

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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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.

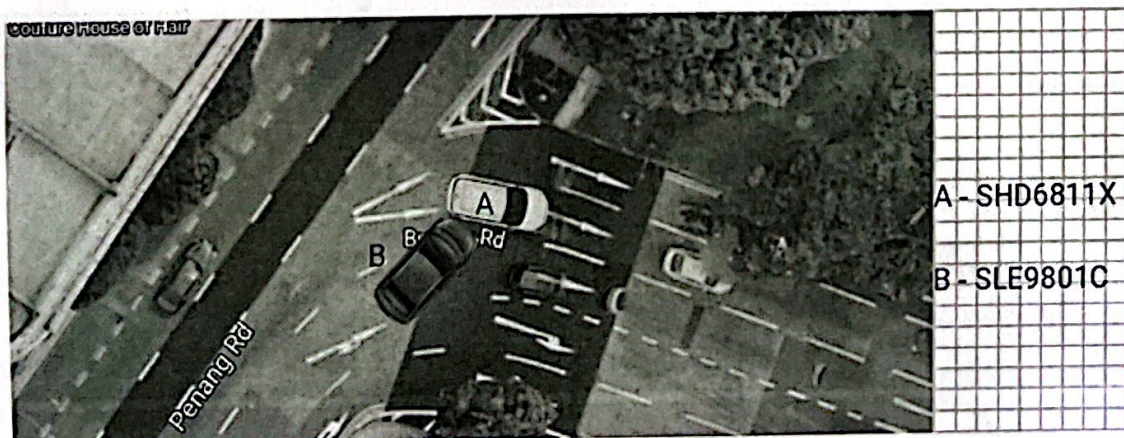


Policyholder's Signature / Date & Time

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