

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	23/03/2023 17:20 (SGT)
Reported by	Actual Driver
Date of Accident	22/03/2023 11:50 (SGT)
Exact Location of Accident	Bukit Batok East Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH9984J

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) +65-92237202
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 - Reporting only
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	LIM KIM HEE
NRIC No	S1054547A
Date Of Birth	06/06/1948
Occupation	Outdoor

Date Of Driving Pass	13/08/1970
Driving experience	52 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92237202
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 423 YISHUN AVENUE 11 #12-546
Address complement	-
Postcode	760423
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 - Head on collision
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T /20230322/2083

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	CDQ8371
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	UNKNOWN
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

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND LEGS
Injured person in which vehicle?	CDQ8371
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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.

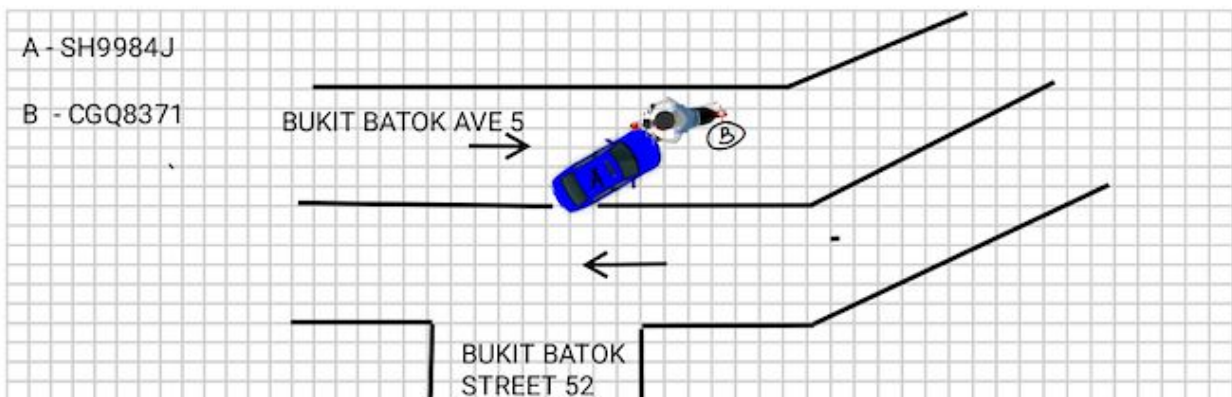


Policyholder's Signature /
Date & Time

Driver's Signature (If driver is not the policyholder) /
Date & Time 23.03.2023. 1230HRS

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T /20230322/2083

Declaration

I/We declare the foregoing particulars are true in every respect.



**FLASH ACCIDENT
REPORTING OFFICER**
KYMI YONG



Policyholder's Signature /
Date & Time

Driver's Signature (If driver is not the policyholder) /
Date & Time 23.03.2023. 1230HRS

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20230322/2083

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20230322/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/03/2023 16:18		Vide Report No.:	Station Diary No.: 72
Informant's Particulars			
Name of Informant: LIM KIM HEE		Address: APT BLK 423 YISHUN AVENUE 11 #12-546 SINGAPORE 760423	
ID Type / ID No.: NRIC NO / S1054547A		Contact No.:	Mobile: 92237202
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 74	Date of Birth: 06/06/1948	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2023 11:50	Type of Location: T-Junction
Location: BUKIT BATOK EAST AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CDQ8371	Motorcycle				Seriously Damaged	0
SH9984J	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230322/2083

Police Station Of Origin:
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20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20230322/2083

CONTINUATION OF REPORT

Brief Details.

On 22 March 2023 at around 1150hrs, I was driving my taxi (Plate No: SH9984J) along Bukit Batok St 52 turning into Bukit Batok East Ave 5. As I was making a right turn at a T-Junction, I moved the vehicle slowly to check my blindspots. I saw that it was clear for me to move hence I made the turn. As I slowly turned right, I saw a motorcycle (Plate No: CDQ8371) riding fast from my opposite direction. I then braked my car and stopped on the motorcycle's lane. This caused the motorcycle rider to panic and swerve right, hitting the front left side of my vehicle. The rider flew off her bike, going forwards and landed a few meters away.

My car was damaged on its front left side. Its bumper was dented and there was a crack on it. Its front left headlight was also damaged. I observed that the motorcycle's handlebar was slightly bent, and its right side mirror had fallen off.

As I exited my car to check on the rider, and saw bleeding from her left knee. I did not see any other visible injuries. Ambulance arrived and conveyed the rider to hospital. I am not sure which hospital she was conveyed to. Traffic Police attended to the incident and they have taken the SD Card from my in-car camera. They also told me to head to the nearest police station to lodge a police report.



**SINGAPORE
POLICE FORCE**





T/20230322/2083


Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3
Report No. T/20230322/2083

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SC DARWISH SYAZWAN BIN
IMRAN 

Signature Of Informant: 

Signature Of Interpreter:
Lin Sheng De / S8843941D 

Date/Time:
22/03/2023 16:18

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT Ahmad Syafiq Bin Harris
Contact No.: 65476201

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G233N001E Vehicle Registration No: SH9984J
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 22/03/2023 Time of Accident: 11:50
 Place of Accident: Bukit Batok East Ave 5
 Insurance Company: HSBC Life (Singapore) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- ATTACHED VEHICLE PHOTO



 Policyholder / Driver's Signature
 Date:

Muhammad Dahnil

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: