

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 03/01/2023 18:25 (SGT)
Reported by Driver
Date of Accident 03/01/2023 12:45 (SGT)
Exact Location of Accident Raffles Ave., Singapore
Additional Location Information TEMASEK AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2040X

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) +65-91471480
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model I40
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 1685

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver TAN HOON KIAT
NRIC No S0048377Z
Date Of Birth 23/04/1954
Occupation Outdoor

Date Of Driving Pass	29/04/1974
Driving experience	48 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91471480
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	111 ANG MO KIO AVENUE 4 #10-66
Address complement	-
Postcode	560111
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?	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	Kebun Baru Neighbourhood Police Post
Police Station Address	Blk 111 Ang Mo Kio Avenue 4 Singapore 560111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NUMBER T /20230103/2039

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 NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX8822Z
Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private hire
Name of Driver	GOH TIONG SWEE
NRIC No	S1544235B
Contact Number	(Phone) +65-97689280
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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 SUFIYAN



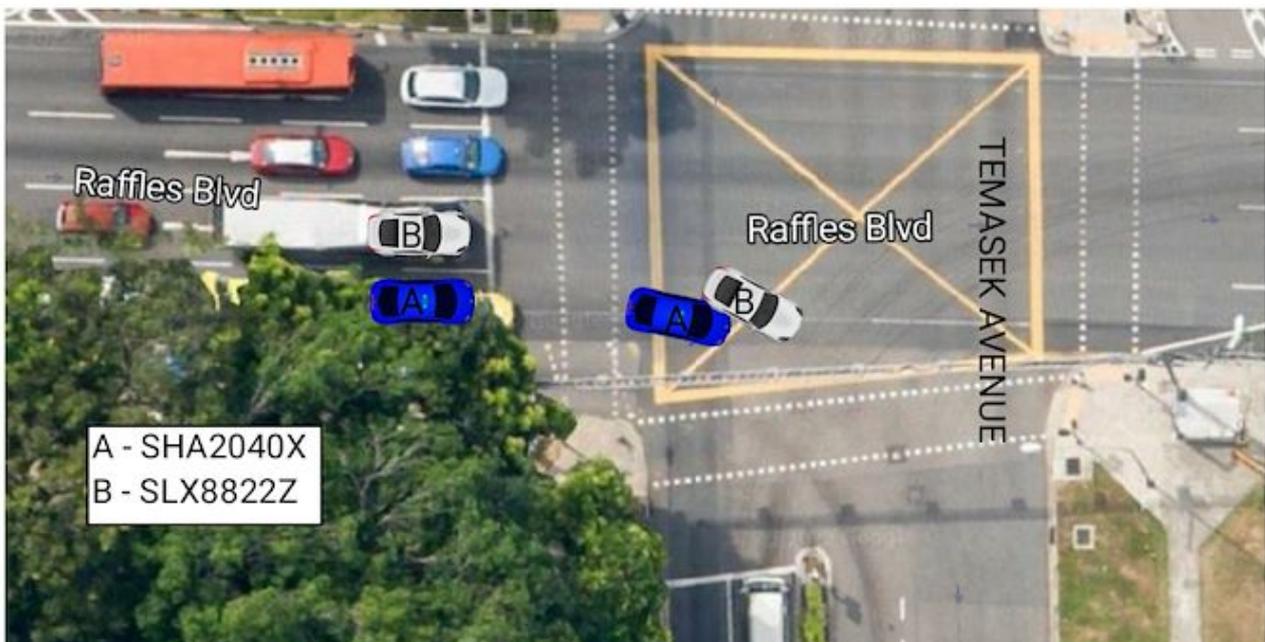
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

03/01/2023 1645HRS

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT NUMBER T /20230103/2039

Declaration

I/We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER**

FRO SUFIYAN



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre Personnel

03/01/2023 1645HRS

























**SINGAPORE
POLICE FORCE**



T/20230103/2039

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3

Report No. T/20230103/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2023 14:03	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: TAN HOON KIAT		Address: APT BLK 111 ANG MO KIO AVENUE 4 #10-66 SINGAPORE 560111	
ID Type / ID No.: NRIC NO / S0048377Z		Contact No.:	Mobile: 91471480
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 23/04/1954	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 03/01/2023 12:45	Type of Location: X-Junction
Location: RAFFLES BOULEVARD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2040X	Car				Slightly Damaged	0
SLX8822Z	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230103/2039

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20230103/2039

CONTINUATION OF REPORT

Brief Details.

On the mentioned date, time and location, I was travelling along the mentioned location, and it was at a junction turning right towards Temasek avenue. I was at the most right turn lane and the vehicle SLX8822Z was at the second turning right lane.

Upon lights turning green, both of our vehicles proceeded. Whilst executing the right turn, the said vehicle SLX8822Z went into my lane. As a result, my vehicle left bumper hit against the said vehicle right rear door. Leaving scratches and paints of my vehicle on his right rear door.

We then stopped and exchange particulars as well as took photos of the scene. No one was injured.

I am lodging this police report for insurance purpose.



**SINGAPORE
POLICE FORCE**



T/20230103/2039

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

3 of 3

Report No. T/20230103/2039

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: F / SGT 2 Lee Jia Yang 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2023 14:03
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

