

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	25/10/2022 10:15 (SGT)
Reported by	Driver
Date of Accident	23/10/2022 05:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	EXIT TOWARDS LOYANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8600E
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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) +65-91836573
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	TAN PENG LEE
NRIC No	SXXXX612D
Date Of Birth	08/02/1958
Occupation	Outdoor

Date Of Driving Pass	13/08/1983
Driving experience	39 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91836573
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 84 BEDOK NORTH STREET 4 #03-43
Address complement	-
Postcode	460084
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	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	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

ON 23/10/2022 AT ABOUT 0550HRS, VEHICLE A WAS STATIONARY ALONG THE EXIT TO LOYANG. WHILE VEHICLE A WAS STATIONARY ON THE LEFT LANE AT THE TRAFFIC LIGHT WAITING FOR THE GREEN LIGHT TO TURN RIGHT INTO LOYANG AVENUE. MOMENTS LATER, VEHICLE A FELT A STRONG IMPACT FROM THE REAR AND REALISED VEHICLE B HAD REAR ENDED VEHICLE A. VEHICLE A SUSTAINED SLIGHT INJURIES. NO ONE ELSE WAS INJURED.

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT2567H
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Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90266186
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	TAN PENG LEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	WRIST AND BODY PAIN
Injured person in which vehicle?	SHC8600E
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.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF

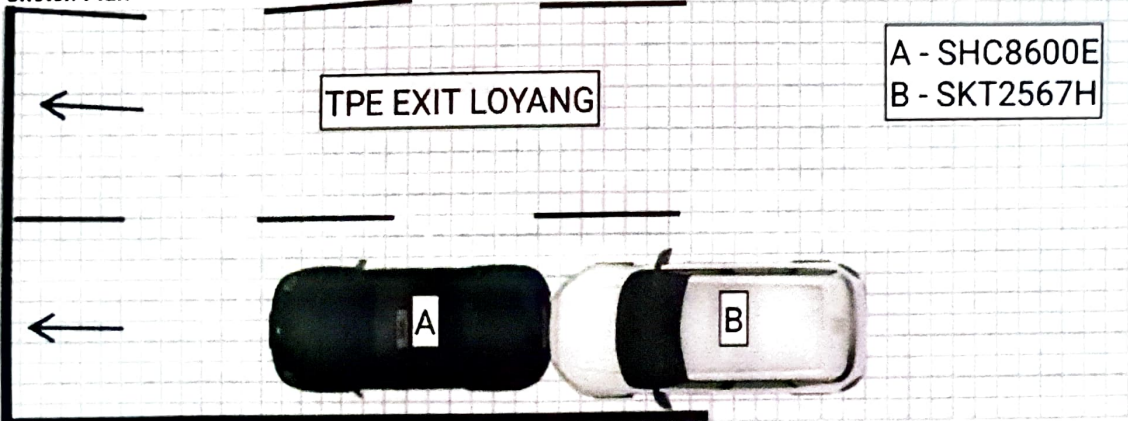


Policyholder's Signature / Date & Time

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

23/10/2022 0735hrs

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 23/10/2022 AT ABOUT 0550HRS, VEHICLE A WAS STATIONARY ALONG TPE EXIT TO LOYANG. WHILE VEHICLE A WAS STATIONARY ON THE LEFT LANE AT THE TRAFFIC LIGHT WAITING FOR THE GREEN LIGHT TO TURN RIGHT INTO LOYANG AVENUE. MOMENTS LATER, VEHICLE A FELT A STRONG IMPACT FROM THE REAR AND REALISED VEHICLE B HAD REAR ENDED VEHICLE A. VEHICLE A SUSTAINED SLIGHT INJURIES. NO ONE ELSE WAS INJURED.

Declaration

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 23/10/2022 0735hrs

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20221023/7024

1 of 3

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

Report No. T/20221023/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2022 17:24		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN PENG LEE			Address: 84 BEDOK NORTH STREET 4 #03-43 SINGAPORE 460084		
ID Type / ID No.: NRIC NO / S1317612D			Contact No.: Home/Office: Mobile: 91836573		
Nationality: SINGAPORE CITIZEN			Email: DERRICK12341@YAHOO.COM.SG		
Sex: Male	Age: 64	Date of Birth: 08/02/1958	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/10/2022 05:50	Type of Location:
Location: TPE exit 2				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC8600E	Car					0

Details of Person Involved

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



Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20221023/7024

CONTINUATION OF REPORT

Driver			
Name	TAN PENG LEE		ID No. S1317612D
Related Vehicle	SHC8600E (Car)		Contact No. 91836573
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		04	Degree of Serious

Brief Details.

On the stated date and time I vehicle SHC8600E was stationary on the slip road after exiting TPE towards loyang ave.

I was before the traffic lights waiting for the lights to turn green.

Suddenly vehicle SKT2567H came from behind and hit onto my vehicle's rear portion.

The impact was great and causes my left wrist to slip and hit onto the steering.

After awhile I start to feel pain on my neck, shoulders and lower back areas.

I later then proceeded to Neptune Healthcare Medical and Surgery to seek treatment and I was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20221023/7024

3 of 3

Report No. T/20221023/7024

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

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

Date/Time:
23/10/2022 17:24

Classification Of Case: