

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	29/04/2023 08:38 (SGT)
Reported by	Actual Driver
Date of Accident	28/04/2023 15:30 (SGT)
Exact Location of Accident	Bukit Batok Street 23, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5045M
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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) +65-94879898
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	OOI BOON LEONG
NRIC No	S0223573J
Date Of Birth	10/09/1951
Occupation	Outdoor

Date Of Driving Pass	15/12/1983
Driving experience	39 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94879898
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 504 CHOA CHU KANG STREET 51 #06-169
Address complement	-
Postcode	680504
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	Collided into Motorcyclist
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO T/20230428/2100

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	AT22U
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LIM CHIN HONG
NRIC No	S8840623J
Contact Number	(Phone) +65-97733456
Address	BLK 215 BUKIT BATOK STREET 21 #05-335
Address complement	-
Postcode	650215
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHIN HONG
Gender	Male
Phone No	(Phone) +65-97733456
Address	BLK 215 BUKIT BATOK STREET 21 #05-335
Address Complement	-
Post Code	650215
Approximate Age Years Old	-
Injuries Sustained	HEAD INJURY, HAND AND BACK ABBRASIONS
Injured person in which vehicle?	AT22U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

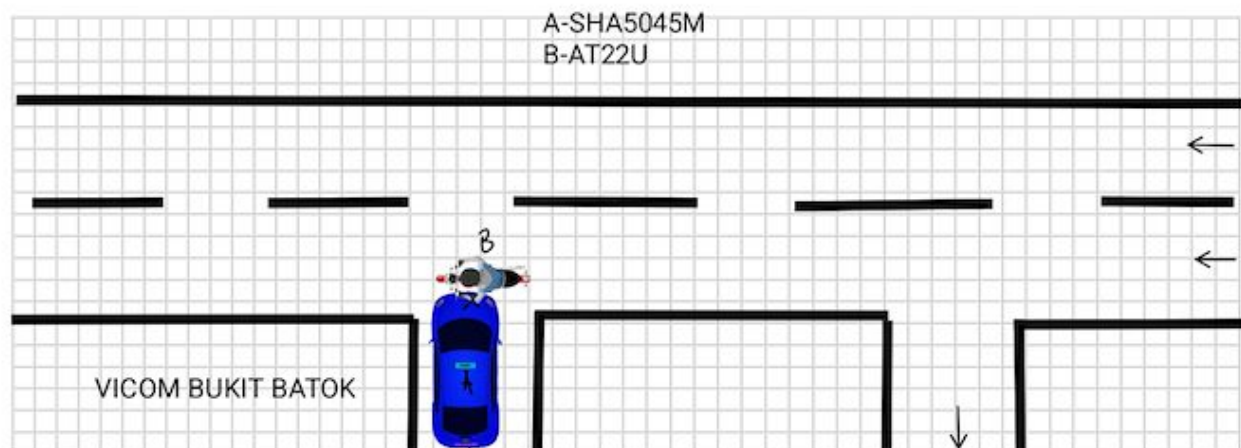
Sketch Plan

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

28/04/23 2030HRS

Witnessed by Reporting Centre Personnel

**FLASH ACCIDENT
REPORTING OFFICER**
FRO ZIKRUL



Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20230428/2100

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
28/04/23 2030HRS

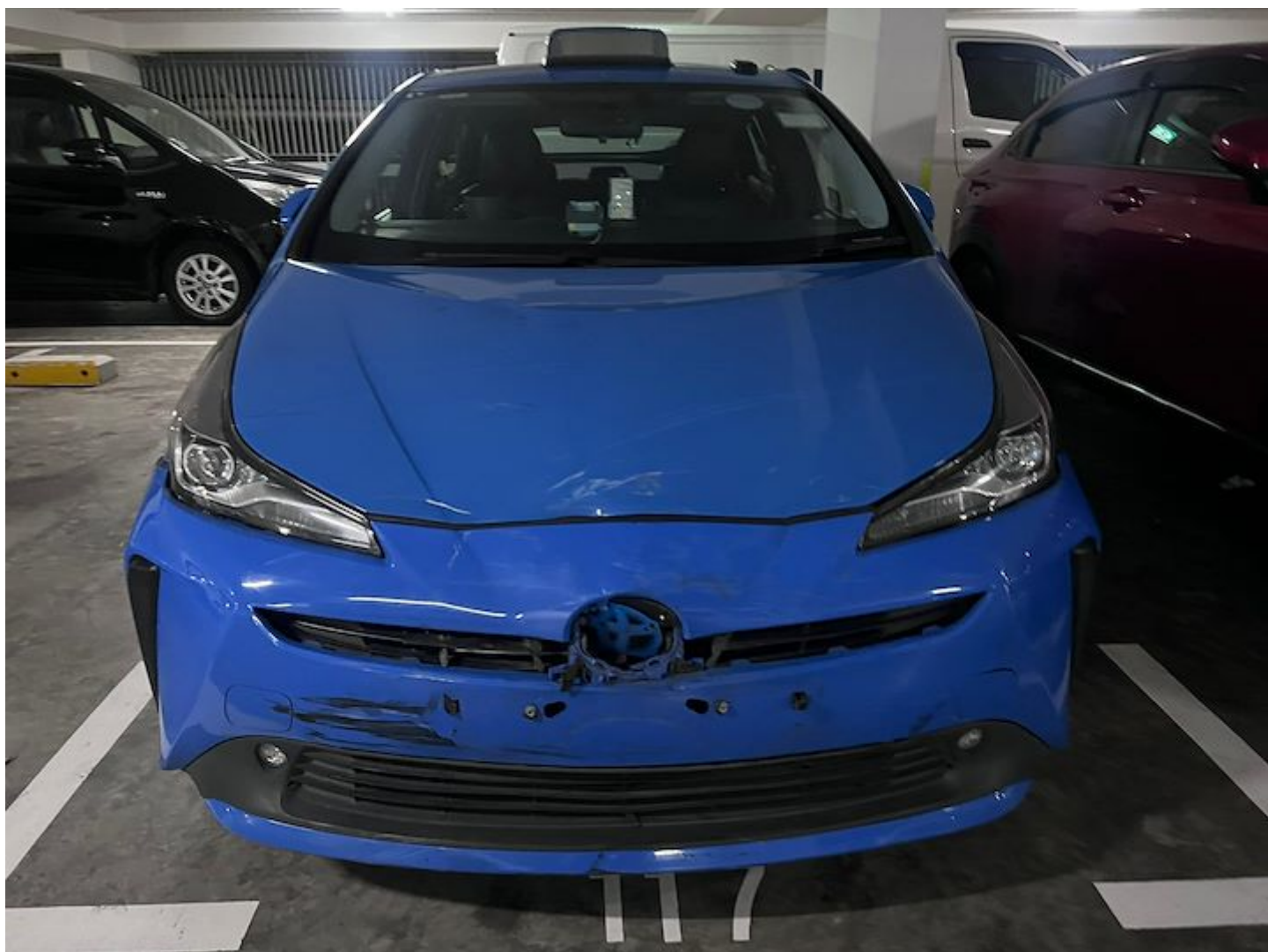
FLASH ACCIDENT
REPORTING OFFICER

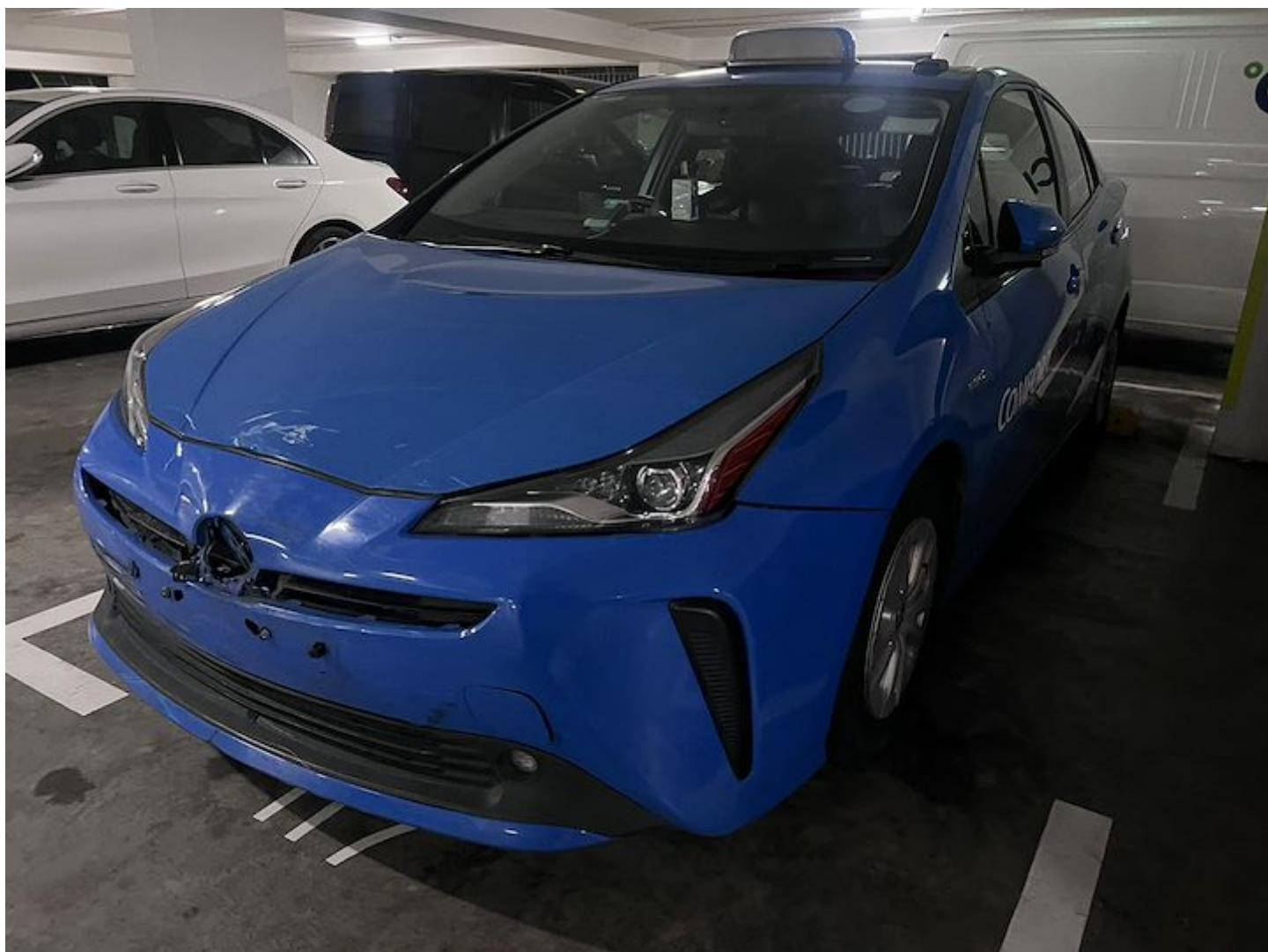
FRO ZIKRUL



Witnessed by Reporting Centre
Personnel

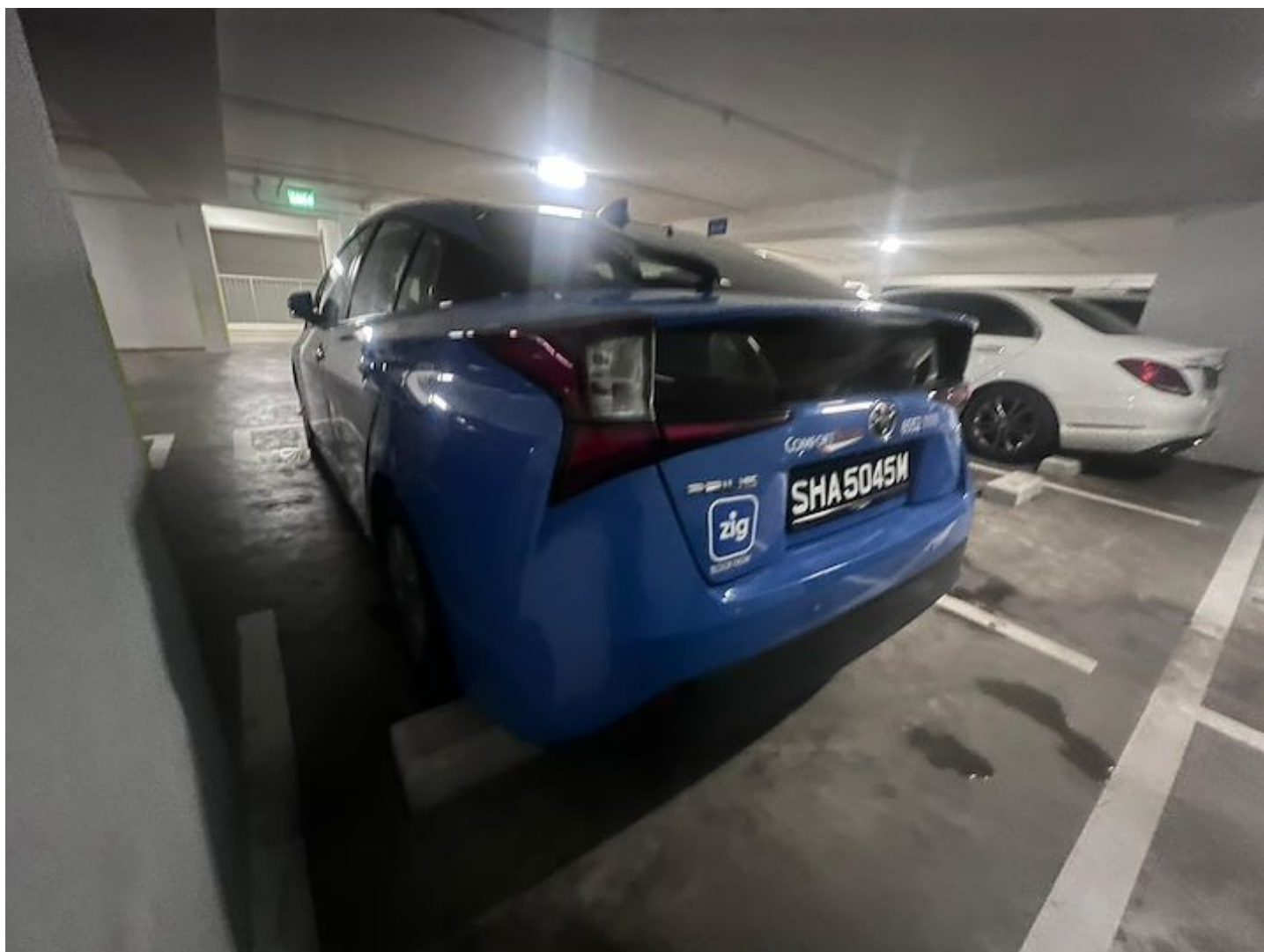


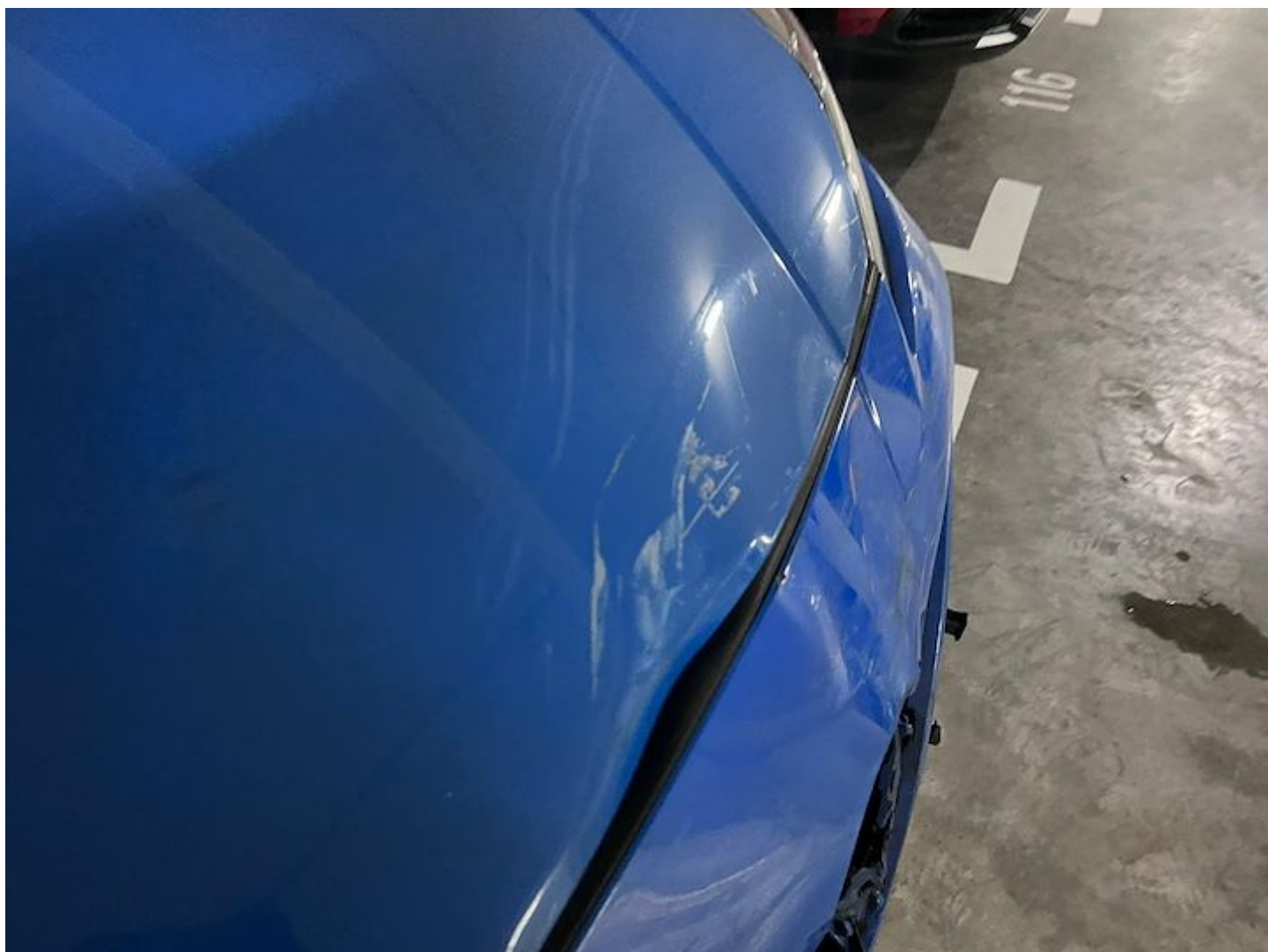


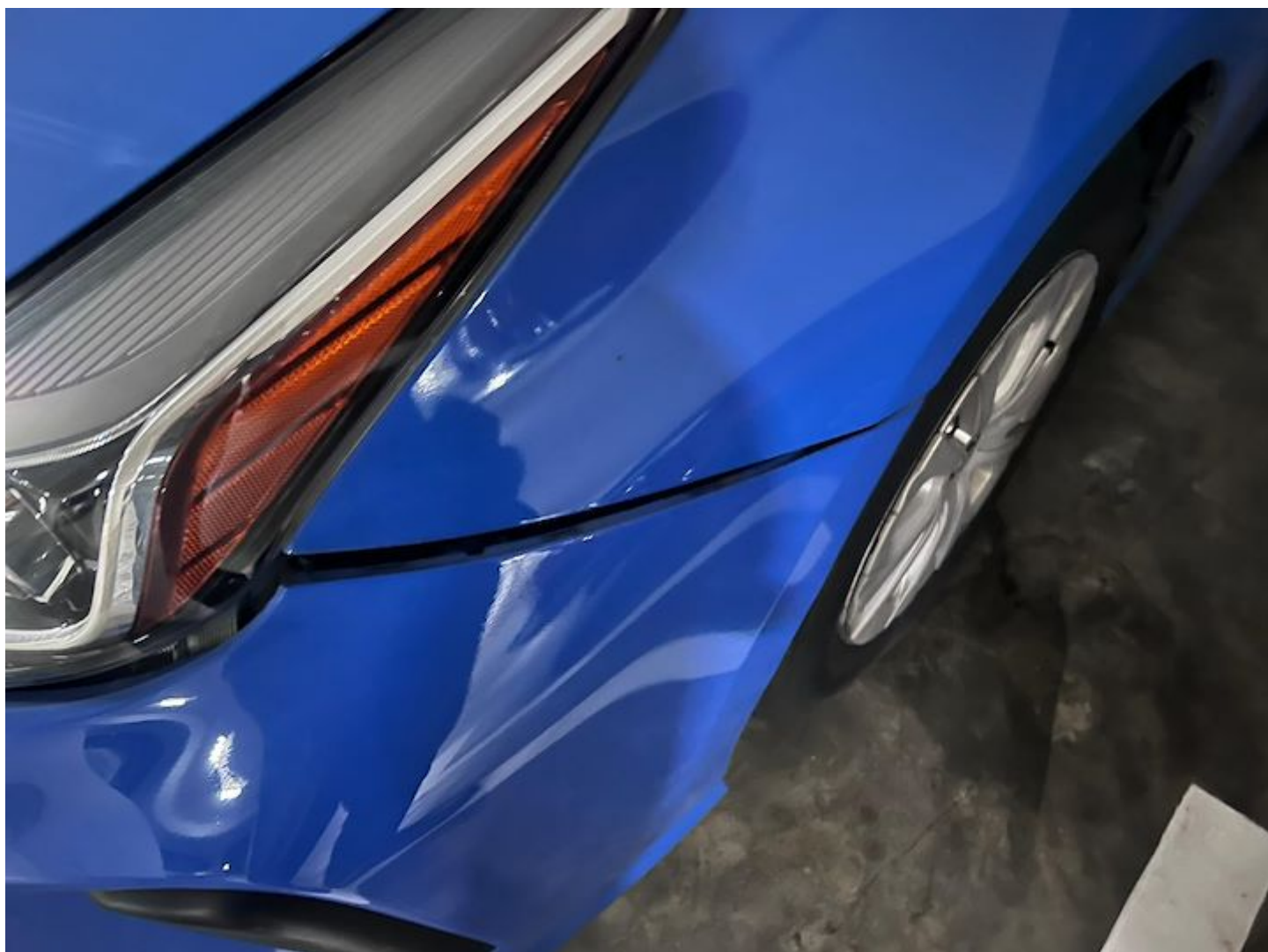






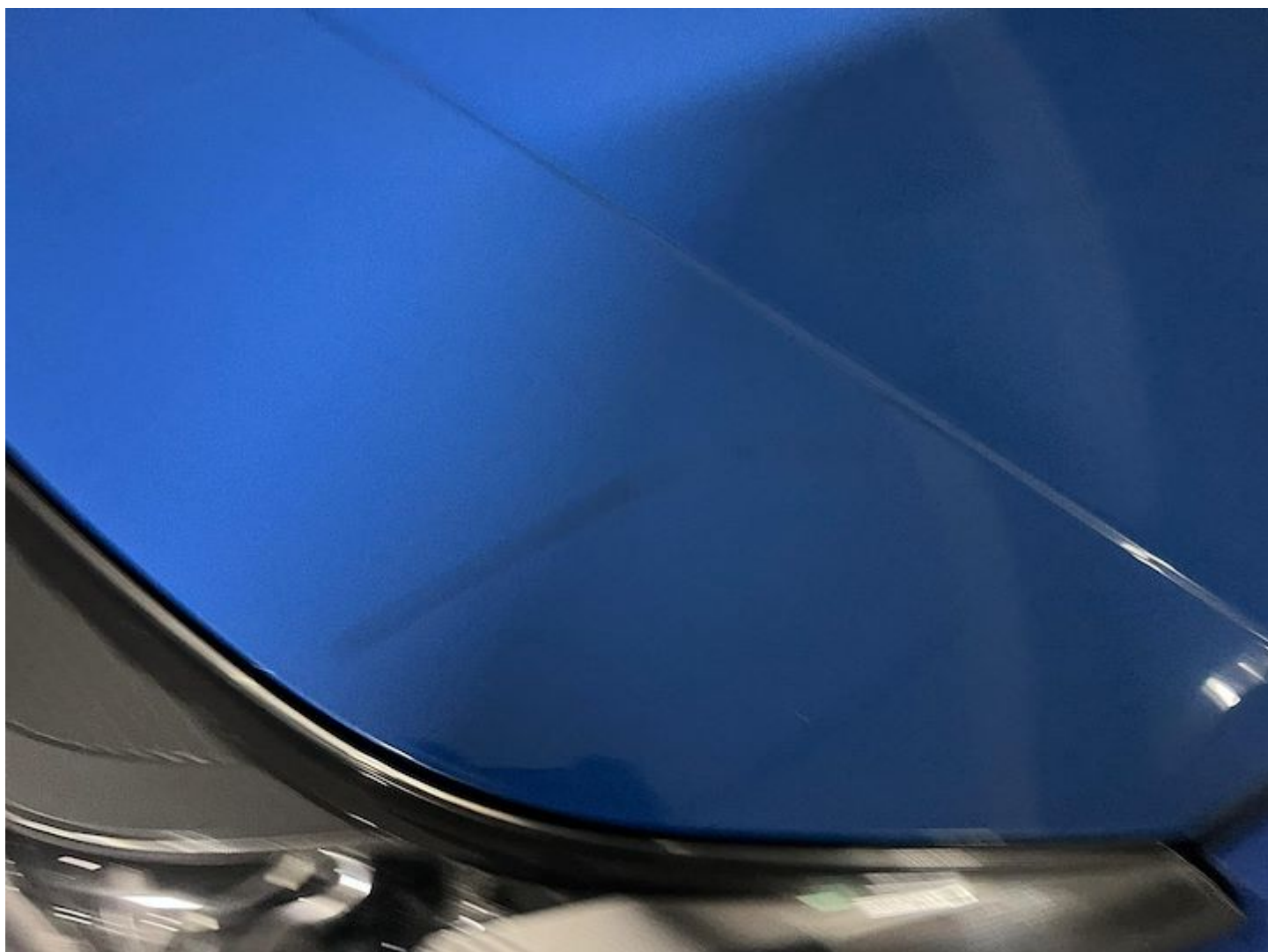






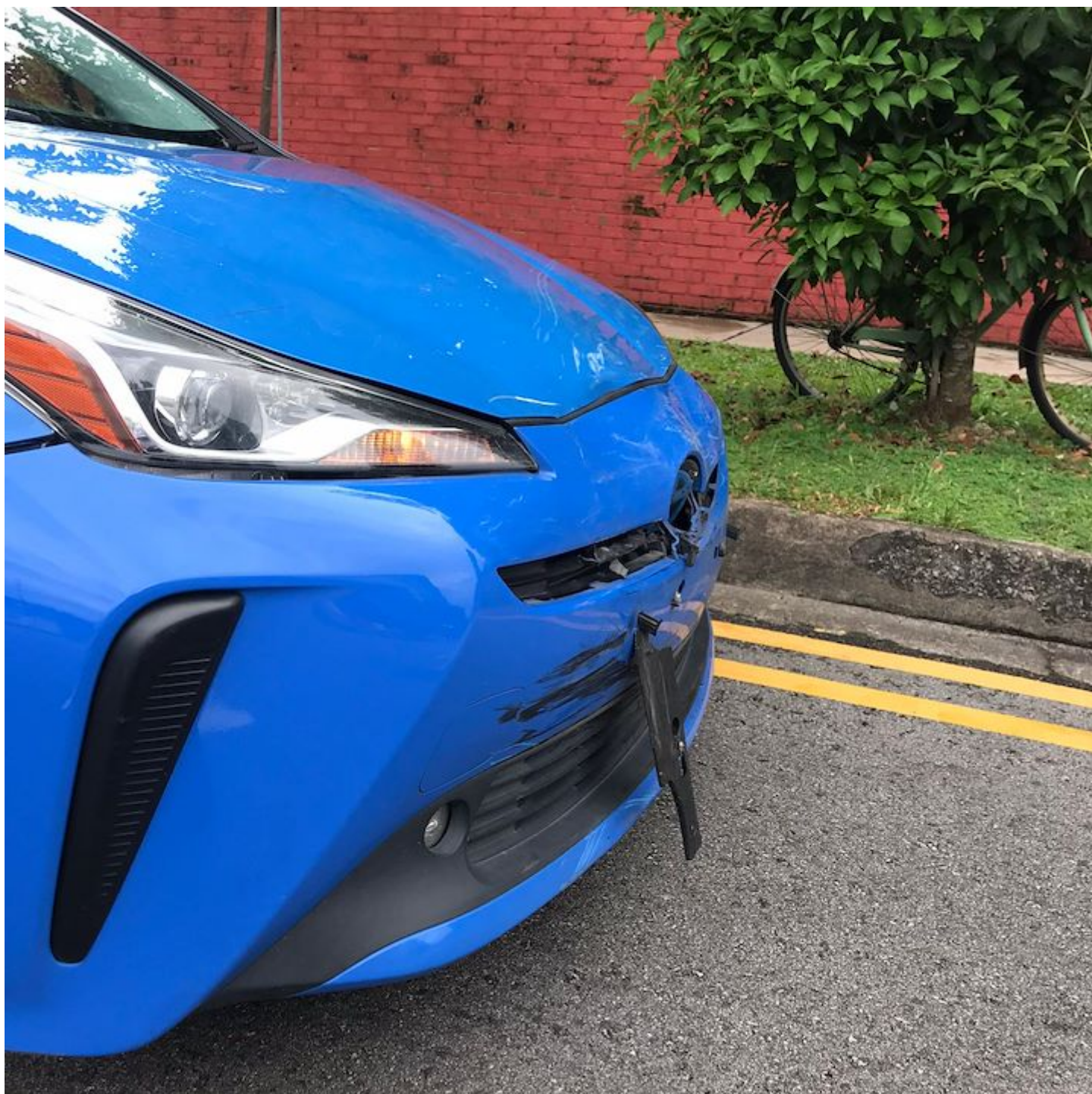


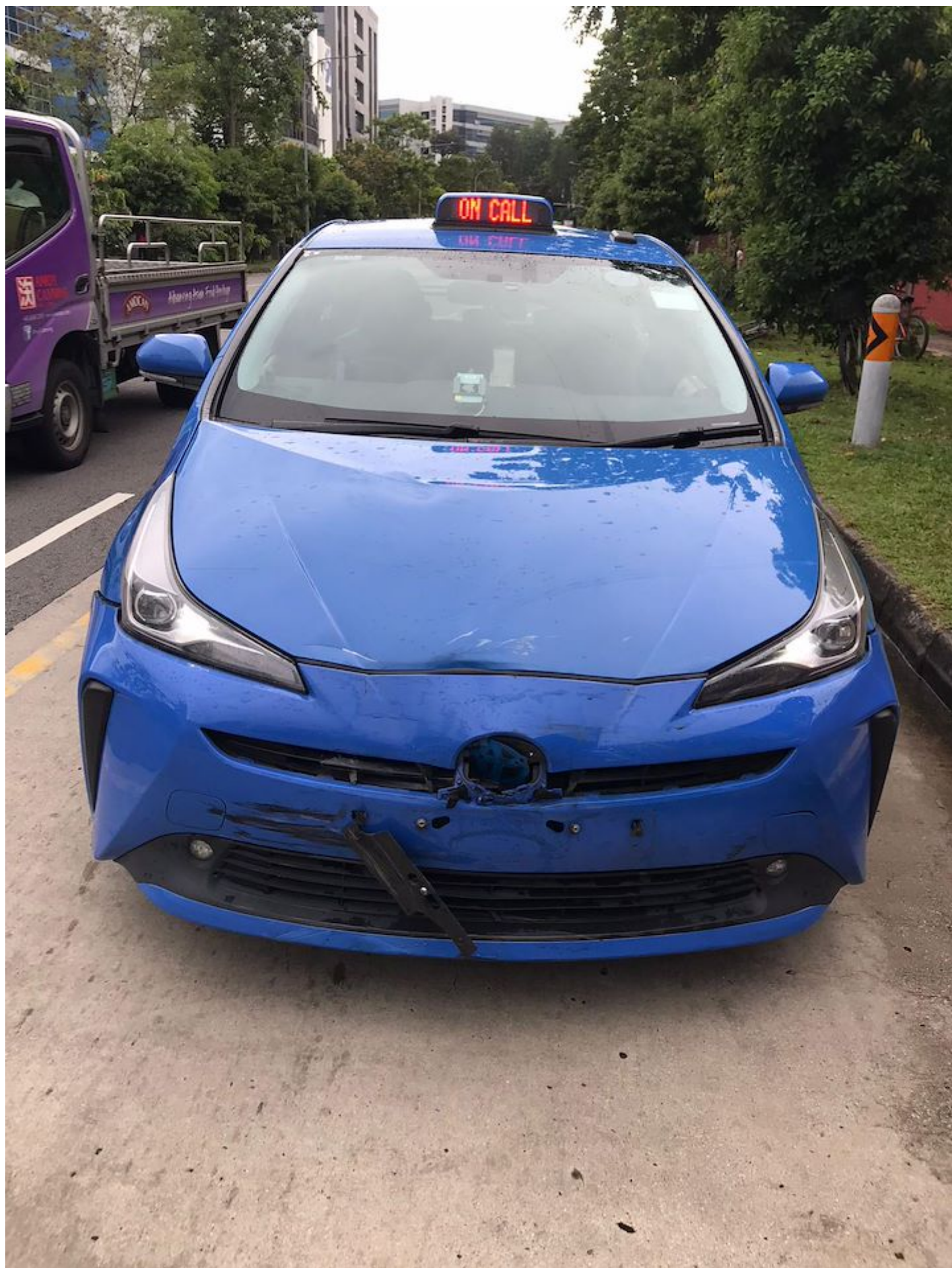








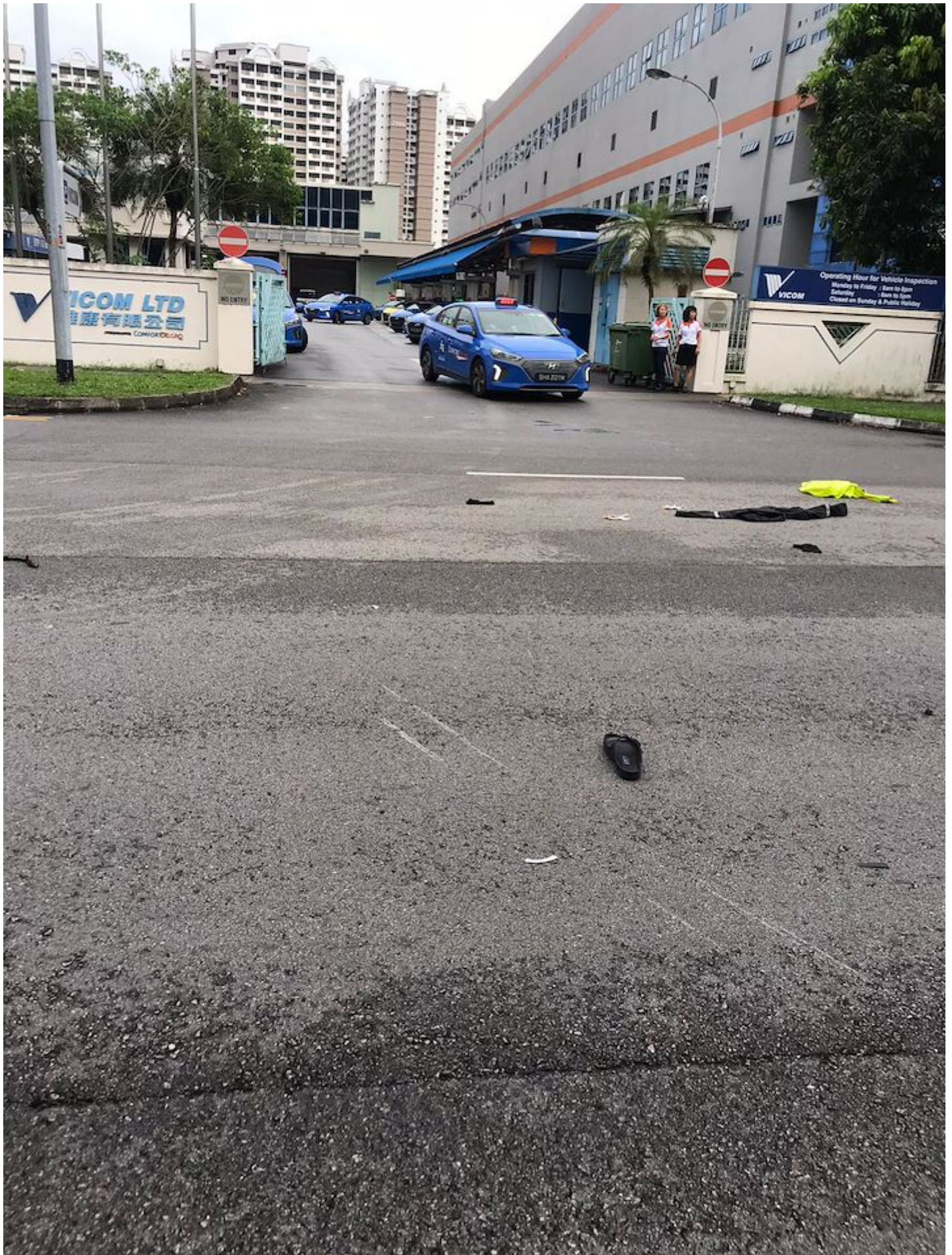













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230428/2100

1 of 3

Report No. T/20230428/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2023 20:08	Vide Report No.: J/20230428/0068	Station Diary No.: 133
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Informant's Particulars

Name of Informant: OOI BOON LEONG		Address: APT BLK 504 CHOA CHU KANG STREET 51 #06-169 SINGAPORE 680504	
ID Type / ID No.: NRIC NO / S0223573J		Contact No.: Home/Office: Mobile: 94879898	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 71	Date of Birth: 10/09/1951	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/04/2023 15:30	Type of Location: Straight Road
Location: BUKIT BATOK STREET 23				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AT22U	Motorcycle				Slightly Damaged	1
SHA5045M	Car				Slightly Damaged	0

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230428/2100

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Report No. T/20230428/2100

CONTINUATION OF REPORT

Rider			
Name	LIM CHIN HONG	ID No.	S8840623J
Related Vehicle	AT22U (Motorcycle)	Contact No.	97733456
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
Driver			
Name	OOI BOON LEONG	ID No.	S0223573J
Related Vehicle	SHA5045M (Car)	Contact No.	94879898
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28 April 2023 at about 1530hrs, I was driving vehicle bearing plate number SHA5045M and turning out from VICOM intending to turn right so I inched out. I suddenly felt an impact from the front of my taxi. I saw a motorbike bearing plate number AT22U had collided into the front of my bumper and the rider was flung off his motorbike. Immediately a few passerby came and assisted to move the rider to the roadside. I managed to get the rider's particulars before he was conveyed to NUH via ambulance. Subsequently after, Traffic Police came and I handed over my SD card to the officer. The collision caused my front plate number to be dislodged and the front mudguard of the motorbike to be cracked.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20230428/2100

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Report No. T/20230428/2100

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 3 FITRAH RADHIAH BINTE
ZULKIFLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/04/2023 20:08

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE

Contact No.: 65476187

Classification Of Case:

NP168

