

# 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 ..... 18/10/2022 11:07 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 17/10/2022 22:10 (SGT)  
Exact Location of Accident ..... Bayfront Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH7557Y

### 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) +65-89106202  
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 - Reporting only  
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 ..... YEO KEONG GEE  
NRIC No ..... S7048202I  
Date Of Birth ..... 02/05/1970  
Occupation ..... Outdoor

|  |                                   |
|--|-----------------------------------|
| Date Of Driving Pass .....   | 27/06/1996                        |
| Driving experience .....   | 26 YEARS AND 4 MONTHS             |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-89106202              |
| Alt. Phone Number .....  | -                                 |
| Email Address .....  | fleetsafety@cdgtaxi.com.sg        |
| Address .....  | BLK 542 HOUGANG AVENUE 8 #03-1283 |
| Address complement .....   | -                                 |
| Postcode .....   | 530542                            |
| 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 .....                       | 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

PLEASE REFER TO POLICE REPORT NO. T/20221018/2005

#### 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 ..... | FBT9568R |
| Vehicle Manufacturer .....        | Yamaha   |
| 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 .....                        | -          |
| Details of property damaged in accident ..... | -          |
| No. Of Passenger (Including Driver) .....     | 2          |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                             |
|---|-----------------------------|
| Name of injured person .....                              | UNKNOWN                     |
| Gender .....  | Male                        |
| Phone No .....  | -                           |
| Address .....   | -                           |
| Address Complement .....                                  | -                           |
| Post Code .....   | -                           |
| Approximate Age Years Old .....                           | -                           |
| Injuries Sustained .....                                  | RIGHT ARM AND LEG ABBRASION |
| Injured person in which vehicle? .....                    | FBT9568R                    |
| Were seat belts worn? .....                               | -                           |
| Was this injured conveyed to hospital by ambulance? ..... | No                          |

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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")

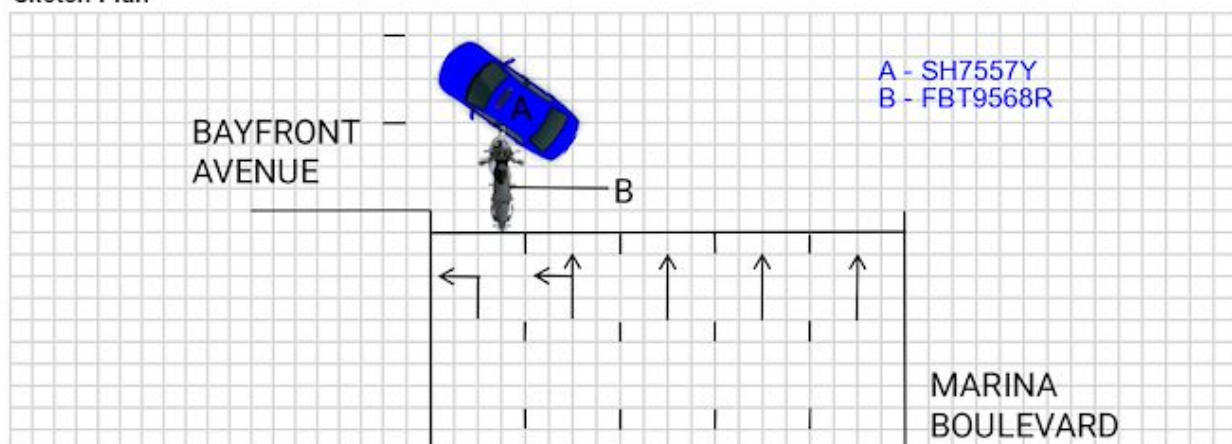
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 18/10/22 1000

Witnessed by Reporting Centre Personnel Alvin

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20221018/2005

**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 1000

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Amin















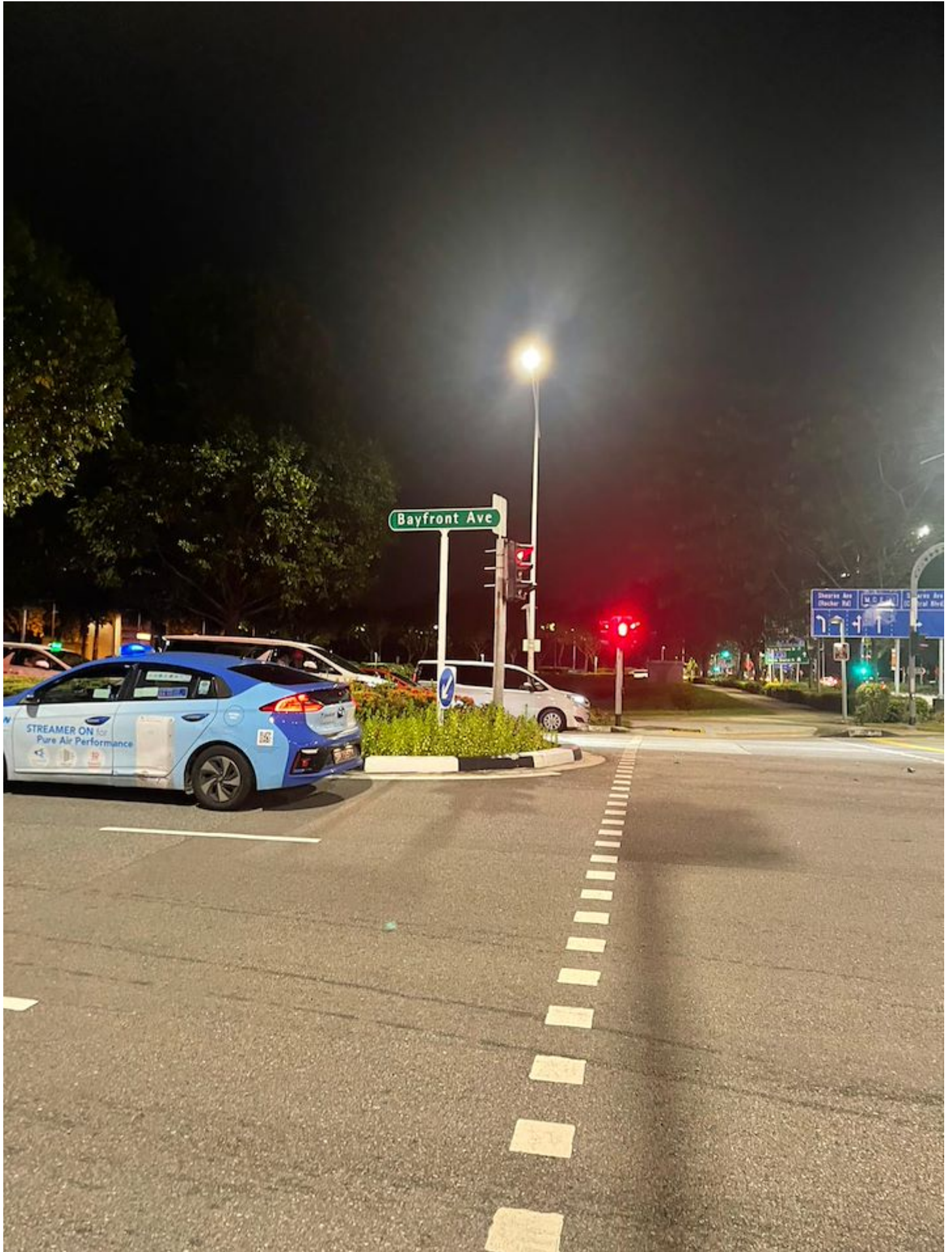




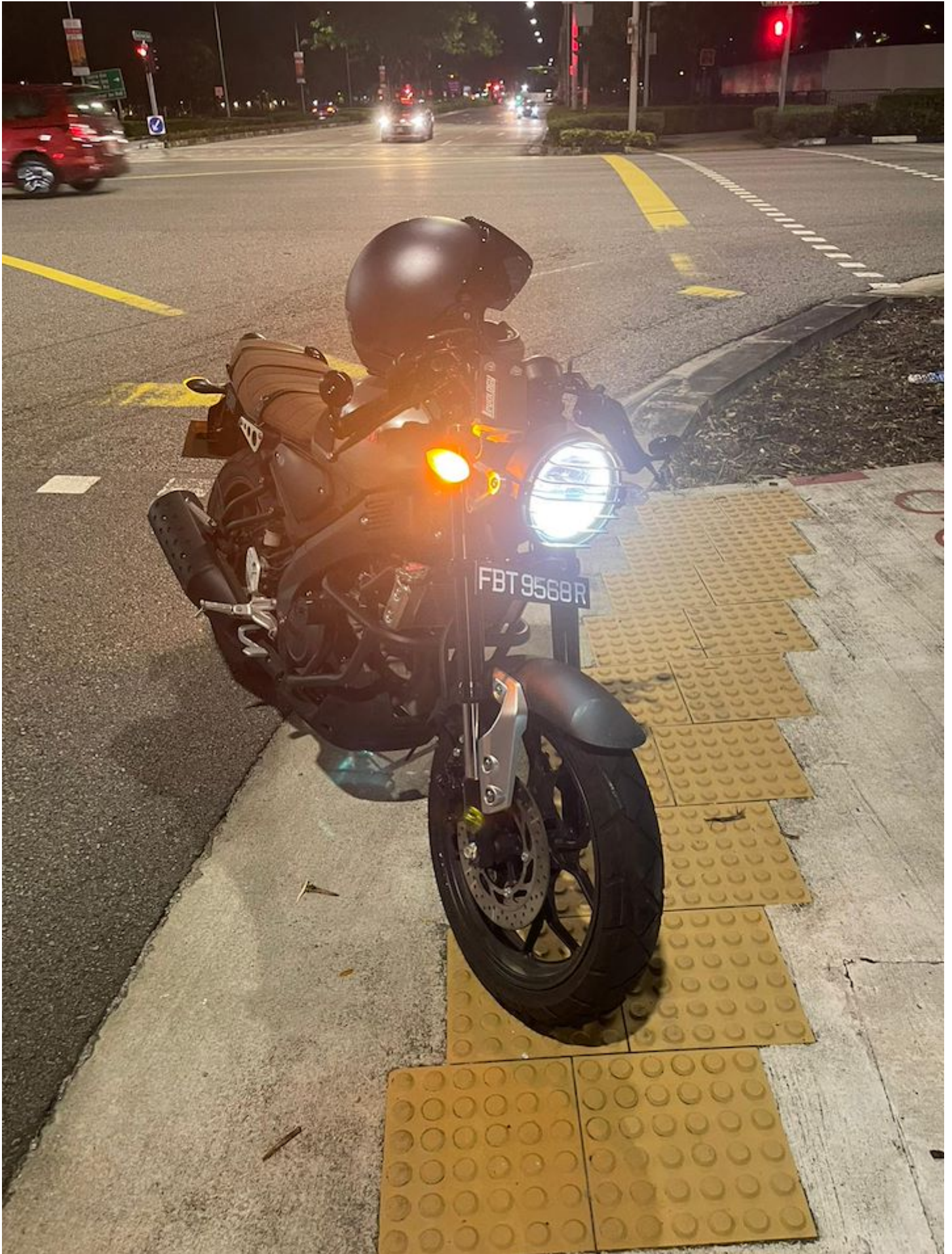




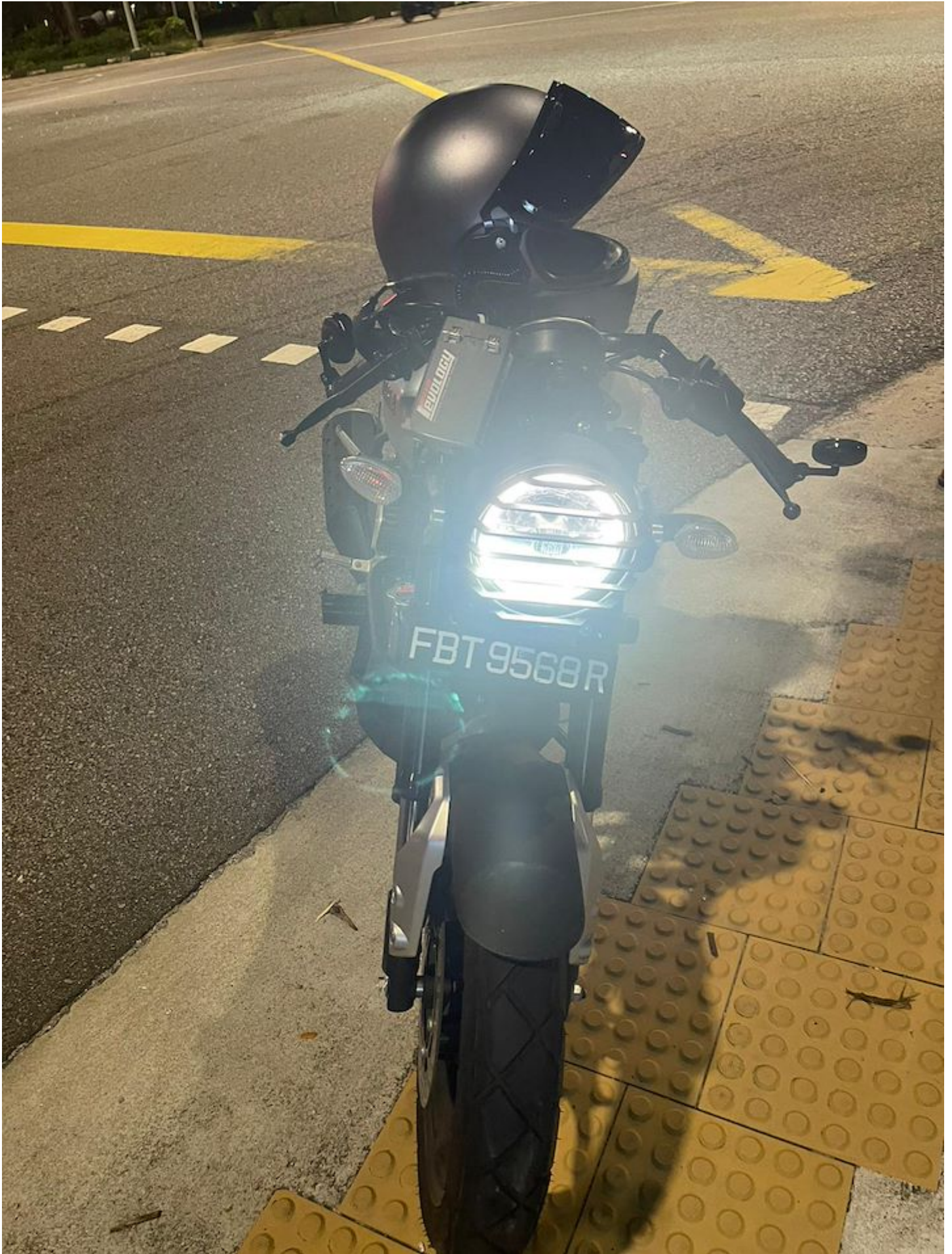
















**SINGAPORE  
POLICE FORCE**



T/20221018/2005

1 of 3

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

Report No. T/20221018/2005

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Date/Time Report Made:<br>18/10/2022 01:46 | Vide Report No.:<br>A/20221017/0120 | Station Diary No.: |
|--|-------------------------------------|--------------------|

**Informant's Particulars**

|  |            |                              |  |                            |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>YEO KEONG GEE      |            |                              | Address:<br>APT BLK 542 HOUGANG AVENUE 8 #03-1283 SINGAPORE 530542 |                            |
| ID Type / ID No.:<br>NRIC NO / S70482021 |            |                              | Contact No.:<br>Home/Office: Mobile: 89106202                      |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |                            |
| Sex:<br>Male                             | Age:<br>52 | Date of Birth:<br>02/05/1970 | Type of Informant:<br>Driver                                       |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   | Institution / School Name: |
| Occupation:<br>Taxi driver               |            |                              | Driving Licence Information:<br>Class: Date of Expiry:             |                            |

**General Information of the Accident**

|   |                  |   |  |                                 |
|---|------------------|---|--|---------------------------------|
| General Information of the Accident   |                  |   |  |                                 |
| Type of Accident:   | Injury<br>Others | Drink Drive:<br>No                          | Date/Time of Accident:<br>17/10/2022 22:10 | Type of Location:<br>T-Junction |
| Location:<br><br>BAYFRONT AVENUE  |                  |   |  |                                 |
| Weather:<br>Clear   |                  | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                 |
| Traffic Flow:<br>Two Way  |                  | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                 |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                  |   | Anyone conveyed by ambulance:<br>No        |                                 |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make    | Model                      | Color  | Condition | No of Passenger |
|-------------|------------|---------|----------------------------|--------|-----------|-----------------|
| FBT9568R    | Motorcycle | YAMAHA  | MTM155                     | Silver |           | 1               |
| SH7557Y     | Car        | HYUNDAI | AE IONIQ<br>HEV 1.6<br>DCT | Blue   |           | 0               |

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221018/2005

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

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Report No. T/20221018/2005

**CONTINUATION OF REPORT**

| Driver                            |               |  |                                 |
|-----------------------------------|---------------|--|---------------------------------|
| Name                              | YEO KEONG GEE | ID No.                                 | S70482021                       |
| Related Vehicle                   | SH7557Y (Car) | Contact No.                            | 89106202                        |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                             |

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

I WAS BEARING PLATE NUMBER SH7557Y AND I WAS TURNING LEFT INTO BAYFRONT AVENUE. AFTER MAKING THE TURN SUDDENLY I HEARD A BANG ON MY LEFT REAR PASSENGER DOOR, I IMMEDIATELY STOP THE VEHICLE AND WENT OUT FROM MY TAXI ONLY TO SEE A MOTORCYCLIST AND HIS PILLION ON THE ROAD. SOME PASSERBY HELP HIM AND CARRY HIS MOTORCYCLE UP. I ASKED HIM IF HE NEEDS AMBULANCE TO WHICH HE REMAINED SILENCE AND NOT SAY A THING, HE SHOWED ME HIS RIGHT ARM AND LEG HAS SOME ABBRASION. I ASKED HIM AGAIN IF HE NEEDED AMBULANCE HE DID NOT SAY ANYTHING AND REMAINED SILENCE. HE AND HIS PILLION SEEM OKAY TO ME AND A FEW MINS LATER HE TOLD ME THAT I COLLIDED INTO HIM. I TOLD HIM TO MAKE A POLICE REPORT AS I WANTED TO CLAIM INSURANCE. AFTER THE INCIDENT I DROVE AWAY, A FEW HOURS LATER IO VILTON CALLED ME AND ASKED ME TO HEAD DOWN TO TPHQ FOR STATEMENT. THATS ALL



**SINGAPORE  
POLICE FORCE**



T/20221018/2005

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Traffic Police  
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Tel No: 65470000

1 of 3

Report No. T/20221018/2005

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:<br>TP /<br>SC MOHAMMED AHNAF BIN<br>MOHAMMED FAHMI              | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>18/10/2022 01:46 |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SR STAFF SGT FAHRUL RAZI BIN SUHAIME<br>Contact No.: 65470000 | Classification Of Case:        |

NP168



