

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 |
|-----------------------------------|----------|

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

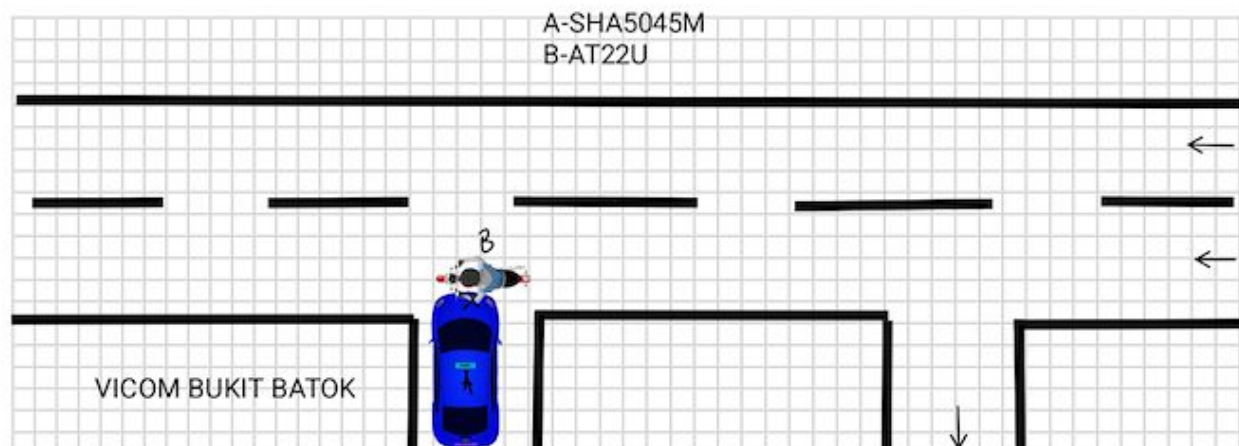
Sketch Plan

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

28/04/23 2030HRS

**FLASH ACCIDENT
REPORTING OFFICER**
FRO ZIKRUL

Witnessed by Reporting Centre Personnel



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

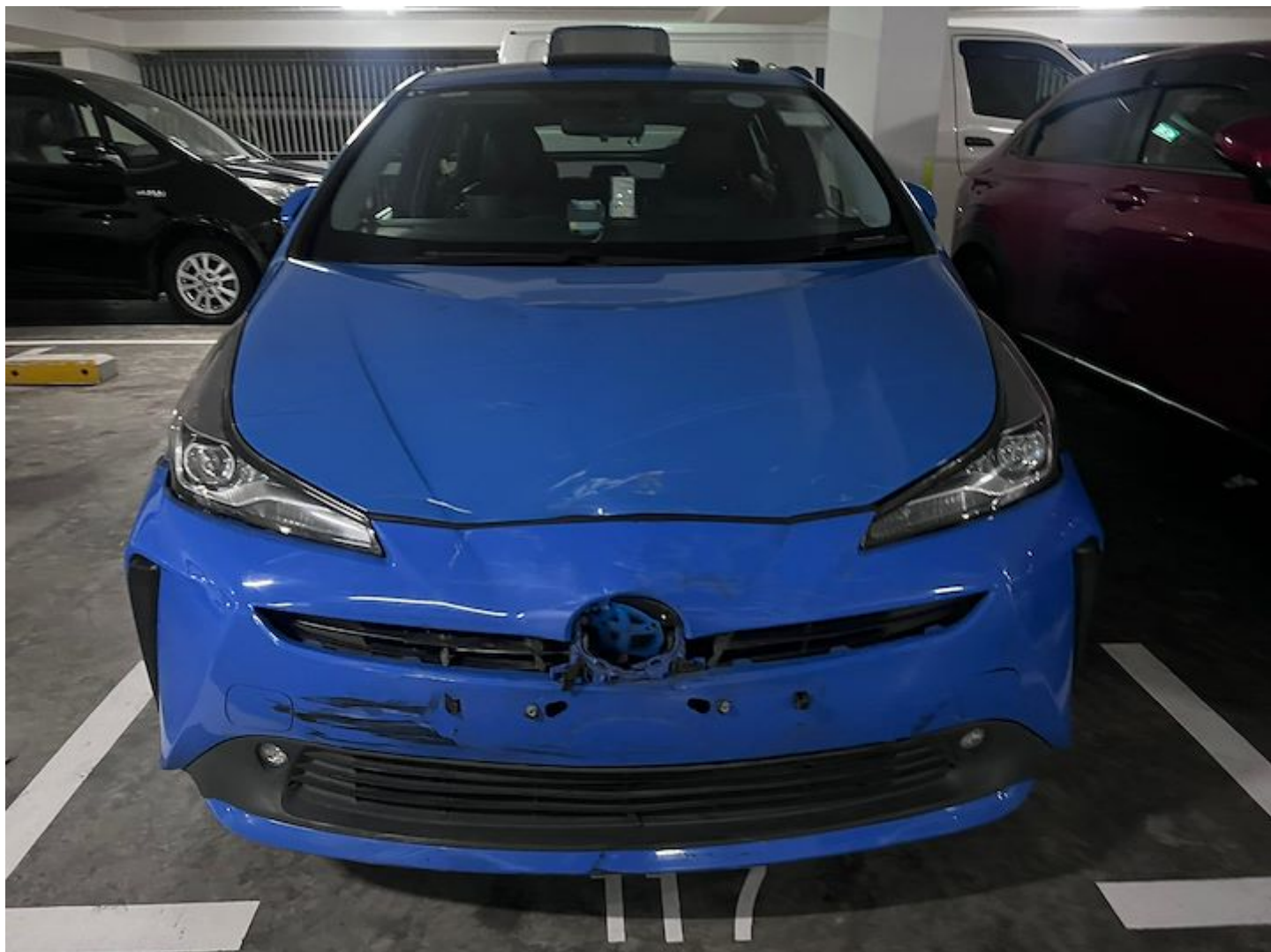
FLASH ACCIDENT
REPORTING OFFICER

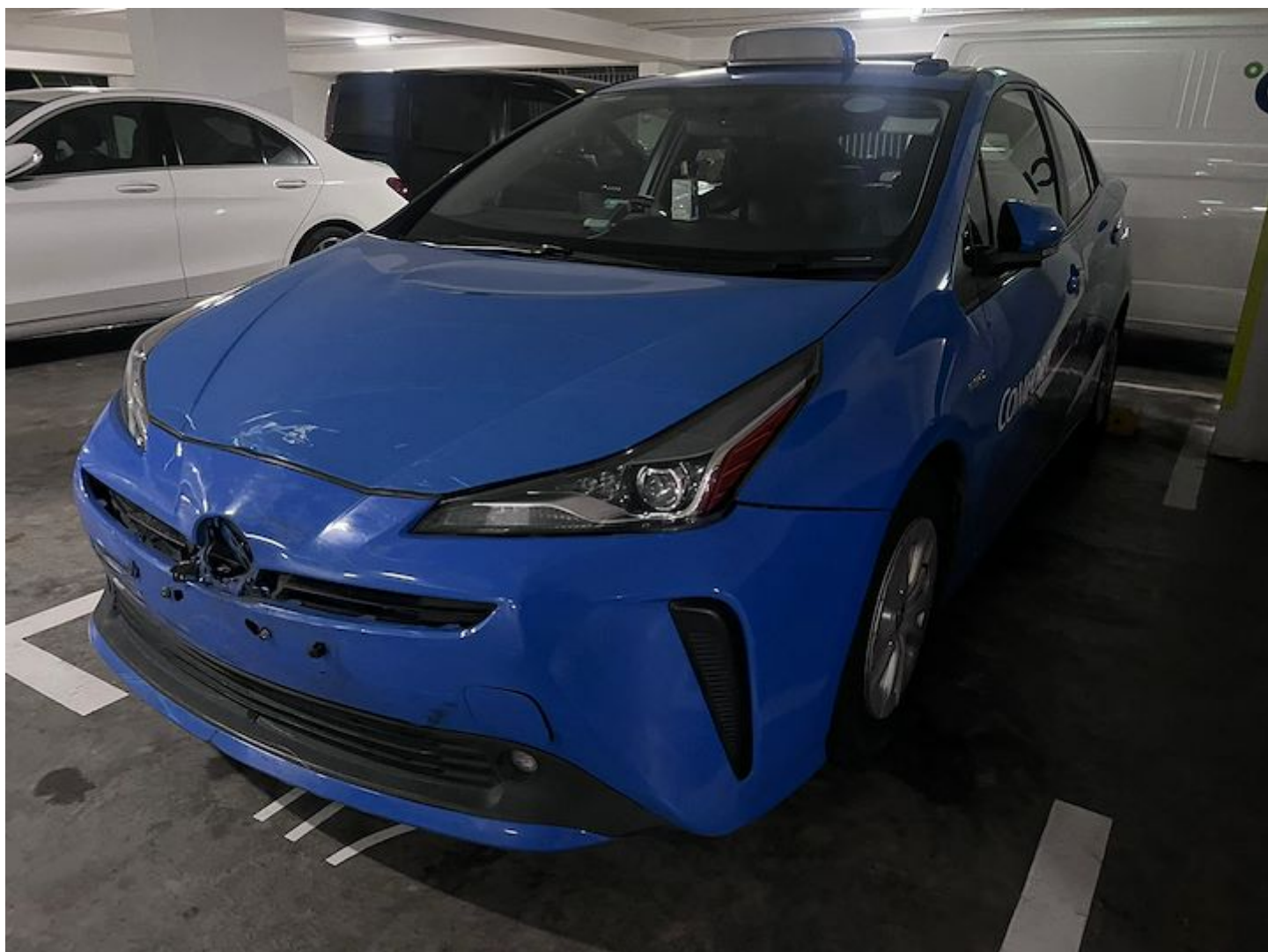
FRO ZIKRUL



Witnessed by Reporting Centre
Personnel

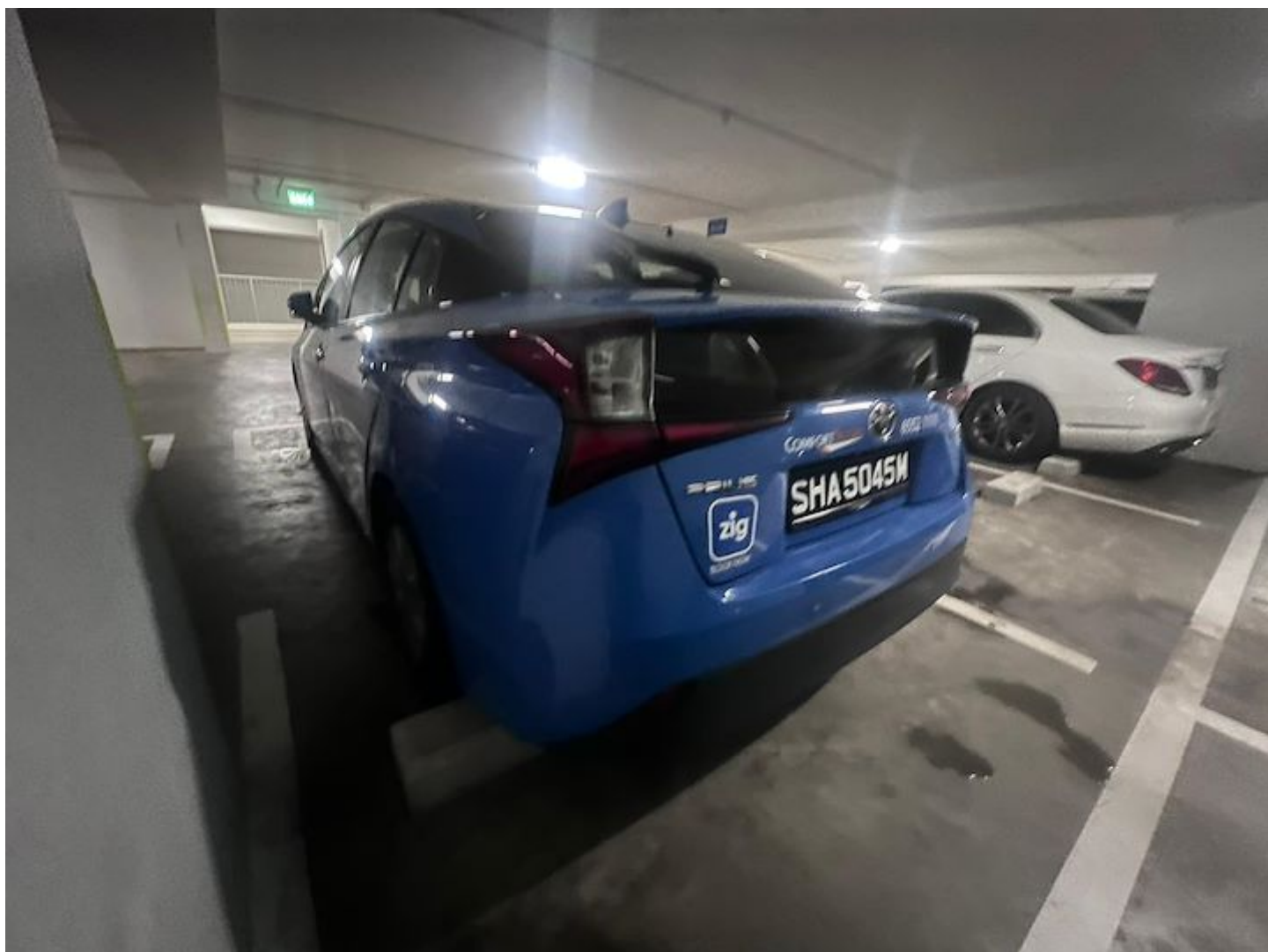


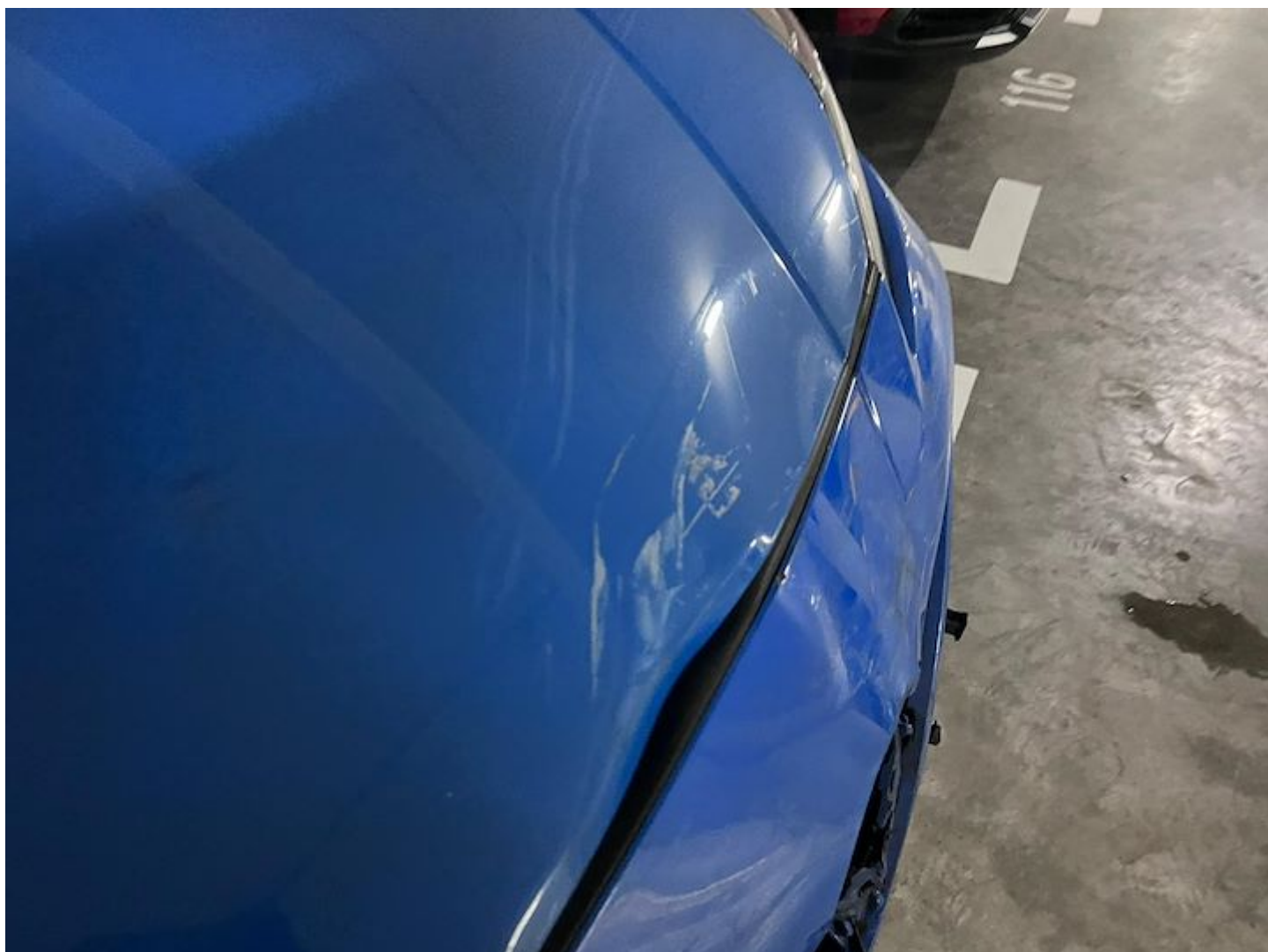


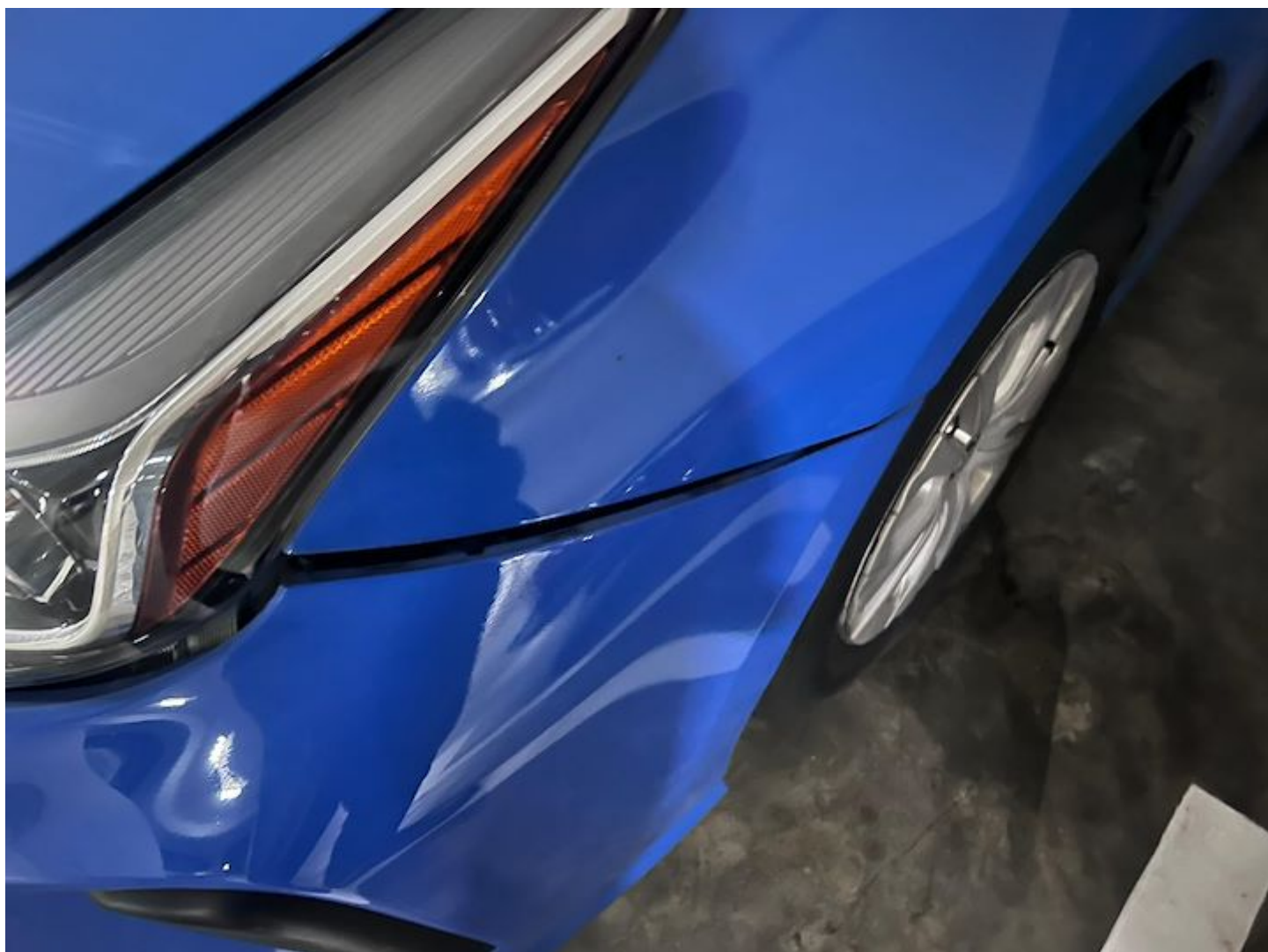






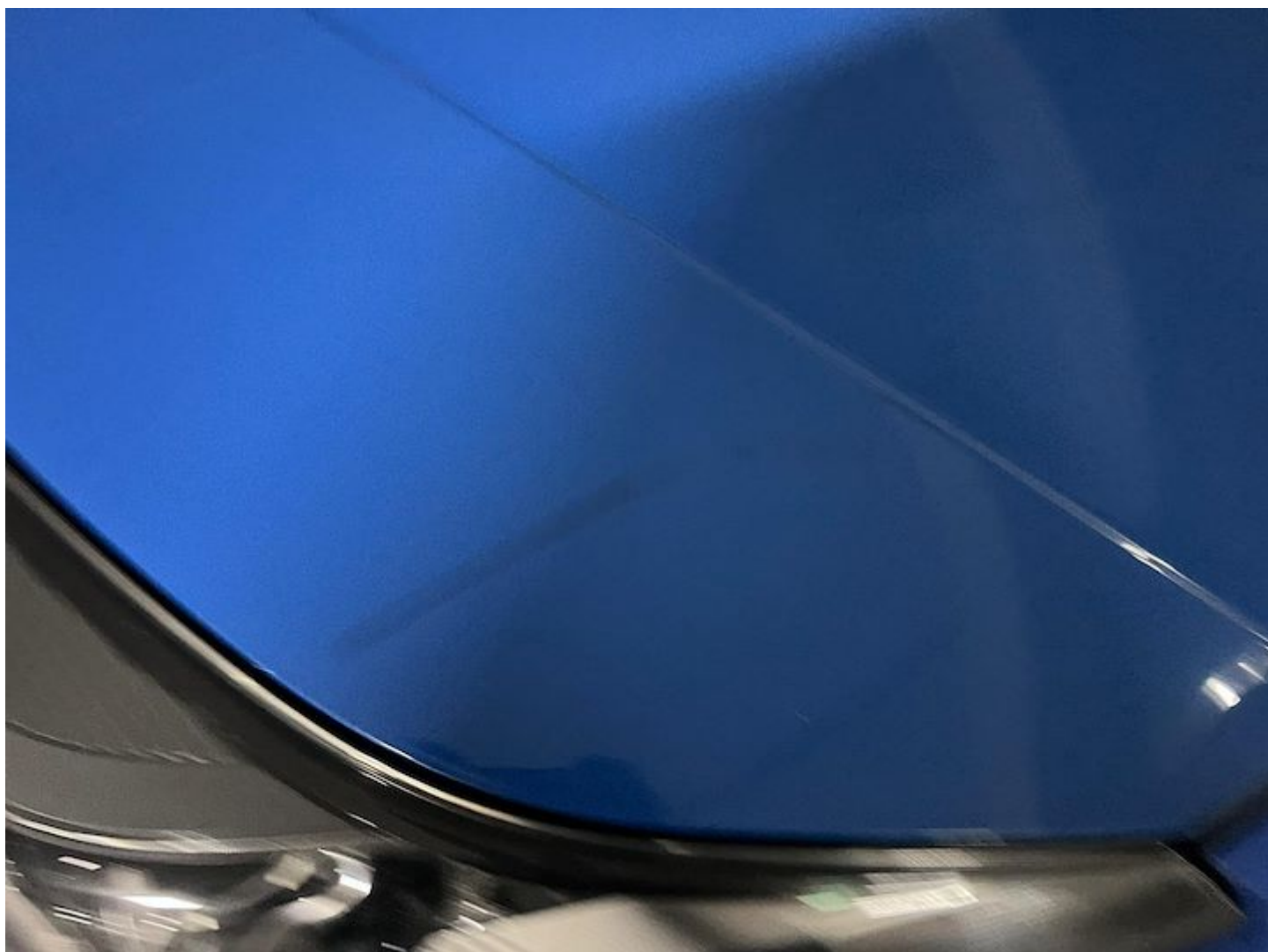


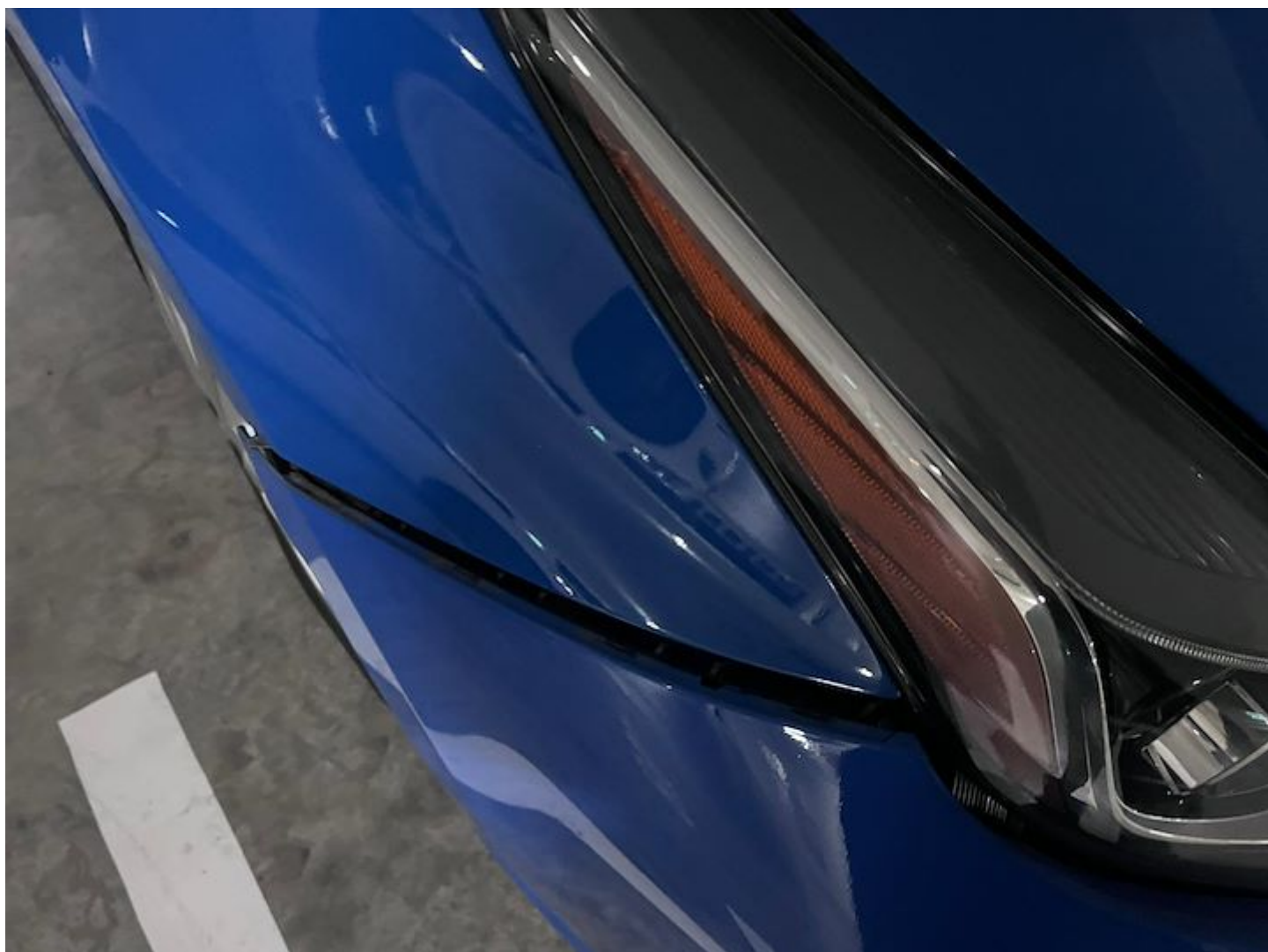




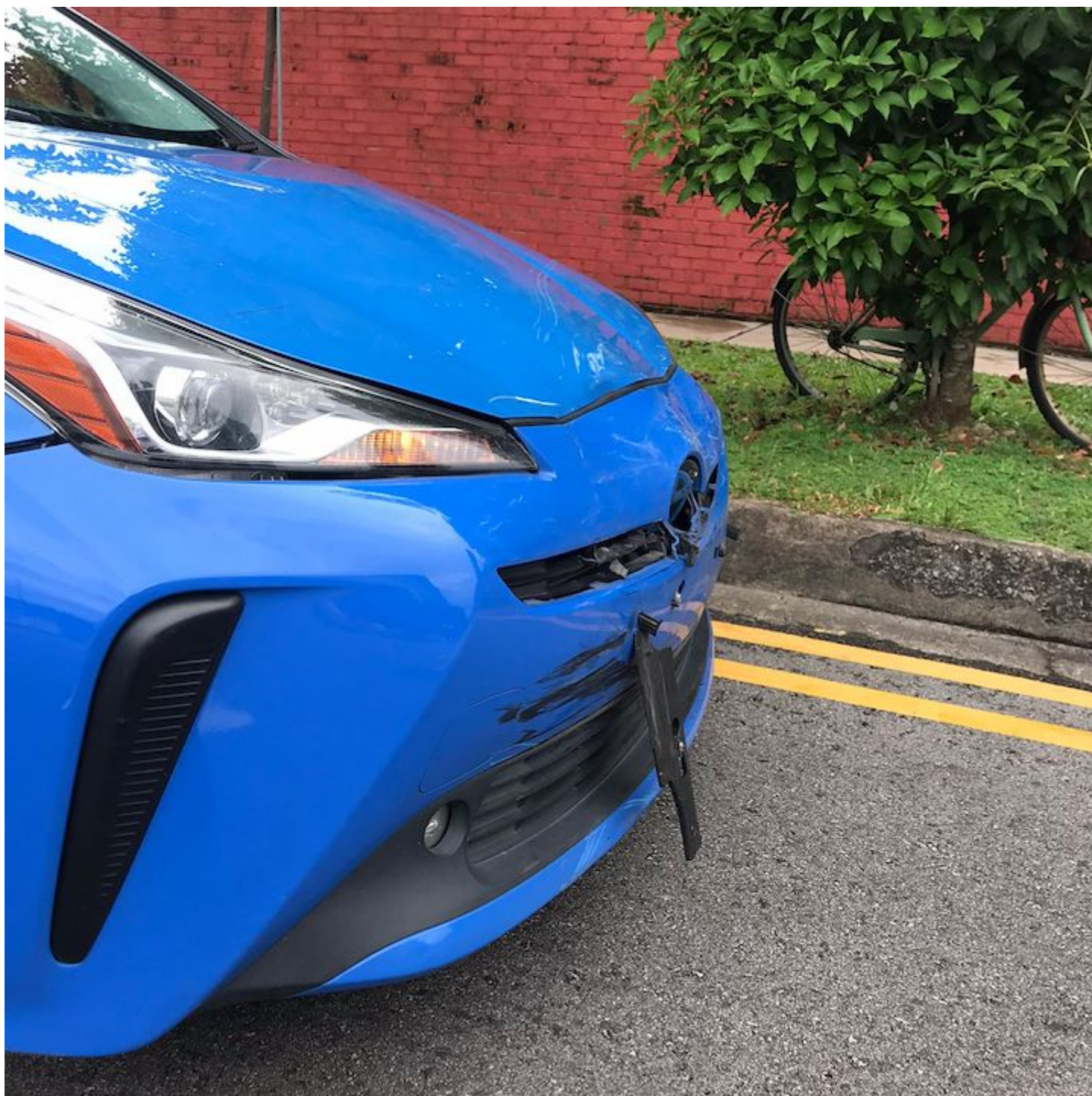










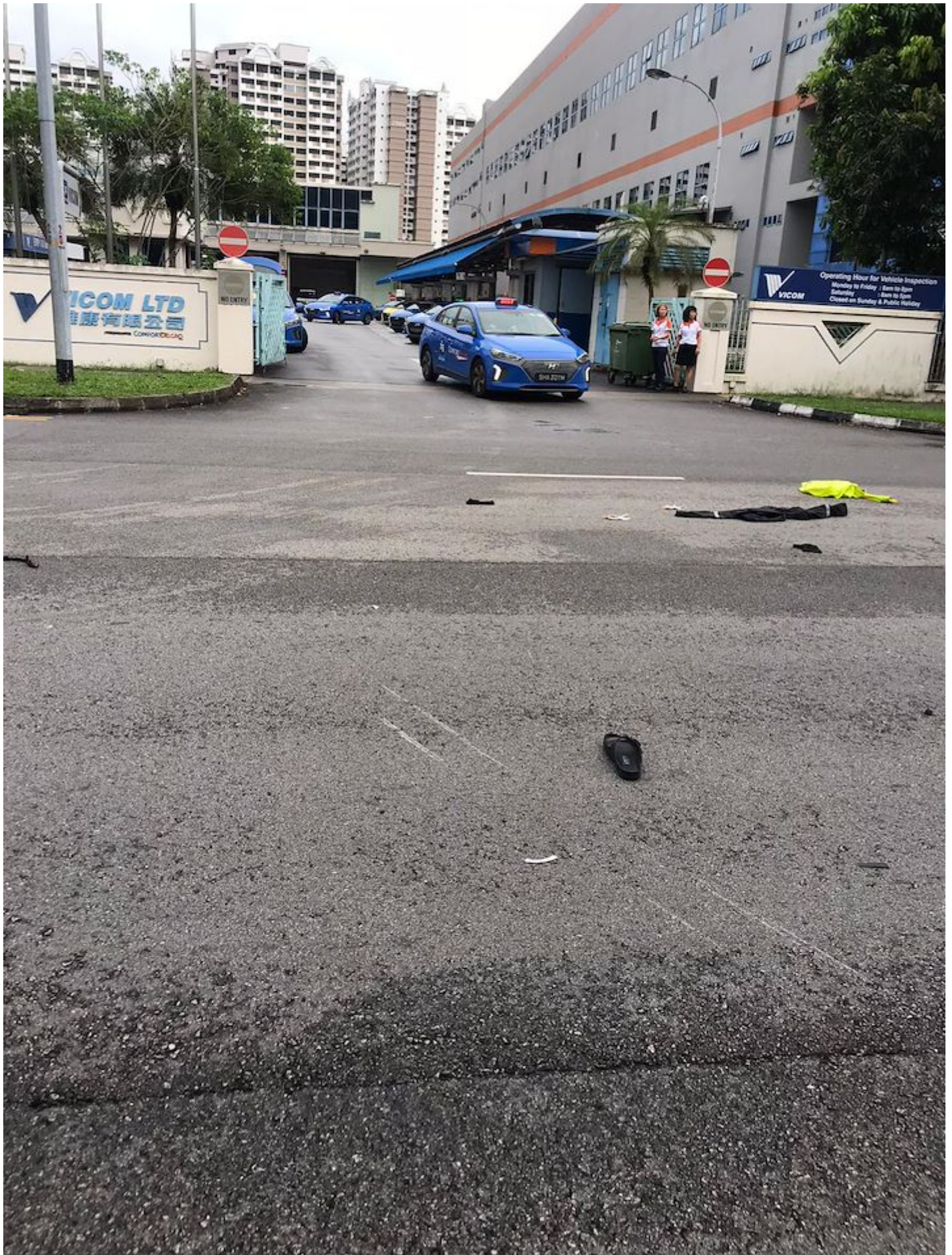













**SINGAPORE
POLICE FORCE**

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 |
|--|-------------------------------------|---------------------------|

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 |


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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:
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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

