

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	10/04/2023 21:37 (SGT)
Reported by	Actual Driver
Date of Accident	09/04/2023 15:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	LAMP POST 236
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8339K
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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) +65-96933488
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	NEO CHWEE THIAM
NRIC No	SXXXX005E
Date Of Birth	03/04/1960
Occupation	Outdoor

Date Of Driving Pass	11/04/1978
Driving experience	45 YEARS
Gender	Male
Mobile Number	(Phone) +65-96933488
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 262 YISHUN STREET 22 # 07-107
Address complement	-
Postcode	760262
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	Side Swipe
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
T/20230410/2027

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	SMC963B
Vehicle Manufacturer	Honda

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NEO CHWEE THIAM
Gender	Male
Phone No	(Phone) +65-96933488
Address	BLK 262 YISHUN STREET 22 #07-107
Address Complement	-
Post Code	760262
Approximate Age Years Old	63
Injuries Sustained	DIZZY AND EXPERIENCING CHEST TIGHTNESS ,RIGHT SHOULDER
Injured person in which vehicle?	SHC8339K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.
- (b) Collectively the "Purposes"
- (c) 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
- (d) 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.

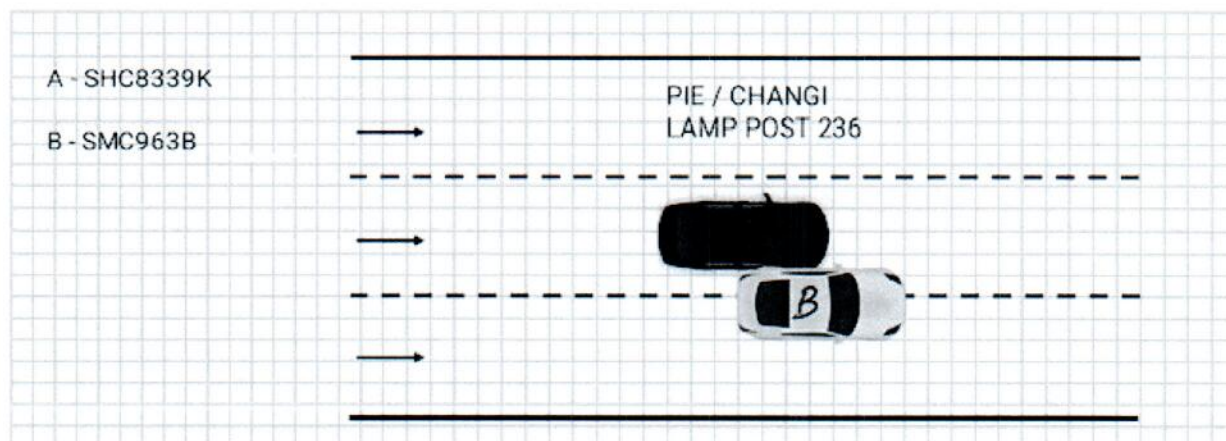
**FLASH ACCIDENT
REPORTING OFFICER**
KYMI



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 10.04.2023. 1625HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20230410/2027

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 10.04.2023. 1630HRS

FLASH ACCIDENT
REPORTING OFFICER
KYMI



Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20230410/2027

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

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Report No. T/20230410/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2023 12:05		Vide Report No.: E/20230409/0137		Station Diary No.:	
Informant's Particulars					
Name of Informant: NEO CHWEE THIAM			Address: APT BLK 262 YISHUN STREET 22 #07-107 SINGAPORE 760262		
ID Type / ID No.: NRIC NO / S1457005E			Contact No.: Home/Office: Mobile: 96933488		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 03/04/1960	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 Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/04/2023 15:45	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 236				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8339K	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Blue	Slightly Damaged	0
SMC963B	Car	HONDA	VEZEL 1.5X CVT	Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230410/2027

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

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Report No. T/20230410/2027

CONTINUATION OF REPORT

Driver			
Name	NEO CHWEE THIAM	ID No.	S1457005E
Related Vehicle	SHC8339K (Car)	Contact No.	96933488
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/04/2023	Date Discharge	09/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE ABOVEMENTIONED DATE AND TIME, I, NEO CHWEE TIAM (S1457005E) WAS DRIVING MY CAR BEARING THE PLATE NUMBER SHC8339K ALONG PIE(AP) ON THE WAY TO CHANGI AIRPORT WHEN I GOT INVOLVED IN AN ACCIDENT WITH A VEHICLE BEARING THE PLATE NUMBER SMC963B. I WAS RIDING ALONG THE SECOND LANE WHEN THE PREVIOUSLY MENTIONED VEHICLE OVERTOOK MY CAR BUT ENDED UP GRAZING THE RIGHT SIDE OF MY VEHICLE CAUSING SCRATCHES AND DENTS ON DRIVER SIDE DOOR. I STOPPED MY VEHICLE IMMEDIATELY WHILE THE OTHER VEHICLE TOOK SOME TIME BEFORE STOPPING HIS VEHICLE. I IMMEDIATELY CALLED THE AMBULANCE AS I WAS STARTING TO FEEL DIZZY AND EXPERIENCING CHEST TIGHTNESS. I DID NOT MANAGE TO EXCHANGE CONTACTS WITH THE OTHER DRIVER AS I WAS QUICKLY CONVEYED TO CHANGI GENERAL HOSPITAL BY THE AMBULANCE. I SUFFERED A CONTUSION OF MY RIGHT SHOULDER REGION BUT WAS DISCHARGE THE VERY SAME DAY AFTER BEING OBSERVED BY THE PHYSICIANS. THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20230410/2027

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

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Report No. T/20230410/2027

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

TP /

TSC JUMILL NOEL MACADAEG
BIGUERAS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2023 12:05

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case: