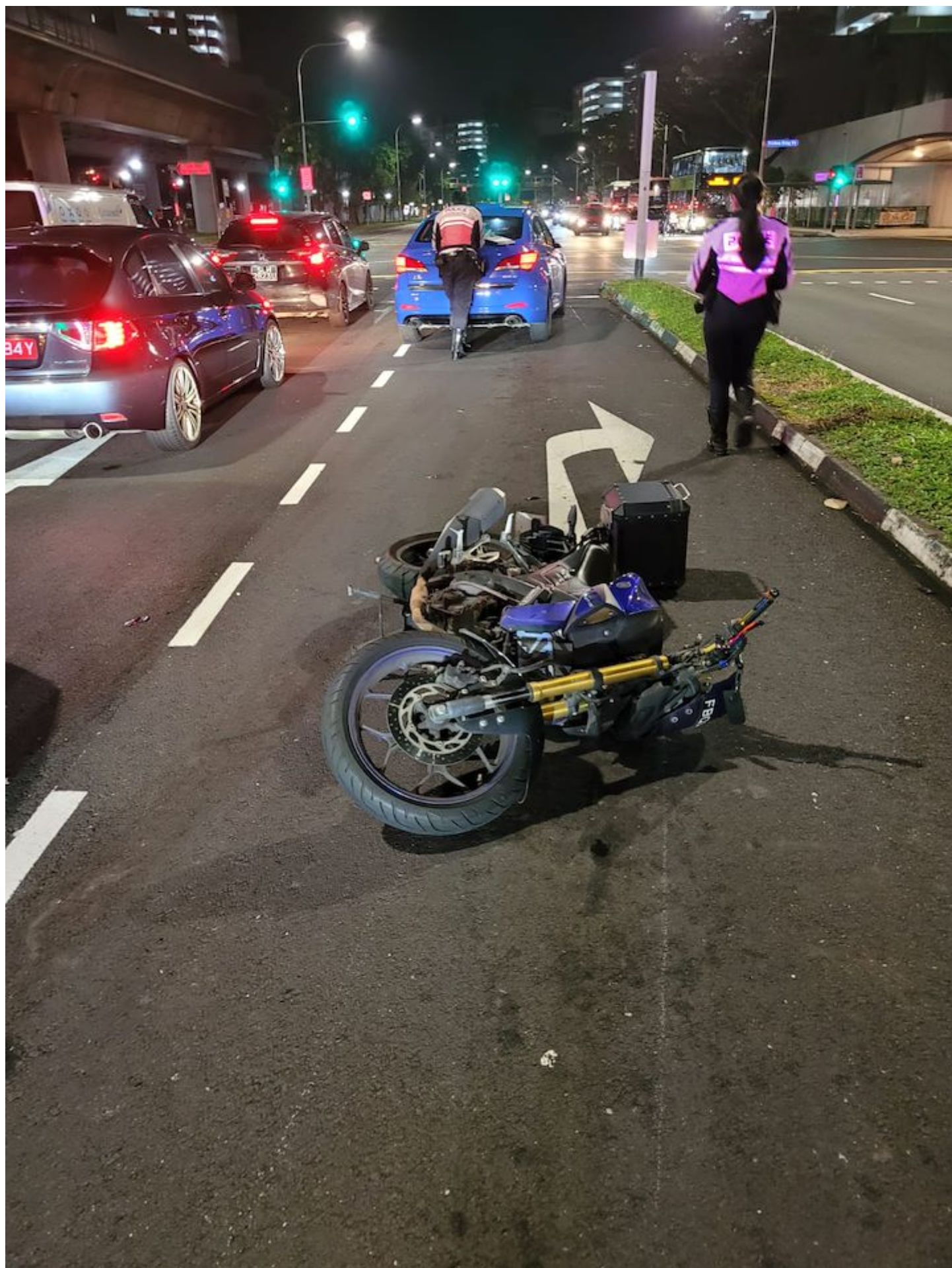













**SINGAPORE
POLICE FORCE**


T/20220925/7034

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

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Report No. T/20220925/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2022 20:33		Vide Report No.: L/20220925/0156		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM CHEW PING			Address: 664A JURONG WEST STREET 64 #10-244 SINGAPORE 641664		
ID Type / ID No.: NRIC NO / S1342688J			Contact No.: Home/Office: Mobile: 96787122		
Nationality: SINGAPORE CITIZEN			Email: LIMCP59@YAHOO.COM		
Sex: Male	Age: 63	Date of Birth: 03/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/09/2022 19:20	Type of Location: X-Junction
Location: Yishun Ave 2				
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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBD1462E	Motorcycle				Slightly Damaged	0
SH8318P	Car		Hyundai i40		Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



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

Report No. T/20220925/7034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SH8318P (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM CHEW PING	ID No.	S1342688J
Related Vehicle	SH8318P (Car)	Contact No.	96787122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 25/09/2022 at about 1920hrs, I was stopped at a X-junction of yishun ring road towards to sewbawang. When it was green light i signal before moving off from the second lane towards the third lane, suddenly a motorcycle was riding very fast hit my right side of the vehicle. Causing the rider to fall off his motorcycle. I went down to check on him and he requested me to call for ambulance. Shortly after both traffic police and ambulance came to attend the accident, my SD card was taken by the traffic police and advise to lodge a report.



**SINGAPORE
POLICE FORCE**

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



T/20220925/7034

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Report No. T/20220925/7034

CONTINUATION OF REPORT

Sketch 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 /
THABAGESH JEYATHESH
Contact No.: 65476178

This report is lodged at Yishun North 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:
25/09/2022 20:33

Classification Of Case: