

# 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 ..... 19/05/2023 09:46 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 18/05/2023 17:15 (SGT)  
Exact Location of Accident ..... Senja Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SH7248P

### 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) +65-97460126  
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 ..... NG CHANG KHUEN  
NRIC No ..... S7003560Z  
Date Of Birth ..... 05/02/1970  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/01/1996
Driving experience .....	27 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97460126
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 233 ANG MO KIO AVENUE 3 #11-1172
Address complement .....	-
Postcode .....	560233
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 - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	Yes
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JTQ7205
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### 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

PLEASE REFER TO POLICE REPORT NO T/20230518/7076

#### 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 .....	JTQ7205
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	CHONG GEN YUAN
Passport No/FIN .....	951003146421
Contact Number .....	(Phone) +65-90530174
Address .....	NO 171 JALAN NB2 4/5 TAMAN NUSA BESTARI 2
Address complement .....	-
Postcode .....	81300
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 .....	CHONG GEN YUAN
Gender .....	Male
Phone No .....	(Phone) +65-90530174
Address .....	NO 171 JALAN NB2 4/5 TAMAN NUSA BESTARI 2
Address Complement .....	-
Post Code .....	81300
Approximate Age Years Old .....	-
Injuries Sustained .....	ABRAISIONS ON RIGHT ARM, LEFT WRIST, LEFT THIGH
Injured person in which vehicle? .....	JTQ7205
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**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

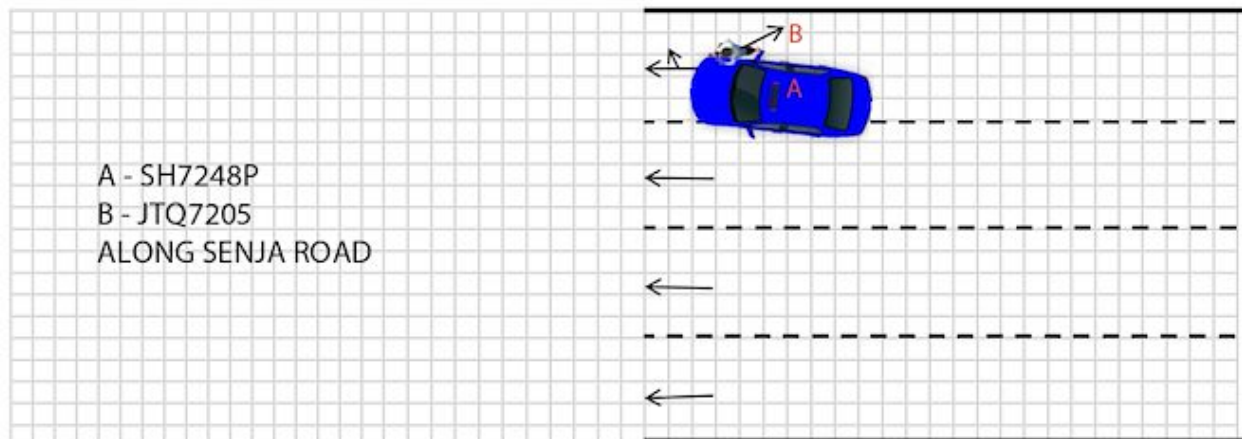
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
 18/05/2023 1825HRS

Witnessed by Reporting Centre Personnel  
 DHIYAA

**Sketch Plan**



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO T/20230518/7076

**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 18/05/2023 1825HRS

  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel DHIYAA

















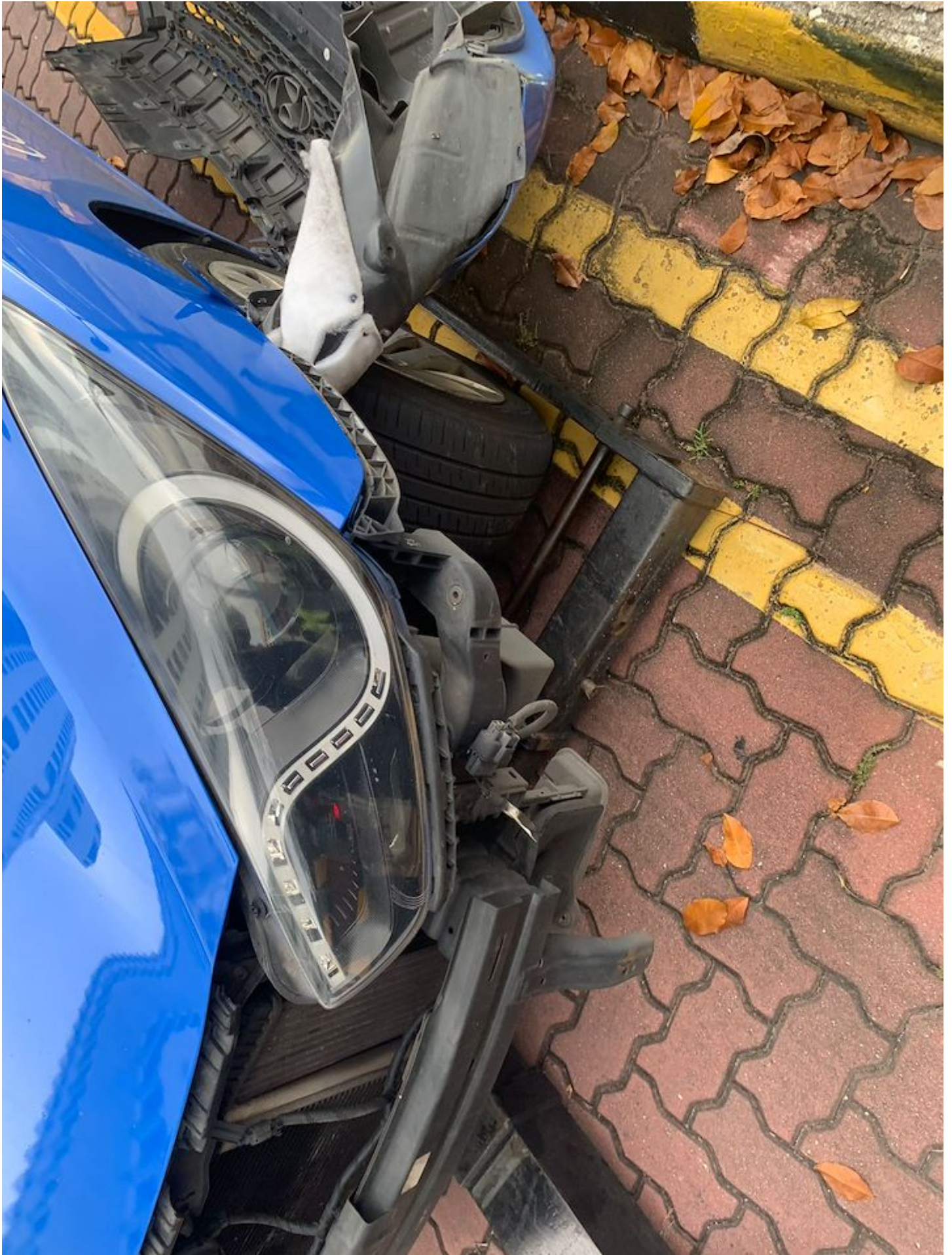






































**SINGAPORE  
POLICE FORCE**



T/20230518/7076

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

1 of 3

Report No. T/20230518/7076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/05/2023 19:33		Vide Report No.: J/20230518/0086	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: NG CHANG KHUEN		Address: 233 ANG MO KIO AVENUE 3 #11-1172 SINGAPORE 560233	
ID Type / ID No.: NRIC NO / S7003560Z		Contact No.: Home/Office:                      Mobile: 97460126	
Nationality: SINGAPORE CITIZEN		Email: ANDREWKZ@HOTMAIL.COM	
Sex: Male	Age: 53	Date of Birth: 05/02/1970	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 18/05/2023 17:15	Type of Location: Bend
Location:  SENJA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JTQ7205	Motorcycle	HONDA		White	Slightly Damaged	0
SH7248P	TAXI	HYUNDAI	I40	Blue	Seriously Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20230518/7076

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

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Report No. T/20230518/7076

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG CHANG KHUEN	ID No.	S7003560Z
Related Vehicle	SH7248P (TAXI)	Contact No.	97460126
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SH7248P (TAXI)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	CHONG GEN YUAN	ID No.	951003146421
Related Vehicle	NIL	Contact No.	90530174
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/05/2023	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

## Brief Details.

ON 18/05/2023 AT ABOUT 1715HRS I WAS DRIVING BLUE VEHICLE A(SH7248P) ALONG SENJA ROAD ON THE 2ND RIGHT LANE WHILE I WAS CHANGING TO THE MOST RIGHT LANE OUT OF THE WHITE VEHICLE B(JTQ7205) COLLIDED INTO MY FRONT RIGHT SIDE.

NO OTHER VEHICLE INVOLVED  
TPV ABRASION ON RIGHT ARM, LEFT WRIST, LEFT THIGH.



**SINGAPORE  
POLICE FORCE**



T/20230518/7076

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

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Report No. T/20230518/7076

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / HO HUIZHAN Contact No.: 96271931

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 18/05/2023 19:33
Classification Of Case:

This report is lodged at Bukit Panjang NPC Kiosk 1  
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: SJ0G235J0007 Vehicle Registration No: SH7248P  
 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: 18/05/2023 Time of Accident: 17:15  
 Place of Accident: Ang Mo Kio Ave 8,  
 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:

UPDATE CLAIM STATUS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*Siti*

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 19.05.2023

