

## 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	19/06/2023 15:29 (SGT)
Reported by	Actual Driver
Date of Accident	17/06/2023 06:15 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3090D
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) +65-88092489
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 SIOW HWEE (HUANG XIAOHUI)
NRIC No	SXXXX709D
Date Of Birth	27/06/1974
Occupation	Outdoor

Date Of Driving Pass	28/09/1994
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88092489
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 462A YISHUN AVENUE 6 #14-1157
Address complement	-
Postcode	761462
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	Collision - Head to Rear
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)	3
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

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT (T/20230618/2063)

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	PD3773Y
Vehicle Manufacturer	Toyota
Vehicle Model	Coaster
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
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	NG SIOW HWEE
Gender	Male
Phone No	(Phone) +65-88092489
Address	BLK 462A YISHUN AVENUE 6 #14-1157
Address Complement	-
Post Code	761462
Approximate Age Years Old	-
Injuries Sustained	Injured
Injured person in which vehicle?	SHD3090D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

## INJURED 2

Name of injured person	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Injured
Injured person in which vehicle?	SHD3090D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

## INJURED 3

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Injured
Injured person in which vehicle?	SHD3090D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

**SKETCH PLAN**

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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/ean 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 based outside of Singapore, for one or more of the above Purposes.

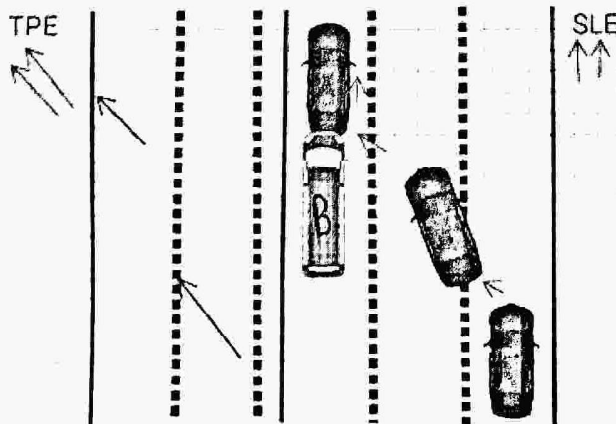
Policyholder's Signature / Date & Time

Sketch Plan

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

19062023 1435HRS

Witnessed by Reporting Centre Personnel



A-SHD3090D  
B-PD3773Y

SLE TOWARDS  
CTE(CITY)  
NEAR TPE EXIT



**SINGAPORE  
POLICE FORCE**



T/20230618/2063

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20230618/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/06/2023 18:53	Vide Report No.:	Station Diary No.: 53
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<b>Informant's Particulars</b>			
Name of Informant: NG SIOW HWEE		Address: APT BLK 462A YISHUN AVENUE 6 #14-1157 SINGAPORE 761462	
ID Type / ID No.: NRIC NO / S7419709D		Contact No.: Home/Office: Mobile: 88092489	
Nationality: SINGAPORE CITIZEN		Email: dannying5379@gmail.com	
Sex: Male	Age: 48	Date of Birth: 27/06/1974	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/06/2023 06:15	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PD3773Y	Bus/Coach/Minibus					0
SHD3090D	Car				Seriously Damaged	2



SINGAPORE  
POLICE FORCE



T/20230618/2063

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20230618/2063

CONTINUATION OF REPORT

Brief Details.

On 17/06/2023 at about 0615hrs, I was driving my Taxi SHD3090D on SLE towards City, there were two passengers on board, one sitting beside me and one behind the front passenger seat.

Out of sudden, I realized that my Taxi has some mechanical issue and I had to stop my taxi. I then shifted my taxi from the first lane to the third lane. Thereafter, my Taxi broke down at third lane. I on the hazard light of my car and called for help. After 15mins of waiting, A Mini Bus PD3773Y crashed into my Taxi from the rear. Due to the accident both of my passengers and I were conveyed to Khoo teck puat hospital. Subsequently I was given 12 days of MC and was discharged the next day.



**SINGAPORE  
POLICE FORCE**



T/20230618/2063

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20230618/2063

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

L /

SGT 2 CHEW JING HUI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
INSP (1) KOH WEI JIE  
Contact No.: 65476358

Signature Of Informant:

Date/Time:  
18/06/2023 18:53

Classification Of Case:

NP168