

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 24/09/2022 16:54 (SGT)
Reported by Driver
Date of Accident 23/09/2022 15:45 (SGT)
Exact Location of Accident Yishun Ave 9, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA7053B

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) +65-92999865
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 - Reporting only
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 KOH KWEE CHA
NRIC No S1171808F
Date Of Birth 24/05/1958
Occupation Outdoor

Date Of Driving Pass	23/09/1977
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-92999865
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 229 BISHAN STREET 23 307-45
Address complement	-
Postcode	570229
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)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20220923/2117

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN6625K
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	BIKER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	NOT SURE
Injured person in which vehicle?	FBN6625K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

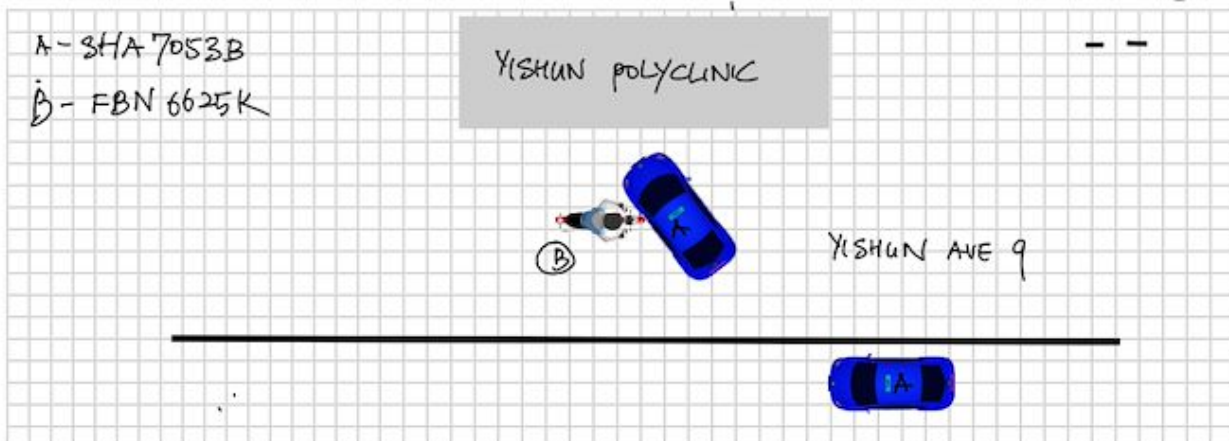
SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220923/2117

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

[Handwritten Signature]

24.09.2022

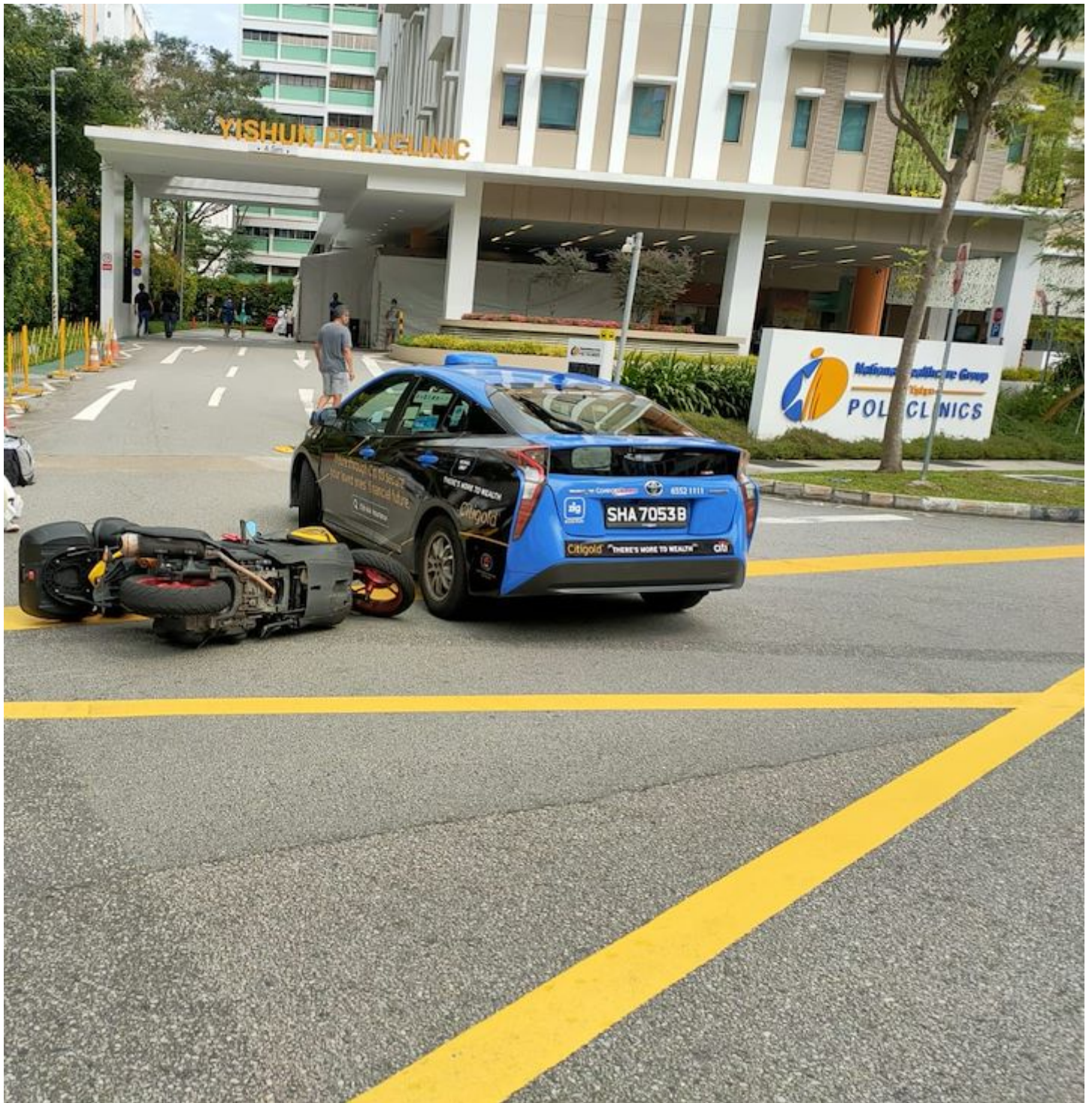
[Handwritten Signature]

[Handwritten Signature]











**SINGAPORE
POLICE FORCE**



T/20220923/2117

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20220923/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2022 20:51	Vide Report No.: L/20220923/0107	Station Diary No.: 109
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Informant's Particulars

Name of Informant: KOH KWEE CHA			Address: APT BLK 229 BISHAN STREET 23 #07-45 SINGAPORE 570229	
ID Type / ID No.: NRIC NO / S1171808F			Contact No.: Home/Office:	Mobile: 92999865
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 24/05/1956	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

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/09/2022 15:45	Type of Location: T-Junction
Location: YISHUN AVENUE 9				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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	Condition	No of Passenger
FBN6625K	Motorcycle				Slightly Damaged	0
SHA7053B	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	Slightly Damaged	2

Details of Person Involved

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



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Report No. T/20220923/2117

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBN6625K (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
Driver			
Name	KOH KWEE CHA		ID No. S1171808F
Related Vehicle	SHA7053B (Car)		Contact No. 92999865
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 23/09/2022 at about 1545hrs, I was driving my vehicle(SHA7053B) along Yishun Avenue 9. I thus stopped before a right turn with a yellow box on the rightmost lane, and made a check for any oncoming traffic as I had intended to make a right turn. As I saw that the oncoming traffic was clear, I thus initiated my right turn. Halfway past the yellow box, I suddenly felt an impact come from the left side of my vehicle, and immediately stopped to make a check. I thus discovered that another motorcycle(FBN6625K) had been riding along the oncoming lane and collided into my vehicle front-left passenger door. Staff from the nearby clinic soon came to our aid, tended to the motorcyclist before an ambulance came to convey him to hospital. I am thus lodging this report for police and insurance follow up purposes. To my knowledge, neither my passengers or I are injured due to the accident.

I wish to state that traffic police did attend to the incident at my information, and they have taken my SD card from my vehicle in-car camera system.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20220923/2117

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Report No. T/20220923/2117

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:

E /

SGT 2 LEE QI, THEODORE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/09/2022 20:51

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMED FEROZ BIN HUSSIEEN

Contact No.: 65476206

Classification Of Case:

NP168

