

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	11/02/2023 15:19 (SGT)
Reported by	Driver
Date of Accident	10/02/2023 18:50 (SGT)
Exact Location of Accident	Serangoon North Ave 1, Singapore
Additional Location Information	BLK 149 OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC7229B

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) +65-96366619
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	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	TANG KUN AIK
NRIC No	SXXXX219D
Date Of Birth	14/01/1960
Occupation	Outdoor

Date Of Driving Pass	07/06/1983
Driving experience	39 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96366619
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 149 SERANGOON NORTH AVENUE 1# 13 - 921
Address complement	-
Postcode	550149
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	Raining
Road Surface	Wet

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	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T /20200210/2115

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	GBF955P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ROY YANG
Contact Number	(Phone) +65-91895588
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TANG KUN AIK
Gender	Male
Phone No	(Phone) +65-96366619
Address	BLK 149 SERANGOON NORTH AVENUE 1# 13 - 921
Address Complement	-
Post Code	550149
Approximate Age Years Old	-
Injuries Sustained	NECK LEFT TEMPLE AND SHOULDER
Injured person in which vehicle?	SHC7229B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

[Signature]

**FLASH ACCIDENT
REPORTING OFFICER**
KYMI YONG

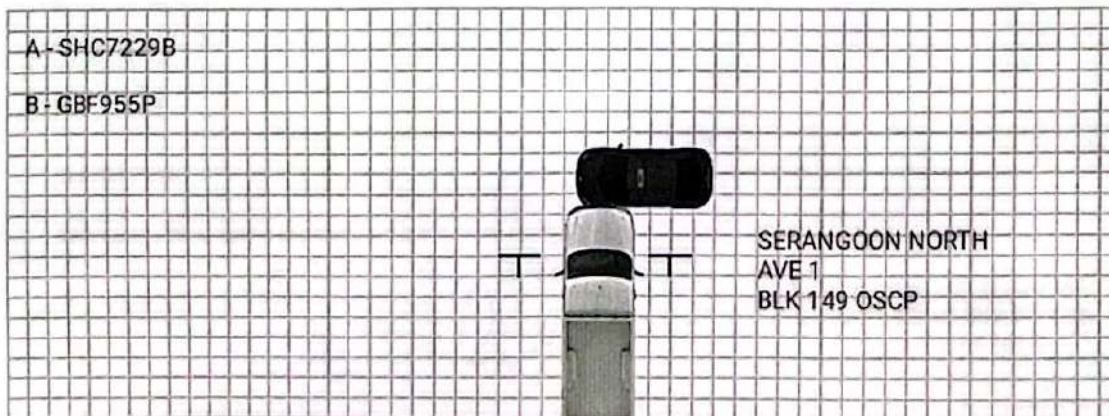


Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time 11.02.2023 1156HRS

Witnessed by Reporting Centre
Personnel

Sketch Plan



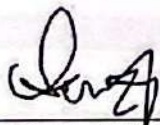
Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20200210/2115

Declaration

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 11.02.2023 1200HRS

Witnessed by Reporting Centre
Personnel

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG




**SINGAPORE
POLICE FORCE**


T/20230210/2115

1 of 3

Report No. T/20230210/2115

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2023 21:40	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars			
Name of Informant: TANG KUN AIK		Address: APT BLK 149 SERANGOON NORTH AVENUE 1 #13-921 SINGAPORE 550149	
ID Type / ID No.: NRIC NO / S1449219D		Contact No.: Home/Office: Mobile: 96366619	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 14/01/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2023 18:50	Type of Location: Car Park
Location: SERANGOON NORTH AVENUE 1				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
GBF955P	Lorry				Slightly Damaged	3
SHC7229B	Car				Slightly Damaged	0

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



**SINGAPORE
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T/20230210/2115

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108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20230210/2115

CONTINUATION OF REPORT

Driver			
Name	TANG KUN AIK	ID No.	S1449219D
Related Vehicle	SHC7229B (Car)	Contact No.	96366619
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On the 10/02/2023, I was driving my taxi <SHC7229B>, exiting the carpark of Block 149 Serangoon North Avenue 1 towards Serangoon North Avenue 1. While nearing the exit, a lorry <GBF955P> moved off suddenly from its lot and collided into the left side of my taxi as I drove by it. After the collision, my head was knocked onto the side window and I felt giddy for awhile.

Afterwards, I alighted my taxi to make a check. I discovered that the lorry had collided and damaged the front left portion of my taxi including the front left wheel, front left bonnet area and front left bumper area. I then exchanged contact details with the lorry driver (Roy Yang, HP: 91895588). Subsequently I tried to shift my taxi away but the tyre was obstructed by the damaged bumper and I was unable to shift my taxi. As such, I had contacted towing service to remove my taxi and went to see a doctor afterwards.

I went to see a doctor at Pow Family Clinic & Surgery as I felt discomfort in left shoulder, pain on my neck and pain on my right temple area. I was given 4 days of MC from 10/02/2023 to 13/02/2023.

**SINGAPORE
POLICE FORCE**

T/20230210/2115

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Report No. T/20230210/2115

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Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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 3 CHAN KAI WENG
GABRIEL

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
10/02/2023 21:40

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168