

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	02/12/2022 11:01 (SGT)
Reported by	Driver
Date of Accident	01/12/2022 15:50 (SGT)
Exact Location of Accident	Hougang Street 21, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2059H
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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) +65-93830354
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	WONG LIANG BENG
NRIC No	SXXXX117C
Date Of Birth	04/03/1954
Occupation	Outdoor

Date Of Driving Pass	25/02/1977
Driving experience	45 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93830354
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 26 BENDEMEER ROAD #16-559
Address complement	-
Postcode	330026
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	Collision - Major/Minor Rd
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20221201/2096

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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 Accident report SJ0G22C2000C

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	SGY5416L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO KIM HOCK
Contact Number	(Phone) +65-96252028
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	WONG LIANG BENG
Gender	Male
Phone No	(Phone) +65-93830354
Address	BLK 26 BENDEMEER ROAD #16-559
Address Complement	-
Post Code	330026
Approximate Age Years Old	68
Injuries Sustained	BACK AND KNEE PAIN
Injured person in which vehicle?	SHC2059H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SHC2059H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RING FINGER SWOLLEN
Injured person in which vehicle?	SHC2059H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL

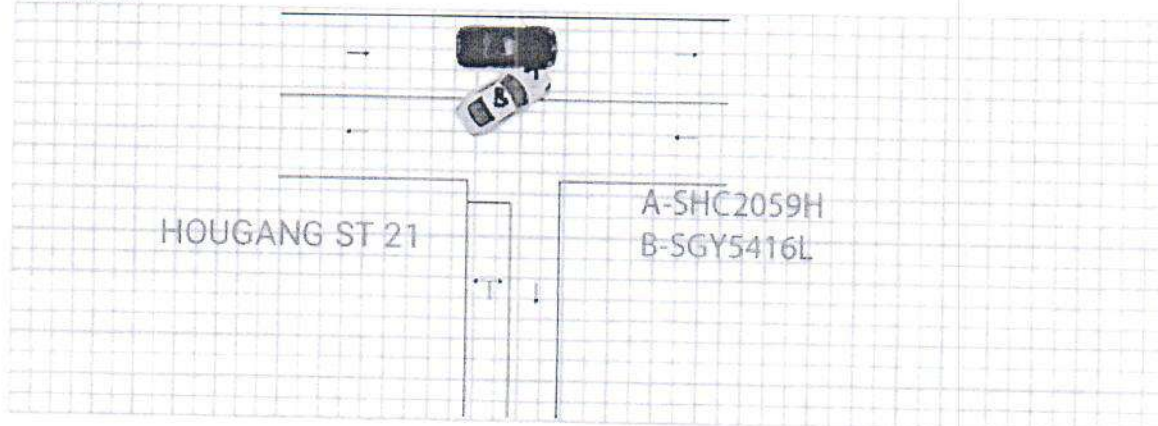


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20221201/2096

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

02/12/22 0950HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20221201/2096

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20221201/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2022 18:22		Vide Report No.:		Station Diary No.: 102	
Informant's Particulars					
Name of Informant: WONG LIANG BENG			Address: APT BLK 26 BENDEMEER ROAD #16-559 SINGAPORE 330026		
ID Type / ID No.: NRIC NO / S0026117C			Contact No.: Home/Office: Mobile: 93830354		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 04/03/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2022 15:55	Type of Location:
Location: HOUGANG STREET 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SGY5416L						0
SHC2059H						2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221201/2096

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20221201/2096

CONTINUATION OF REPORT

Driver			
Name	Neo Kim Hock		ID No. S6454735G
Related Vehicle	SGY5416L		Contact No. 96252028
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
Passenger			
Name	Muhammad Jauhari Bin Zulkifli		ID No. S8813416Z
Related Vehicle	SHC2059H		Contact No. NIL
Hospital/Clinic	DOCTOR INC. MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	01/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	WONG LIANG BENG		ID No. S0026117C
Related Vehicle	SHC2059H		Contact No. 93830354
Hospital/Clinic	DOCTOR INC. MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	01/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Passenger			
Name	Arzawanie Binte Arujunah		ID No. S9048550D
Related Vehicle	SHC2059H		Contact No. NIL
Hospital/Clinic	DOCTOR INC. MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2022	Date Discharge	01/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20221201/2096

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93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20221201/2096

CONTINUATION OF REPORT

Brief Details.

On 01/12/2022 at about 1550hrs, I was driving my taxi SHC2059H along Hougang Street 21 towards Upp Serangoon Road with 2 passengers seated at the rear passenger seat. When the taxi was approaching Blk 220 Hougang Street 21, I slow down my taxi with the intention to turn left into Blk 220 carpark to alight me passenger. However, when my taxi was moving straight, a vehicle SGY5416L exited from a carpark from the right side had collided onto my taxi the front driver door/front wheel area. As I was unable to open my driver door. The other driver suggested that we turn into Blk 220 Carpark to settle the matter. The driver and I then drove into the carpark. When I was in the carpark, I forced open my driver door and after which I exchanged my particular with the other driver. The driver informed that when exiting the carpark, he thought my taxi was still far away as such he drove out from the carpark. No police or ambulance came to the location and no government property damaged. I had an in-car camera installed in my taxi.

After the accident, both my passenger and I went to see doctor at Doctor INC. Medical Group and all of us were given 3 days medical leave.



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Tel No: 1800-2519999

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Report No. T/20221201/2096

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 /

SR STAFF SGT CHUA JUN JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/12/2022 18:22

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168