

# 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 .....	18/04/2023 16:11 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	17/04/2023 17:00 (SGT)
Exact Location of Accident .....	Pasir Ris Drive 3, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SH8548S
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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) +65-83180450
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	I40
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 .....	1685

### INSURANCE COMPANY

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

### DRIVER

Name of Driver .....	GOH YONG KWEE
NRIC No .....	SXXXX402B
Date Of Birth .....	19/12/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	09/05/1984
Driving experience .....	38 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83180450
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 195B PUNGGOL ROAD # 09 - 518
Address complement .....	-
Postcode .....	822195
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 to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	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 .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT  
T /20230418/2047

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
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 .....	SJJ2036M
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SHAHIDIN
Contact Number .....	(Phone) +65-98502467
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 .....	GOH YONG KWEE
Gender .....	Male
Phone No .....	(Phone) +65-83180450
Address .....	BLK 195B PUNGGOL ROAD # 09 - 518
Address Complement .....	-
Post Code .....	822195
Approximate Age Years Old .....	59
Injuries Sustained .....	NECK
Injured person in which vehicle? .....	SH8548S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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

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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.

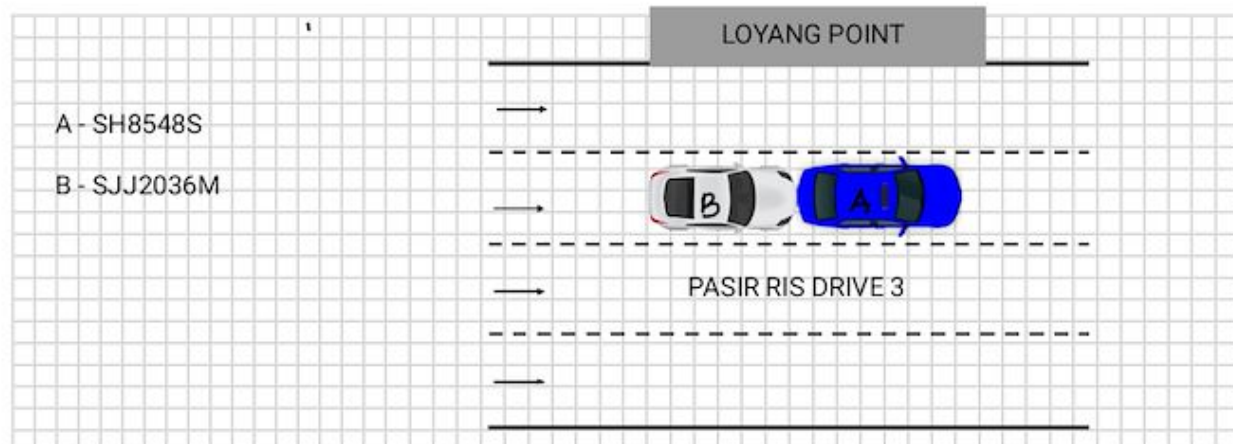
Policyholder's Signature / Date & Time

**Sketch Plan**

Driver's Signature (If driver is not the policyholder) / Date & Time 18.04.2023. 1550RS

**FLASH ACCIDENT  
REPORTING OFFICER  
KYMI**

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT  
T /20230418/2047

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 18.04.2023. 1600HRS

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI



Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20230418/2047

1 of 3

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20230418/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/04/2023 13:41		Vide Report No.: T/20230418/2045	Station Diary No.: 21
<b>Informant's Particulars</b>			
Name of Informant: GOH YONG KWEE		Address: APT BLK 195B PUNGGOL ROAD #09-518 SINGAPORE 822195	
ID Type / ID No.: NRIC NO / S1574402B		Contact No.: Home/Office: Mobile: 83180450	
Nationality: SINGAPORE CITIZEN		Email: Gyongkwee@gmail.com	
Sex: Male	Age: 59	Date of Birth: 19/12/1963	Type of Informant: Driver
Race: Chinese		Language: Chinese	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 17:00	Type of Location: T-Junction
Location: PASIR RIS DRIVE 3		Station Diary No.: 21	
Weather: Drizzling	Road Surface: Wet		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SH8548S	Taxi				Slightly Damaged	1
SJJ2036M	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230418/2047

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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Report No. T/20230418/2047

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	GOH YONG KWEE	ID No.	S1574402B
Related Vehicle	SH8548S (Taxi)	Contact No.	83180450
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/04/2023	Date Discharge	17/04/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Shahidin	ID No.	NIL
Related Vehicle	NIL	Contact No.	98502467
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 17/04/2023 at about 1700hrs, I was driving my taxi SH8548S along Pasir Ris Drive 3 towards Drive 12. I was stationary at the traffic light junction of Drive 2 and another car SJJ2036M rear ended my taxi and I felt a jerk. I have a front and rear facing camera in my taxi. I had seen a doctor and was given 5 days of MC from 18/04/2023 to 22/04/2023. As such, I am lodging this traffic accident report.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999



T/20230418/2047

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Report No. T/20230418/2047

**CONTINUATION OF REPORT**

Police Station  
Teck Ghee  
321 Ang Mo Kio  
560321  
Tel No: 1800-4599999

Report No. T/20230418/2047

Signature of Officer Recording The Report:

F/  
SR STAFF SGT YEO WEE KIAT

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
18/04/2023 13:41Officer In Charge Of Case:  
JP7 GIA/  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

Dist. Code:  
NP168