

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	19/02/2023 12:35 (SGT)
Reported by	Driver
Date of Accident	19/02/2023 01:00 (SGT)
Exact Location of Accident	Penang Rd, Singapore
Additional Location Information	AND BUYONG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD6811X

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) +65-98477370
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	2143

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	ANG SWEE KENG, KERRICK
NRIC No	SXXXX501I
Date Of Birth	17/08/1987
Occupation	Outdoor

Date Of Driving Pass	26/01/2006
Driving experience	17 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98477370
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	312 YISHUN RING ROAD #10-1216
Address complement	-
Postcode	760312
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	Collision - Change/cross lane
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?	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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 19/02/2023 AT ABOUT 01:00HRS, I WAS DRIVING (SHD6811X) ALONG PENANG ROAD AND BUYONG ROAD. AS I TRAVELLING WITHIN THE LANE, VEHICLE B (SLE9801C) ON MY RIGHT SWERVE LEFT SUDDENLY AND COLLIDED ONTO VEHICLE A AT REAR RIGHT SIDE. I SUSTAIN BACK AND RIGHT SHOULDER PAIN DUE TO THE IMPACT.

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	SLE9801C
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	KEITH KOH
NRIC No	SXXXX303F
Contact Number	(Phone) +65-96968900
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	ANG SWEE KENG, KERRICK
Gender	Male
Phone No	(Phone) +65-98477370
Address	312 YISHUN RING ROAD #10-1216
Address Complement	-
Post Code	760312
Approximate Age Years Old	35
Injuries Sustained	BACK AND RIGHT SHOULDER
Injured person in which vehicle?	SHD6811X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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 based 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
19/02/2023 - 06:00HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 19/02/2023 AT ABOUT 01:00HRS, I WAS DRIVING (SHD6811X) ALONG PENANG ROAD AND BUYONG ROAD. AS I TRAVELLING WITHIN THE LANE, VEHICLE B (SLE9801C) ON MY RIGHT SWERVE LEFT SUDDENLY AND COLLIDED ONTO VEHICLE A AT REAR RIGHT SIDE. I SUSTAIN BACK AND RIGHT SHOULDER PAIN DUE TO THE IMPACT.

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

19/02/2023 - 06:00HRS

FLASH ACCIDENT
REPORTING OFFICER

FRO KHAMARAJ



Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230219/2076

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230219/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2023 21:09		Vide Report No.:		Station Diary No.: 97	
Informant's Particulars					
Name of Informant: ANG SWEE KENG, KERRICK			Address: APT BLK 312 YISHUN RING ROAD #10-1216 SINGAPORE 760312		
ID Type / ID No.: NRIC NO / S87275011			Contact No.: Home/Office: Mobile: 98477370		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 17/08/1987	Type of Informant: Driver		
Race: Chinese			Language:		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: 19/02/2023 01:00	Type of Location: Bend
Location: PENANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6811X	Car	MERCEDES BENZ	E220 BLUETEC		Slightly Damaged	2
SLE9801C	Car	AUDI	A3 SEDAN 1.4 TFSI (ATTRACTI ON)			1



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG SWEE KENG, KERRICK	ID No.	S8727501I
Related Vehicle	SHD6811X (Car)	Contact No.	98477370
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/02/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 19/02/2023 at about 0100hrs, I was driving my vehicle bearing plate number SHD6811X along Penang Rd and going towards Buyong Rd on the 4th lane of Buyong Rd. I was going to send my 2 passengers to Serangoon Garden. While I was driving, suddenly I felt an impact from the rear of my vehicle.

I went down my vehicle and saw a car bearing plate number SLE9801C collided onto the rear of my vehicle. I made a check with my passengers who informed me that they were fine. I took photos and videos of the accident. I exchanged particulars with the other driver and went to send my passengers.

At about 1930hrs, I felt pain on my shoulder, neck back and chest. I went to see the doctor at Our Family Physician Clinic & Surgery and was given 5 days MC from 19/02/2023 to 23/03/223. My MC number is OD-TP000544862.

I would like to state that no traffic police and ambulance attended the accident. I also have an in-car camera.



**SINGAPORE
POLICE FORCE**



T/20230219/2076

3 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20230219/2076

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:

G/
SGT 2 MUHAMMAD FIRDAUS
BIN ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/02/2023 21:09

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168