

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	27/02/2023 10:25 (SGT)
Reported by	Driver
Date of Accident	25/02/2023 13:00 (SGT)
Exact Location of Accident	MacPherson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2275K
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) +65-91015868
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE POH CHUAN
NRIC No	SXXXX349I
Date Of Birth	21/08/1957
Occupation	Outdoor

Date Of Driving Pass	28/12/1978
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91015868
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 47 MARINE CRESCENT #07-90
Address complement	-
Postcode	440047
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 - 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)	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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230226/2030.

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 SUPPORTED.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN7684P
Vehicle Manufacturer	Mazda
Vehicle Model	3

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE POH CHUAN
Gender	Male
Phone No	(Phone) +65-91015868
Address	APT BLK 47 MARINE CRESCENT #07-90
Address Complement	-
Post Code	440047
Approximate Age Years Old	-
Injuries Sustained	PAIN ON THE BACK OF RIGHT SHOULDER AND BACK PAIN.
Injured person in which vehicle?	SHA2275K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

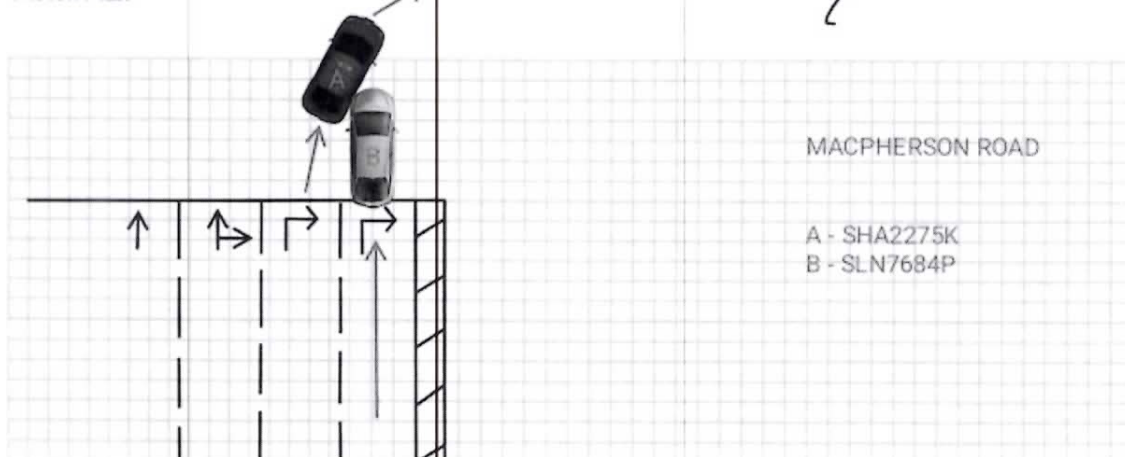
Policyholder's Signature / Date & Time

Sketch Plan

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

26/08/23 1830

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20230226/2030.

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 26/02/23 1830

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20230226/2030

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Report No. T/20230226/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2023 11:43		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: LEE POH CHUAN		Address: APT BLK 47 MARINE CRESCENT #07-90 SINGAPORE 440047			
ID Type / ID No.: NRIC NO / S12793491		Contact No.:		Mobile: 91015868	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 65	Date of Birth: 21/08/1957	Type of Informant: Driver		
Race: Chinese		Language:		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:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2023 12:10	Type of Location: X-Junction
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
SHA2275K	Car	T&T TRDG & SUPPLY P L	PRIUS 5DR HATCHBACK (AUTO)	Blue	Slightly Damaged	0
SLN7684P	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Slightly Damaged	0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



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Report No. T/20230226/2030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE POH CHUAN	ID No.	S1279349I
Related Vehicle	SHA2275K (Car)	Contact No.	91015868
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	26/02/2023	Date Discharge	26/02/2023
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 25/02/2023 at about 1210hrs, I was travelling along Macpherson Road at the cross junction of Macpherson Road, Bendemeer Road, Upp Serangoon Road and PIE(Tuas). I was on the third lane and the lane allows me to make a right turn or go straight. I then make a right turn as I wanted to turn into PIE(Tuas). While I was making the right turn, there was a vehicle bearing the registration plate number SLN7684P travelling along the second lane and the second lane could only make a right turn. Subsequently, the vehicle collided onto the rear right side bumper of my car. We then alighted our car and assessed the damage, the driver then admitted that she was in the wrong as she drove straight ahead instead of making a right turn as the lane only allows right turn. My car then sustained scratches and dents from the accident. When I got back home at night, I then felt pain on the back of my right shoulder and my back.

On 26/02/2023 at about 1000hrs, I then went to seek a medical attention with regards to the pain, I was then issued with four days MC.

I wish to state that there is a in-car camera in my car, and it recorded the accident. I am lodging this report for insurance purposes.

DRAFT COPY

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Report No.

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:

Signature Of Informant:

Signature Of Interpreter:

Date/Time:

Officer In Charge Of Case:

Classification Of Case:

NP168

