

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	13/06/2023 08:31 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2023 16:20 (SGT)
Exact Location of Accident	Newton Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB6605K
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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) +65-96488170
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1580

INSURANCE COMPANY

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

DRIVER

Name of Driver	MOHAMED FAUZI BIN ASPAR
NRIC No	S1583510I
Date Of Birth	01/09/1963
Occupation	Outdoor

Date Of Driving Pass	01/10/1998
Driving experience	24 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96488170
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 214 TAMPINES ST 23 #03-73
Address complement	-
Postcode	520214
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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 12/06/23 AT AROUND 1620HRS I WAS DRIVING VEHICLE A (SHB6605K) AT NEWTON ROAD. AS I WAS DRIVING, I WAS CHECKING MY BLINDSPOT WHEN I DIDNT REALISE THAT THERE WAS VEHICLE B(FBR2751J) STATIONARY IN FRONT OF ME WHICH CAUSED ME TO BUMP ONTO VEHICLE B REAR. HE SUFFERED LEG ABBRASIONS BUT WASNT CONVEYED. WE STOPPED AND EXCHANGED PARTICULARS AFTER THE INCIDENT.

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	FBR2751J
Vehicle Manufacturer	Honda
Vehicle Model	SUPRA GTR 150 MANUAL
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TEO TECK TONG (ZHANG DETONG)
NRIC No	S7818739E
Contact Number	(Phone) +65-92206987
Address	BLK 230 ANG MO KIO AVENUE 3#06-1244
Address complement	-
Postcode	560230
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	TEO TECK TONG (ZHANG DETONG)
Gender	Male
Phone No	(Phone) +65-92206987
Address	BLK 230 ANG MO KIO AVENUE 3#06-1244
Address Complement	-
Post Code	560230
Approximate Age Years Old	-
Injuries Sustained	LEG ABBRASION
Injured person in which vehicle?	FBR2751J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.
 (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

12/06/23 1730HRS

**FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL**

Witnessed by Reporting Centre Personnel



NEWTON ROAD

A-SHB6605K
B-FBR2751J

Describe Circumstances of the Accident

ON 12/06/23 AT AROUND 1620HRS I WAS DRIVING VEHICLE A (SHB6605K) AT NEWTON ROAD. AS I WAS DRIVING, I WAS CHECKING MY BLINDSPOT WHEN I DIDNT REALISE THAT THERE WAS VEHICLE B(FBR2751J) STATIONARY IN FRONT OF ME WHICH CAUSED ME TO BUMP ONTO VEHICLE B REAR. HE SUFFERED LEG ABBRASIONS BUT WASNT CONVEYED. WE STOPPED AND EXCHANGED PARTICULARS AFTER THE INCIDENT.

Declaration

I/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
12/06/23 1730HRS

FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL



Witnessed by Reporting Centre Personnel



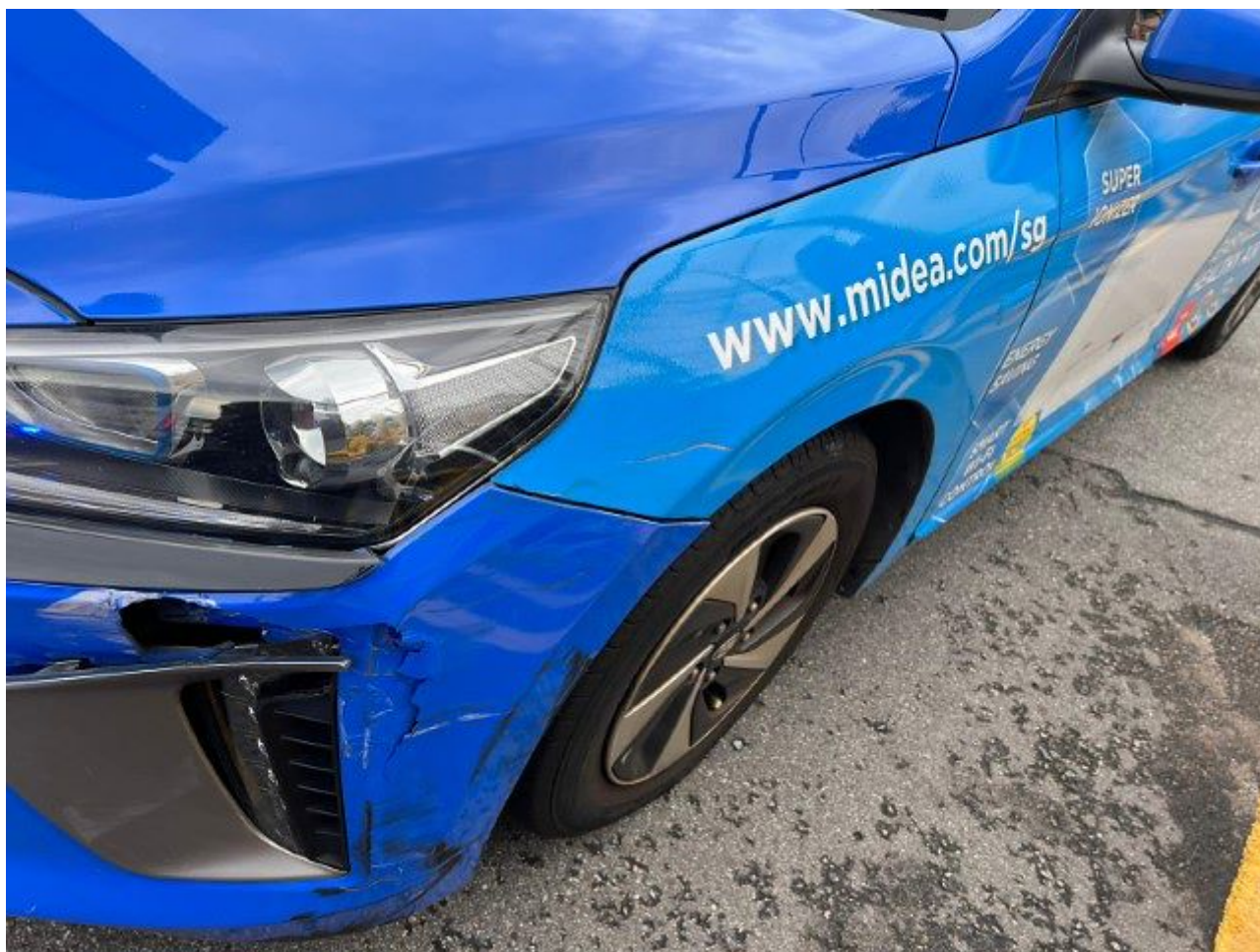






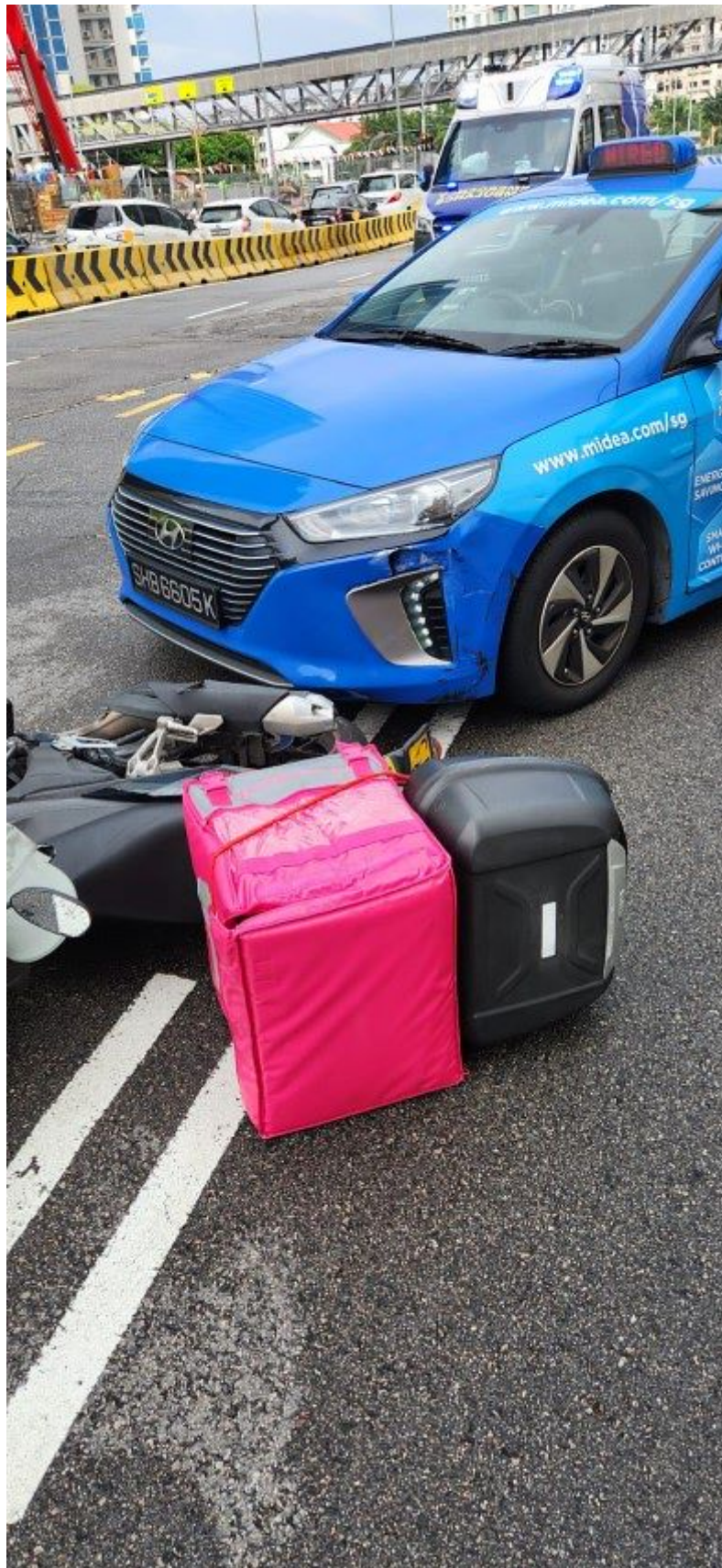






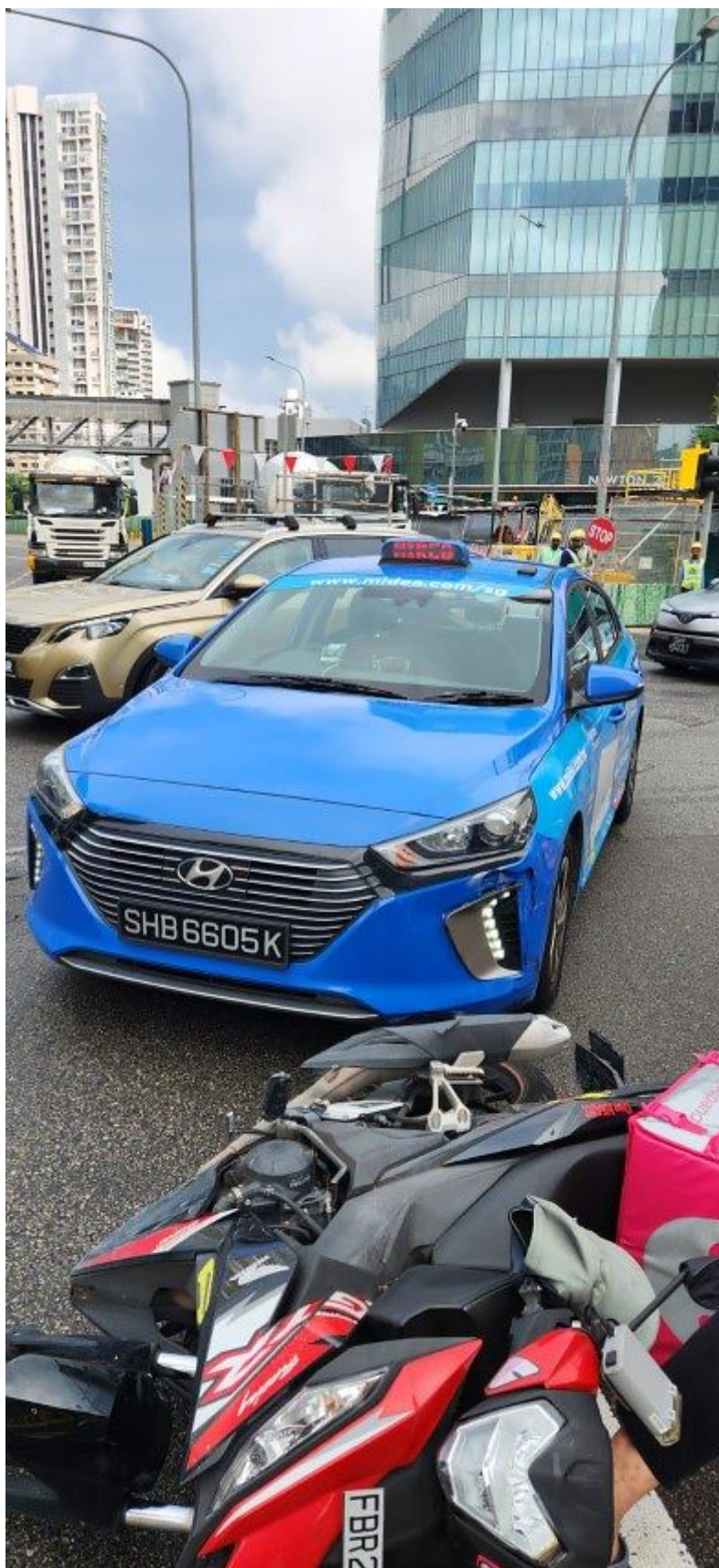




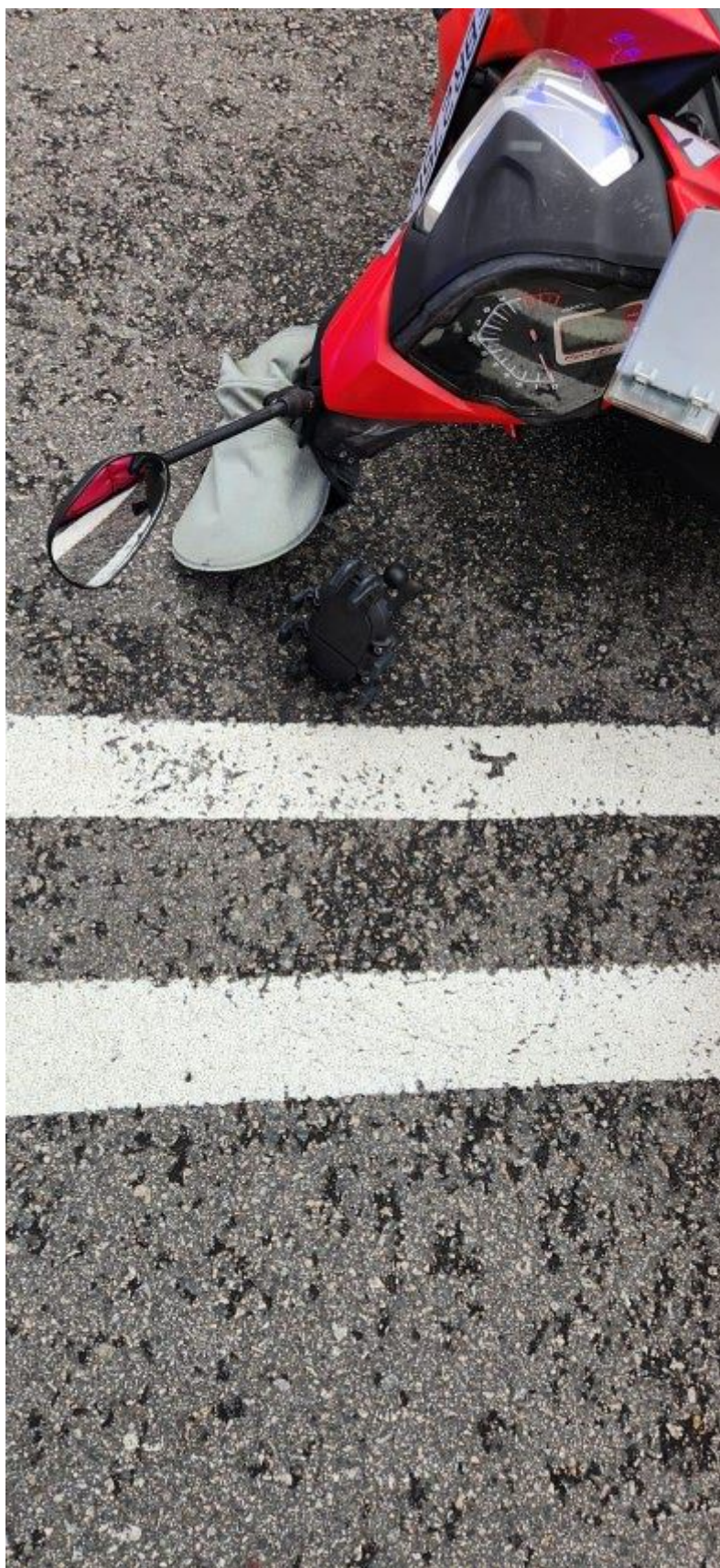


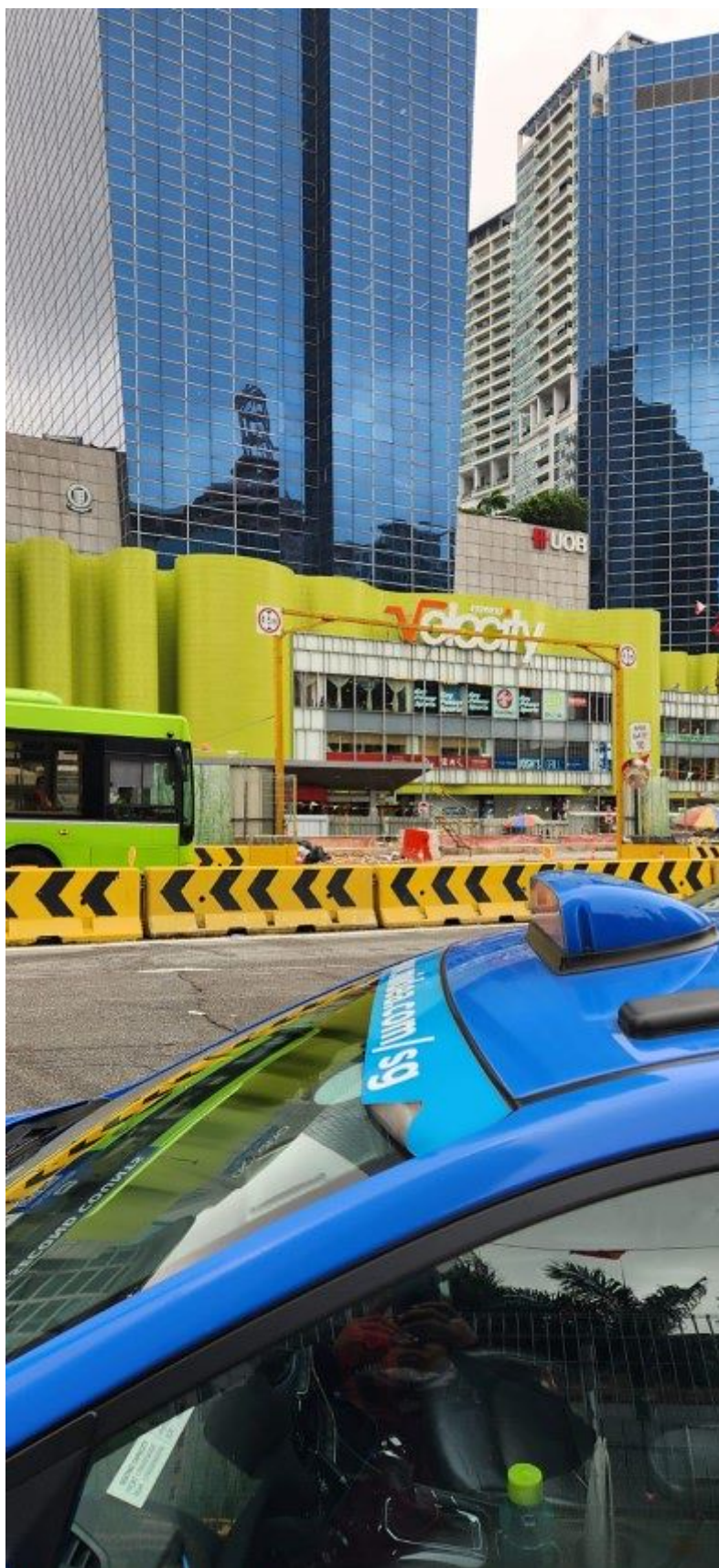










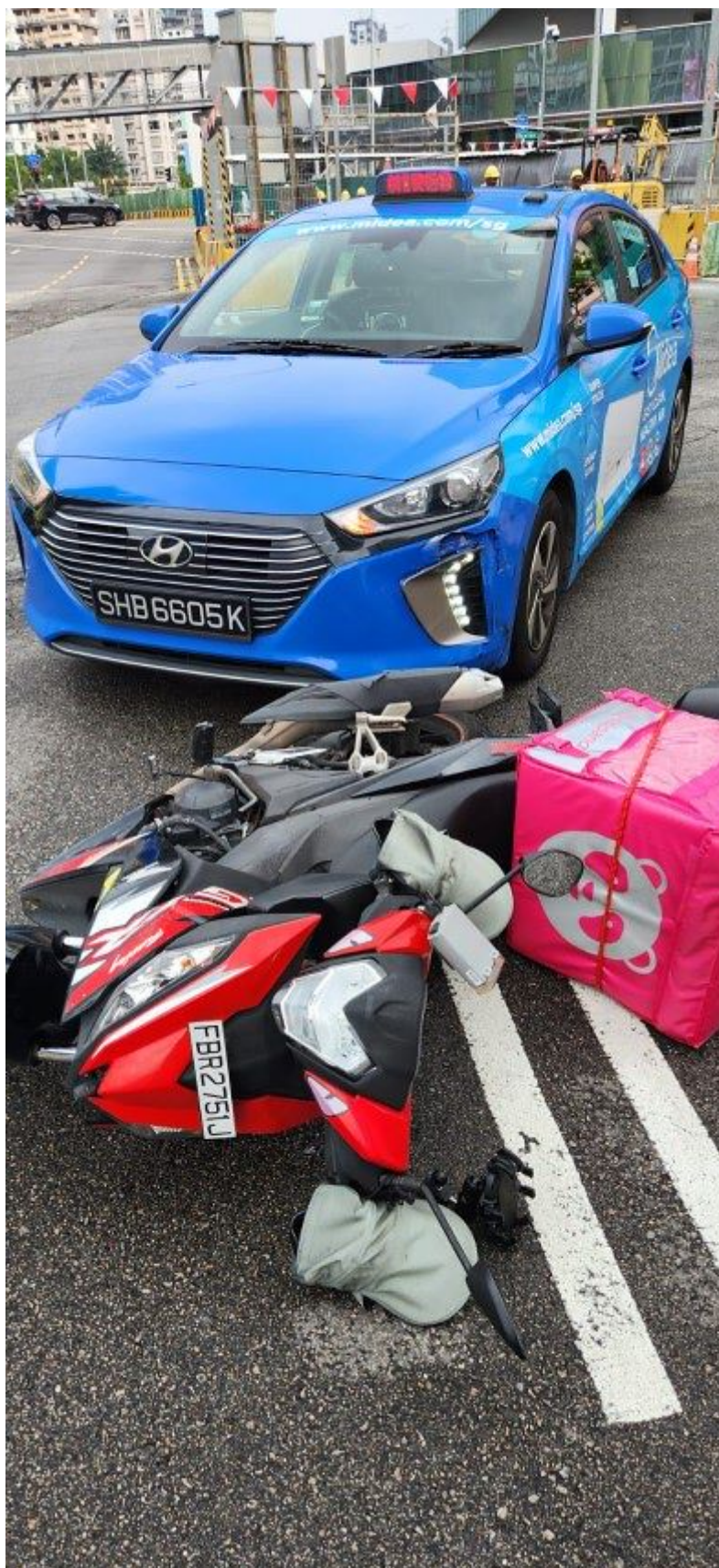
















**SINGAPORE
POLICE FORCE**



T/20230612/2102

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230612/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2023 23:40	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: MOHAMED FAUZI BIN ASPAR	Address: APT BLK 214 TAMPINES STREET 23 #03-73 SINGAPORE 520214		
ID Type / ID No.: NRIC NO / S1583510I	Contact No.:	Mobile: 96488170	
Nationality: SINGAPORE CITIZEN	Email:	mohamedfauziaspar@gmail.com	
Sex: Male	Age: 59	Date of Birth: 01/09/1963	Type of Informant: Driver
Race: Indian	Language: English		
Occupation: Taxi driver	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2023 16:25	Type of Location: Bend
Location: NEWTON ROAD				
Weather: Drizzling	Road Surface: Wet			
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR2751J	Motorcycle				Slightly Damaged	0
SHB6605K	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230612/2102

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230612/2102

CONTINUATION OF REPORT

Rider			
Name	Teo Teck Tong		ID No. S7818739E
Related Vehicle	FBR2751J (Motorcycle)		Contact No. 92206987
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MOHAMED FAUZI BIN ASPAR		ID No. S1583510I
Related Vehicle	SHB6605K (Car)		Contact No. 96488170
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,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 12/06/2023 at about 1625hrs, I was driving a passenger along Newton Road towards Thomson Road when I was involved in an accident with a motorcycle. While driving along a left-turn bend in front of IRAS building, I had checked my left blind spot but did not notice any vehicle. However, halfway along the bend, I felt a jerking impact and heard some noises.

I immediately stopped my vehicle. Upon alighting, I noticed the left front headlight of my vehicle had hit the right of a stationary motorcycle. The rider informed me he had stopped as there was a vehicle in front of him earlier. He informed me he suffered bruises to his right thigh and left leg. A passer-by called for an ambulance. However, he refused conveyance to hospital as he wishes to seek medical attention on his own. An officer from a government organisation was at scene but told me I can on my way as the rider had refused conveyance. My passenger had left the scene prior to the officer's arrival as she was in a rush for her medical appointment. I do not have the passenger details and is unsure if she witnessed the accident.

There are no other injured parties apart from the motorcycle rider.

I am working as a taxi driver under ComfortDelGro.

I am lodging this report as my company instructed me to do so.



**SINGAPORE
POLICE FORCE**



T/20230612/2102

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20230612/2102

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 YEO HUI TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/06/2023 23:40

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Classification Of Case:

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: SJ0G236D0001 Vehicle Registration No: SHB8605K
 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: 12/08/2023 Time of Accident: 18:20
 Place of Accident: Newton Rd,
 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:

ATTACHED POLICE REPORT



 Policyholder / Driver's Signature
 Date:

Siti

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 13.08.2023

GIARMC Addendum Form

