

# 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	25/07/2022 12:13 (SGT)
Reported by	Driver
Date of Accident	22/07/2022 23:00 (SGT)
Exact Location of Accident	Maude Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2651Y
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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) +65-90665891
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	LEE ENG THIAM
NRIC No	SXXXX574Z
Date Of Birth	05/02/1960
Occupation	Outdoor

Date Of Driving Pass	02/06/1980
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90665891
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	499B TAMPINES AVENUE 9 #12-228
Address complement	-
Postcode	522499
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No. T/20220722/2134 , G/20221209/2082

#### 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	SLJ6342D
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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3. Information provided must be as truthful and accurate as possible. Any willful 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. 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

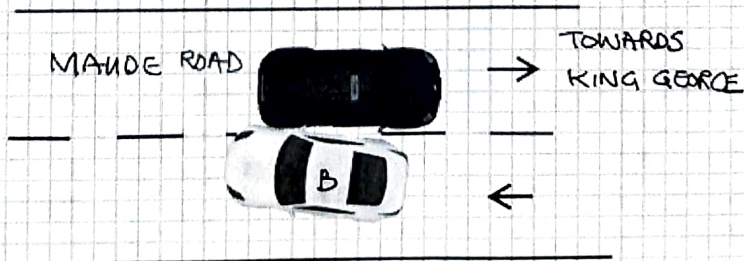
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHC 2651Y

B - UNKNOWN





## Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T/20220722/2134

## 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

23.07.2022 09:51 PM

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

Wynne Jones



**SINGAPORE  
POLICE FORCE**



T/20220722/2134

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 3  
Report No. T/20220722/2134

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/07/2022 23:48		Vide Report No.:		Station Diary No.: 144
<b>Informant's Particulars</b>				
Name of Informant: LIM ENG THIAM		Address: APT BLK 499B TAMPINES AVENUE 9 #12-228 SINGAPORE 522499		
ID Type / ID No.: NRIC NO / S1457574Z		Contact No.: Home/Office: Mobile: 90665891		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 05/02/1960	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/07/2022 23:00	Type of Location: Straight Road
Location:  MAUDE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SHC2651Y	Car		HYUNDAI	Blue	Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220722/2134

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20220722/2134

**CONTINUATION OF REPORT**

<b>Name</b>	LIM ENG THIAM	<b>ID No.</b>	S1457574Z
<b>Related Vehicle</b>	NIL	<b>Contact No.</b>	90665891
<b>Hospital/Clinic</b>	NIL	<b>Class of Driving Licence &amp; Expiry Date</b>	Class: 2B,3,4 Date of Expiry: NIL
<b>Date Treatment</b>	NIL	<b>Date Discharge</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL	<b>Degree of Injury</b>	NIL

**Brief Details.**

On 22/07/2022 at about 2300hrs I was driving along Maude road towards Townshend Road while driving there was another red colored car that was driving on the right side of the road going the opposite direction. As the road was narrow I had came to a complete stop in order to give way to the red vehicle. However while I had stopped the other vehicle that was going in the opposite direction did not slow down. When the red vehicle drove past my Taxi I heard a screeching sound on the right side of my vehicle.

I made a check and realized that the red car had grazed the rear right side of my vehicle and drove away. The impact had caused a dent on the rear right side of the vehicle and had also caused the paint to scrape off..

I had attempted to take a photo of the red vehicle however the red vehicle fled the incident without exchanging any particulars.

No police attended to the incident and no one was conveyed to the hospital.





**SINGAPORE  
POLICE FORCE**



T/20220722/2134

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 1

Report No. T/20220722/2134

**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:

A /  
SGT 2 MUHAMMAD ZAIISZ BIN  
ZAINI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/07/2022 23:48

Officer In Charge Of Case:  
TP / HRT /  
SR STAFF SGT NEO ZHI YUAN  
Contact No.: 65476079

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**

**RECEIVED**  
**14 DEC 2022**



G/20221209/2082

1 of 1

**POLICE REPORT (NP299)**

Report No. G/20221209/2082

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

BY: *[Signature]*

Date/Time Report Made 09/12/2022 16:37	Vide Report No. T/20220722/2134	Station Diary No. 33
Name Of Informant LIM ENG THIAM	Address APT BLK 499B TAMPINES AVENUE 9 #12-228 SINGAPORE 522499	
ID Type / ID No. NRIC NO / S1457574Z	Contact No. Home/Office                      Mobile 90665891	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Taxi driver	Sex Male	Age 62
Institution/School Name	Date of Birth 05/02/1960	Race Chinese
Date/Time Of Incident 22/07/2022 23:00	Location Of Incident MAUDE ROAD SINGAPORE	

**Brief details.**

I like to make amendments and add on the following details for vide Report: T/20220722/2134 under  
TPIO SSSgt Neo Zhi Yuan Tel: 65476079.

I like to state that the accident happened on 22.07.2022 at 2300hrs instead of 21.07.2022 at 2300hrs.

I was informed by Company that they managed to locate the other party vehicle as SLJ6342D.

Signature Of Officer Recording The Report: G / SR STAFF SGT TAN HOCK CHYE <i>[Signature]</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2022 16:37
Officer In-Charge Of Case: Traffic Police Neo Zhi yuan Contact No.: 65476079	Classification Of Case:

*SHC26514*