

## 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 .....	09/03/2023 16:40 (SGT)
Reported by .....	Driver
Date of Accident .....	09/03/2023 08:00 (SGT)
Exact Location of Accident .....	Jln Eunus, Singapore
Additional Location Information .....	TOWARDS EUNOS LINK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD4781L
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#### 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) +65-84820387
Alternative Phone No .....	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Ae ioniq
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 .....	1580

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	IBRAHIM BIN MOHAMED SAID
NRIC No .....	S13287271
Date Of Birth .....	18/11/1958
Occupation .....	Outdoor

Date Of Driving Pass .....	03/01/1983
Driving experience .....	40 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84820387
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 348 UBI AVENUE 1 # 03-1061
Address complement .....	-
Postcode .....	400348
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 - Head to Rear
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

REFER TO POLICE REPORT :T/20230309/2036

#### 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 .....	SNC8821M
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TERENCE LIM SEN HUAY
NRIC No .....	S6926081J
Contact Number .....	(Phone) +65-8186666
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	IBRAHIM BIN MOHAMED SAID
Gender .....	Male
Phone No .....	(Phone) +65-84820387
Address .....	BLK 348 UBI AVENUE 1 # 03-1061
Address Complement .....	-
Post Code .....	400348
Approximate Age Years Old .....	64
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	SHD4781L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

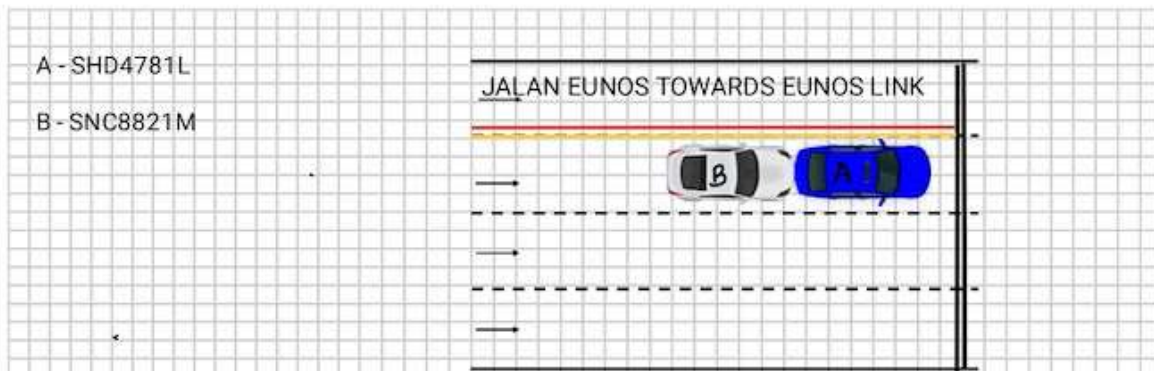
1. Please correctly report the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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 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 09.03.2023. 1355HRS

Witnessed by Reporting Centre  
Personnel

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI YONG

**Sketch Plan**


**Describe Circumstances of the Accident**

REFER TO POLICE REPORT  
T /20230309/2036


**Declaration**

I/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 09.03.2023, 1400HRS

**FLASH ACCIDENT  
REPORTING OFFICER**  
KYMI YONG  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel





















**SINGAPORE  
POLICE FORCE**



T/20230309/2036

1 of 3

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

Report No. T/20230309/2036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2023 11:48	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: IBRAHIM BIN MOHAMED SAID			Address: 348 UBI AVENUE 1 #03-1061 SINGAPORE 400348	
ID Type / ID No.: NRIC NO / S13287271			Contact No.: Home/Office: Mobile: 84820387	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 18/11/1958	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2023 08:00	Type of Location: Straight Road
Location:  JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4781L	TAXI	HYUNDAI	IONIC	Blue	Seriously Damaged	0
SNC8821M	Car	MITSUBISHI	LANCER EVOLUTION	Red	Seriously Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20230309/2036

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

Report No. T/20230309/2036

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	IBRAHIM BIN MOHAMED SAID	ID No.	S1328727I
Related Vehicle	SHD4781L (TAXI)	Contact No.	84820387
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/03/2023	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	TERENCE LIM SEN-HUAY	ID No.	S6926081J
Related Vehicle	SNC8821M (Car)	Contact No.	81866666
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 09/03/2023 at around 0800hrs, I was driving my company Blue Comfort Delgro Hyundai Ionic bearing registration plate number SHD4781L along lane number 4 and at that point of time the Traffic light was red and I stopped my taxi before the stop line to wait for the traffic light to turn green. A few seconds later I felt an impact coming from the rear of my taxi and I alighted from my taxi to make a check and found out that one Red Mitsubishi lancer evolution bearing registration plate number SNC8821M did not managed to stop on time and had collided onto my taxi rear portion with his car front portion. Due to the collision, my taxi rear right portion suffered scratches and right bottom bumper was broken. After exchanging particulars and ensuring that no one was injured, both of us drove off.

I have an in car camera installed inside my taxi and was recording at that point of time. Due to the accident, I felt soreness and numbness at my neck and back as such I went to a clinic to seek medical assistance and was given a total of 7 days MC.





**SINGAPORE  
POLICE FORCE**



T/20230309/2036

3 of 3

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

Report No. T/20230309/2036

**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 3 ALVIN TAY MING WEI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/03/2023 11:48

Officer In Charge Of Case:

TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Classification Of Case:

NP168

