

# 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 ..... 05/12/2022 19:02 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 03/12/2022 18:55 (SGT)  
Exact Location of Accident ..... Balestier Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH8323Z

### 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) +65-83171528  
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 ..... LIM LOO TECK (LIN RUDE)  
NRIC No ..... S7122184I  
Date Of Birth ..... 25/06/1971  
Occupation ..... Outdoor

|  |                            |
|--|----------------------------|
| Date Of Driving Pass .....   | 08/06/2012                 |
| Driving experience .....   | 10 YEARS AND 6 MONTHS      |
| Gender .....   | Male                       |
| Mobile Number .....  | (Phone) +65-83171528       |
| Alt. Phone Number .....  | -                          |
| Email Address .....  | fleetsafety@cdgtaxi.com.sg |
| Address .....  | BLK 31 BALAM ROAD #10-127  |
| Address complement .....   | -                          |
| Postcode .....   | 370031                     |
| 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 .....   | 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) .....   | 2   |
| 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 ..... | Female  |

#### 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 T /20221203/7051

#### 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 .....             | FBA4108T   |
| 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 .....                        | -          |
| Details of property damaged in accident ..... | -          |
| No. Of Passenger (Including Driver) .....     | 1          |

## 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 .....                                  | ARM PAIN |
| Injured person in which vehicle? .....                    | FBA4108T |
| 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.

**FLASH ACCIDENT  
REPORTING OFFICER**

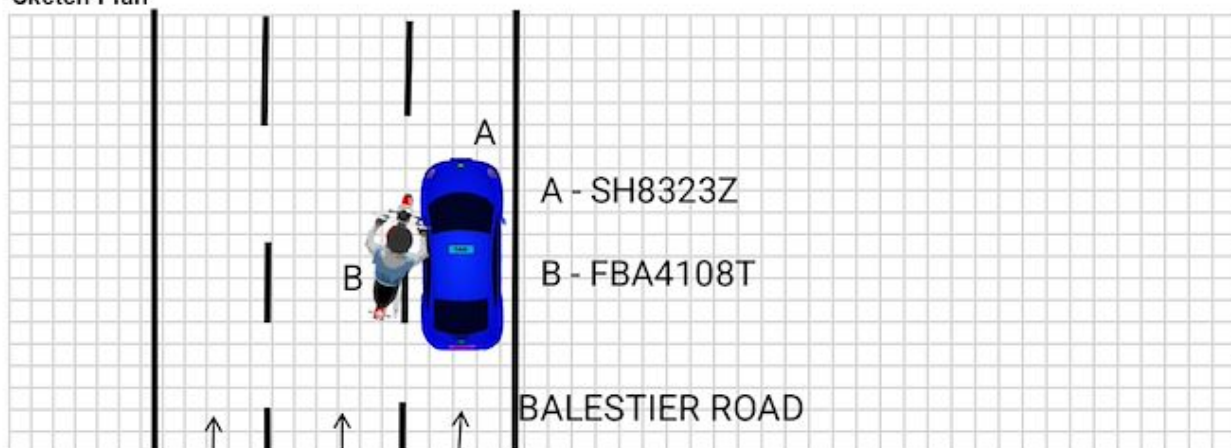
FRO KHAMARAJ



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time **05/12/2022.- 17:35HRS**

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T /20221203/7051

**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 05/12/2022.- 17:35HRS

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

FLASH ACCIDENT  
REPORTING OFFICER  
FRO KHAMARAJ





























**SINGAPORE  
POLICE FORCE**



T/20221203/7051

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

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Report No. T/20221203/7051

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>03/12/2022 23:38 |            | Vide Report No.:<br>A/20221203/0134 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                    |                            |
| Name of Informant:<br>LIM LOO TECK         |            |                                     | Address:<br>31 BALAM ROAD #10-127 SINGAPORE 370031       |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7122184I   |            |                                     | Contact No.:<br>Home/Office: Mobile: 83171528            |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:<br>SAMLIANCO@YAHOO.COM                            |                    |                            |
| Sex:<br>Male                               | Age:<br>51 | Date of Birth:<br>25/06/1971        | Type of Informant:<br>Driver                             |                    |                            |
| Race:<br>Chinese                           |            |                                     | Language:<br>English                                     |                    | Institution / School Name: |
| Occupation:                                |            |                                     | Driving Licence Information:<br>Class: 3 Date of Expiry: |                    |                            |

**General Information of the Accident**

|   |                                     |                                    |   |   |
|---|-------------------------------------|------------------------------------|---|---|
| Type of Accident:   | Non-Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>03/12/2022 18:55 | Type of Location:<br>Straight Road      |
| Location:<br><br>BALESTIER ROAD   |                                     |                                    |   |   |
| Lamp Post Number: 9   |                                     |                                    |   |   |
| Weather:<br>Clear   |                                     | Road Surface:<br>Dry               |   | Road Speed Limit:                       |
| Traffic Flow:<br>Dual Carriage Way  |                                     | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |                                     |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make    | Model | Color | Conditio            | No of |
|-------------|------------|---------|-------|-------|---------------------|-------|
| FBA4108T    | Motorcycle |         |       |       |                     | 0     |
| SH8323Z     | Car        | HYUNDAI | IONIQ | Blue  | Slightly<br>Damaged | 1     |



**SINGAPORE  
POLICE FORCE**



T/20221203/7051

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

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Report No. T/20221203/7051

## CONTINUATION OF REPORT

|                                   |                   |                                   |                                   |
|-----------------------------------|-------------------|-----------------------------------|-----------------------------------|
| <b>Details of Person Involved</b> |                   |                                   |                                   |
| Any Pedestrian Involved: No       |                   |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                   | Use of Pedestrian Crossing: NA    |                                   |
| <b>Driver</b>                     |                   |                                   |                                   |
| Name                              | LIM LOO TECK      | ID No.                            | S71221841                         |
| Related Vehicle                   | SH8323Z (Car)     | Contact No.                       | 83171528                          |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL   |
| Date                              | NIL               | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL               | Degree of                         | NIL                               |
| <b>Passenger</b>                  |                   |                                   |                                   |
| Name                              | Unknown Passenger | ID No.                            | NIL                               |
| Related Vehicle                   | SH8323Z (Car)     | Contact No.                       | 96412134                          |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL               | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL               | Degree of                         | NIL                               |
| <b>Rider</b>                      |                   |                                   |                                   |
| Name                              | Unknown Rider     | ID No.                            | NIL                               |
| Related Vehicle                   | NIL               | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL               | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL               | Degree of                         | NIL                               |

**Brief Details.**

On 03/12/2022 at about 1855hrs, I was traveling along Balestier road towards CTE on lane 1 in my vehicle (SH8323Z) with one passenger onboard when one motorcycle (FBA4108T) swerved and hit onto my left side mirror and fell. I stopped my vehicle and saw that someone had already help the rider onto the sidewalk. I checked on my passenger and she affirmed that she does not need any medical attention. Subsequently, the traffic police and ambulance came. The rider was conveyed. I was not injured as such does not require any medical attention. The traffic police officer took my particulars and my in-car camera SD card and issued me with an acknowledgement slip. I was told to make a police report.



**SINGAPORE  
POLICE FORCE**

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



T/20221203/7051

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Report No. T/20221203/7051

**CONTINUATION OF REPORT**

**SINGAPORE  
POLICE FORCE**

T/20221203/7051

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

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Report No. T/20221203/7051

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

This report is lodged at Bishan NPC Kiosk 1  
NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
03/12/2022 23:38

Classification Of Case: