

# 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	22/10/2022 09:24 (SGT)
Reported by	Driver
Date of Accident	20/10/2022 17:25 (SGT)
Exact Location of Accident	Stamford Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9767U
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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) +65-90264683
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	TAN AH HAK
NRIC No	SXXXX792G
Date Of Birth	09/12/1957
Occupation	Outdoor

Date Of Driving Pass	11/01/1980
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90264683
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 217 LOR 8 TOA PAYOH #09-611
Address complement	-
Postcode	310217
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	Side Swipe
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	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20221020/2093

#### 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	PC6808S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	RAHMAN
Contact Number	-
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 AH HAK
Gender	Male
Phone No	(Phone) +65-90264683
Address	BLK 217 LOR 8 TOA PAYOH #09-611
Address Complement	-
Post Code	310217
Approximate Age Years Old	64
Injuries Sustained	NECK, SHOULDER, LOWER BACK
Injured person in which vehicle?	SH9767U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

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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. 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 ZIKRUL



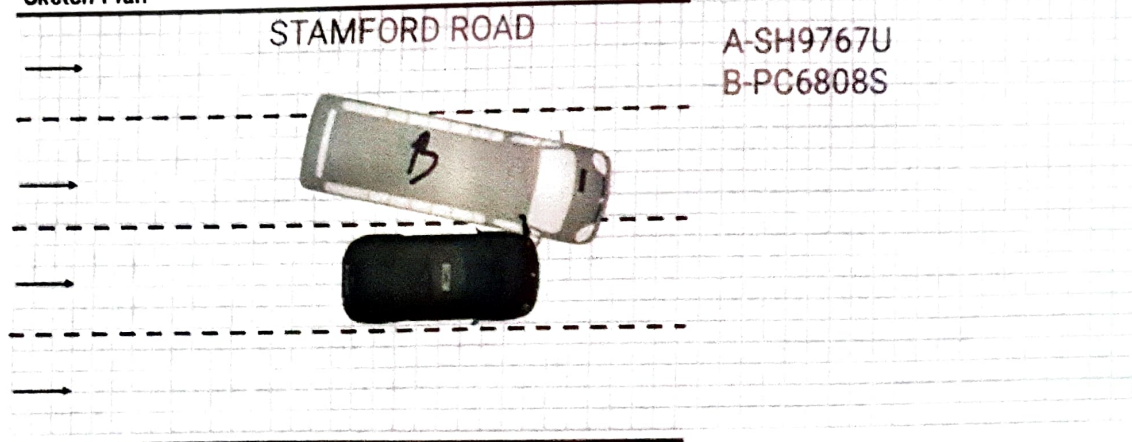
Policyholder's Signature / Date & Time

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

21/10/22 1700HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20221020/2093

Declaration

I/We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT  
REPORTING OFFICER

FRO ZIKRUL



Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 21/10/22 1700HRS

Witnessed by Reporting Centre  
Personnel



# SINGAPORE POLICE FORCE



T/20221020/2093

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20221020/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/10/2022 21:03		Vide Report No.:		Station Diary No.: 25	
<b>Informant's Particulars</b>					
Name of Informant: TAN AH HAK		Address: APT BLK 217 LORONG 8 TOA PAYOH #09-611 SINGAPORE 310217			
ID Type / ID No.: NRIC NO / S1335792G		Contact No.: Home/Office: Mobile: 90264683			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 64	Date of Birth: 09/12/1957	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:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2022 17:25	Type of Location: Straight Road
Location:  STAMFORD ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
PC6808S	Bus/Coach/Minibus	YUTONG		White	Slightly Damaged	10
SH9767U	Car	TOYOTA	PRIUS	Blue	Seriously Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20221020/2093

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Police Station Of Origin:  
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520461  
Tel No: 1800-7818999

Report No. T/20221020/2093

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	ABDUL RAHMAN BIN OLI MOHAMAD		ID No.	S6805704C
Related Vehicle	PC6808S (Bus/Coach/Minibus)		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>Driver</b>				
Name	TAN AH HAK		ID No.	S1335792G
Related Vehicle	SH9767U (Car)		Contact No.	90264683
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	20/10/2022		Date Discharge	20/10/2022
No. of Days granted Medical Leave	05		Degree of Injury	Slight

**Brief Details.**

On 20/10/2022 at about 1725hrs i was driving my company taxi reg. no SH9767U along Stamford Road towards Fort Canning on lane 2 of a 5 lane road. As I was slowing down due to the red traffic light, a bus towards PC6808S from lane 3 tried to quickly switch into my lane and hit me on my vehicle left portion. My company taxi sustained damages to the front left side mirror, dented tire rim and dent on the left side car body. As there was no injuries to all parties, no ambulance was called in. We exchanged particulars and left the scene.

On the same day, at about 1930hrs I went to Sunshine Clinic Family Practice & Surgery to seek medical attention and was given 5 days of outpatient leave. My vehicle is equipped with front and rear cameras.



**SINGAPORE  
POLICE FORCE**



T/20221020/2093

Police Station Of Origin:  
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461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20221020/2093

**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:

G /  
SR STAFF SGT TAN HOCK  
CHYE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/10/2022 21:03

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168