SINGAPORE ACCIDENT STATEMENT

- 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 witholding 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

Reported by Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

23/02/2023 16:28 (SGT)

Driver

23/02/2023 08:00 (SGT)

COMFORT TRANSPORTATION PTE LTD

Balestier Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Yes

Vehicle Registration Number

SHC3698G

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

(Phone) +65-96661318 (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Transmission

Hyundai

Ae ioniq

Private hire

No - Claiming third party Taxi

Auto

1580

INSURANCE COMPANY

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

VFX/P2419138

DRIVER

Name of Driver

Date Of Birth

Occupation

THOMAS WONG CHEEK SXXXX793Z 19/09/1950

Outdoor

Accident report SJ0G232N0013

Page 1 of 21

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

20/04/1972

50 YEARS AND 10 MONTHS

Male

(Phone) +65-96661318

fleetsafety@cdgtaxi.com.sg

BLK 663 BUFFALO ROAD, #21-13

210663

No

Hirer

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident

Weather Conditions Road Surface

Collision - Head to Rear

Clear Dry

No

Yes

No

No

Yes

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number Translator's email

Original language used in the statement

PASSENGER 1

Name Gender UNKNOWN

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given? If yes, against whom?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20230223/7143

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident

Yes Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Accident report SJ0G232N0013

Page 2 of 21

SMV7979K Vehicle Registration Number Mercedes Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour NA / Unknown Vehicle Category KHOR YONG SUANG Name of Driver SXXXX507F NRIC No (Phone) +65-91142340 Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage FRONT Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

THOMAS WONG CHEEK Name of injured person Male Gender Phone No Address Address Complement Post Code 72 Approximate Age Years Old NECK SHOULDER AND BACK PAIN Injuries Sustained SHC3698G Injured person in which vehicle? Yes Were seat belts worn? Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

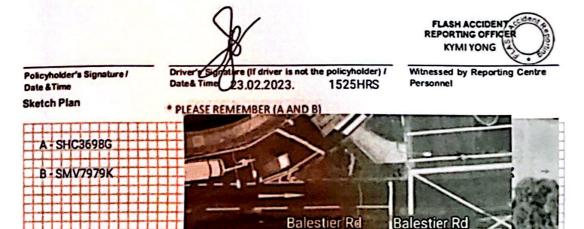
- 1. Please correctly report the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts mayallow 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 insurancecompanies.
- 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)

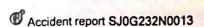
lunderstand, acknowledge, agree and consent that:

(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.
- (v) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involvedisclosure 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.





Describe Circumstances of the Accident REFER TO POLICE REPORT T/20230223/7143 Declaration I/We declare the foregoing particulars are true in every respect. FLASH ACCIDENT KYMI YONG Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Policyholder's Signature / Personnel 1530HRS Date& Time 23.02.2023. Date &Time





1 of 3

Report No. T/20230223/7143

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Date/Time Report Made: 23/02/2023 13:17			Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	THE SEASON STREET	TA TO SELECT AND THE SECOND	
Name of Informant: THOMAS WONG CHEEK			Address: 663 BUFFALO ROAD #21-13 SINGAPORE 210663		
ID Type / ID No.: NRIC NO / S2018793Z			Contact No.: Home/Office:	Mobile: 96661318	
Nationality: SINGAPORE CITIZEN			Email: THOMASWONGCHEEK@YAHOO.COM		
Sex: Age: Date of Birth: Male 72 19/09/1950		Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Taxi Driver			Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Acci	dent	(图图1964-002-7621-00	Charles and the second
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2023 08:00	Type of Location: Straight Road
Location: BALESTIER F	ROAD		packs the subject of the late	Brof Detres, vol 2012/2020 per p Prof trust truy fill trate util manager
Weather: Road Surface: Dry		CHARLED A SARUT	Road Speed Limit:	
		Traffic Control: Traffic Light - Working		
Traffic Flow:				Traffic Volume:

Details of V	ehicle invo	ived	THE STATE OF THE S	ALTERIA		
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC3698G	Car	and the second state of the				1
SMV7979K	Car					0

Details of Person Involved	Berger Andrews and State of the
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230223/7143

CONTINUATION OF REPORT

Passenger	and the second of the second of	Company of the second		3 1 3 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name	WONG KAI QING		ID No.	NIL
Related Vehicle	SHC3698G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	NIL	The seasons where
Driver	The state of the s			THE CHEST STATES
Name	THOMAS WONG CHEEK		ID No.	S2018793Z
Related Vehicle	SHC3698G (Car)		Contact No.	96661318
Hospital/Clinic	CHERN MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	23/02/2023	Date	NIL	
lo. of Days grant	ed Medical Leave 07	Degree of	Serio	ous

Brief Details.

On 23/02/2023 at about 0800hours at along Balestier road towards Thomsom Road before CTE (city) Exit. I was travelling on the middle lane at the above mentioned road and when my front vehicle slow down and stop due to red traffic light, hence I follow suit. Suddenly, I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 7 days MC for my injury. I have 1 passenger onboard my vehicle.

Vehicles involving in the situation:

- (A) SHC3698G
- (B) SMV7979K





3 of 3

Report No. T/20230223/7143

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2023 13:17		
Officer In Charge Of Case: TP / TPIB / FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:		