© 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 witholding 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 01/06/2023 19:52 (SGT)

Reported by Actual Driver

Date of Accident 30/05/2023 21:30 (SGT)

Exact Location of Accident 106 Bedok Reservoir Rd, Block 106, Singapore 470106

Additional Location Information OSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7119E

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) +65-93872652

Mobile Phone No (Phone) +65-938/2652
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai

Model 140

Variant

Exact purpose for which vehicle was being used at time of

Private hire

Are you claiming under your own insurance policy for repair to

No - Claiming third party

your vehicle?

Vehicle Category

Taxi

Auto

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
 WONG PENG LUAN

 NRIC No
 SXXXX020I

 Date Of Birth
 06/02/1957

 Occupation
 Outdoor

Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 **Weather Conditions** Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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?

Police Station Name

Police Station Phone No.

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

21/10/1977

Female

470106

No Hirer

No

Clear

Dry

No

No

Yes

1

No

2

45 YEARS AND 7 MONTHS

fleetsafety@cdgtaxi.com.sg

Collided into Parked Vehicle

BLK 106 BEDOK RESERVOIR ROAD # 04-378

(Phone) +65-93872652

Rochor Neighbourhood Police Centre

(Phone) +65-18002949999

(Fax) +65-63918583

11 Kampong Kapor Road Singapore 208678

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230531/2017

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Yes

Yes

FILE NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

SKU7371S Honda



Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

REAR RIGHT

Details of property damaged in accident

No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

Name UNKNOWN Phone -

Email

SKETCH PLAN

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- 6. The 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 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)

lunderstand, 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.
- 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, involces, 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.

\m

FLASH ACCIDENT.
REPORTING OFFICE
KYMI

Policyholder's Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date & Time 01.06.2023. 1155HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHD7119E BLOCK 106 BEDOK RESERVOIR ROAD OSCP

B-5KU73715

REFER TO POLICE REPORT T/20230531/2017		

Declaration

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

Policyholder's Signature / Date & Time

& Time

01.06.2023.

Driver's Signature (If driver is not the policyholder) / Date 1200HRS

FLASH ACCIDENT REPORTING OFFICER

Witnessed by Reporting Centre **Personnel**





T/20230531/2017

1 of 3

Report No. T/20230531/2017

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2023 11:07		Vide Report No.: G/20230530/0185	Station Diary No.: 46		
Informan	t's Particu	llars	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Name of I	nformant:		Address:		
WONG PENG LUAN			APT BLK 106 BEDOK RESERVOIR ROAD #04-378 SINGAPORE 470106		
ID Type /	ID No.:		Contact No.:		
NRIC NO / S1273020I		Home/Office:	Mobile: 93872652		
Nationality SINGAPO	,	EN .	Email:		
Sex:	Age:	Date of Birth:	Type of Informant:		
Female	66	06/02/1957	Driver .		
Race:	•	•	Language:		
Chinese					
Occupation	n:		Driving Licence Inform	ation:	
TAXI DRIVER		Class: 3	Date of Expiry:		

General Informat	ion of the Accident	and the second second		MALE AND A STATE OF
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/05/2023 21:30	Type of Location: Car Park
Location:				
BEDOK RESERV	OIR ROAD			
Weather:		Road Surface:		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of V	1	Make	Model	Color	Condition	No of Passenge
Vehicle No.	According to the second		IVICAGO	SAME OF TAXABLE PARTY.	Seriously	0
SHD7119E	TAXI	HYUNDAI		Blue	Damaged	
SKU7371S	Car	HONDA		Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	Liter of Redestries Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

2 of 3 Report No. T/20230531/2017

CONTINUATION OF REPORT

Driver			50 7 P. P. T.		1 7 6 6 7	
Name	WONG PENG LUAN			ID No		S1273020I
Related Vehicle	NIL			Conta	ct No.	93872652
Hospital/Clinic	NIL		,	Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 30/05/2023, at around 0930hrs, I parked my taxi, a Blue coloured Hyundai at Lot 255 of Block 105/106 Bedok Reservoir Road. Everything was normal when I left the carpark. However, when I returned to my vehicle at around 2130hrs, I was informed by a witness, whose details I do not have, that my vehicle had been hit and run by a silver coloured Honda, SKU7371S, while the Honda was parking. I immediately called for Police, and was attended to. I told them my side of the story, and subsequently was given a case number (G/20230530/0185), under IO Ahmad. I was not allowed to speak to the witness, as such I do not have the details. I was asked to lodge a Police report regarding the matter.

I noted that my car has sustained damages to the front left. I wish to state that I do not have any in car camera footage that recorded the incident.





Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999 3 of 3 Report No. T/20230531/2017

CONTINUATION OF REPORT



A/	ording The Report:
SGT 2 MUHAMMAD AM	ZATH
KHAN	IL.
Signature Of Interpreter: Not applicable	
Officer In Charge Of Cas	se:
TP / HRT /	BIN MOHAMAD SAID
AR ATAPE COT IDMAN	

Signature Of Informant:	`W
Date/Time: 31/05/2023 11:07	
Classification Of Case:	٦

Police are investigating into your case. The Police may contact you or other witnesses to seek further information.

Police will inform you of the case outcome upon completion of investigation.

You may contact the Investigation Officer In-charge if you need further clarification or have information to provide.

NP319E (2019)

Lodge online police report via https://csecvices.police.gov.kg