

## 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 .....	10/07/2023 13:54 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	09/07/2023 02:00 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 5, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD4575R
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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) +65-81251686
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 - Claiming third party
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 .....	LEE KOK NGEE
NRIC No .....	S1780338G
Date Of Birth .....	28/02/1966
Occupation .....	Outdoor

Date Of Driving Pass .....	19/03/1986
Driving experience .....	37 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81251686
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 733 WOODLANDS CIRCLE #11-95
Address complement .....	-
Postcode .....	730733
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 - Major/Minor Rd
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 .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 09/07/2023 AT AROUND 0200HRS, I WAS DRIVING VEHICLE A (SHD4575R) ALONG G ANG MO KIO AVENUE 5. WHILE DRIVING STRAIGHT, VEHICLE B (SMY1942P) TURNED RIGHT OUT FROM A CARPARK AND COLLIDED ONTO THE FRONT RIGHT PORTION OF VEHICLE A.

I WAS CONVEYED TO KHOO TECK PHUAT HOSPITAL VIA AMBULANCE AS MY FOREHEAD WAS BLEEDING

#### 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 .....	SMY1942P
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Sienta
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private hire
Name of Driver .....	-
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 .....	LEE KOK NGEE
Gender .....	Male
Phone No .....	(Phone) +65-81251686
Address .....	BLK 733 WOODLANDS CIRCLE #11-95
Address Complement .....	-
Post Code .....	730733
Approximate Age Years Old .....	57
Injuries Sustained .....	HEAD INJURY
Injured person in which vehicle? .....	SHD4575R
Were seat belts worn? .....	Yes
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.



**FLASH ACCIDENT  
REPORTING OFFICER  
FRO SUFIYAN**



Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre Personnel

10/07/2023 1230HRS

**Sketch Plan**



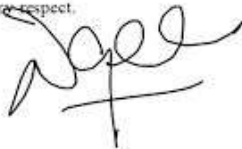
## Describe Circumstances of the Accident

ON 09/07/2023 AT AROUND 0200HRS, I WAS DRIVING VEHICLE A (SHD4575R) ALONG G ANG MO KIO AVENUE 5. WHILE DRIVING STRAIGHT, VEHICLE B (SMY1942P) TURNED RIGHT OUT FROM A CARPARK AND COLLIDED ONTO THE FRONT RIGHT PORTION OF VEHICLE A.

I WAS CONVEYED TO KHOO TECK PHUAT HOSPITAL VIA AMBULANCE AS MY FOREHEAD WAS BLEEDING

## Declaration

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



FLASH ACCIDENT  
REPORTING OFFICER  
FRO SUFIYAN



Policyholder's Signature / Date &  
Time

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

10/07/2023 1230HRS

Witnessed by Reporting Centre Personnel

















**SINGAPORE  
POLICE FORCE**



T/20230712/2124

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20230712/2124

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/07/2023 18:08	Vide Report No.: F/20230709/0026	Station Diary No.: 94
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**Informant's Particulars**

Name of Informant: LEE KOK NGEE	Address: APT BLK 733 WOODLANDS CIRCLE #11-95 SINGAPORE 730733
ID Type / ID No.: NRIC NO / S1780338G	Contact No.: Home/Office: Mobile: 81251686
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 57 Date of Birth: 28/02/1966	Type of Informant: Driver
Race: Chinese	Language: Chinese
Occupation: Taxi driver	Driving Licence Information: Class: 3,4,5 Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2023 02:00	Type of Location: Straight Road
Location:  ANG MO KIO AVENUE 4				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SHD4575R	Car				Seriously Damaged	0
SMY1942P	Car				Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230712/2124

2 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20230712/2124

**CONTINUATION OF REPORT**

Driver			
Name	LEE KOK NGEE	ID No.	S1780338G
Related Vehicle	SHD4575R (Car)	Contact No.	81251686
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	09/07/2023	Date Discharge	09/07/2023
No. of Days granted Medical Leave	08	Degree of Injury	Serious

**Brief Details.**

On 09/07/2023 at about 0200hrs, I was driving my taxi bearing SHD4575R along the road of Ang Mo Kio Ave 4. All of a sudden, another vehicle bearing SMY1942P turned out suddenly from a small road. Wanting to avoid banging into his vehicle, I turned my steering wheel to the left however the right side of my vehicle still knocked onto the rear left side of the other vehicle. My taxi went up the roadside curb and turn my steering wheel hard to the right to make my taxi go back onto the road. At the point of time, my taxi's driver door was stuck, and I kicked the door opened. When I managed to get out of the taxi, I approached the other driver and told him that he should have stopped at the stop line, make a check for upcoming vehicle before turning out. When I was talking to the other driver, I felt something dripping down from my head. When I looked down, I noticed that my forehead is bleeding.

Another comfort taxi bearing plate number 4207 happened to pass by and noticed that my head is bleeding. He stopped at the side of the road and assisted me to call for ambulance and traffic police. When ambulance came, I was conveyed to Khoo Teck Puat Hospital. Traffic police was at scene, but I was already conveyed to hospital. There is an in-car camera inside my taxi, and they took the SD card away. When I in hospital, there was a deep cut on my forehead. I had about 20 stitches on my forehead. I was admitted in hospital at 09/07/2023 and discharged from hospital on same day 09/07/2023. I was also given 8 days MC from 08/07/2023 to 15/07/2023.



SINGAPORE  
POLICE FORCE



T/20230712/2124

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 3

Report No. T/20230712/2124

## CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SCCPL MUHAMMAD AQIL BIN SAIFULLIZAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MUHAMMAD FARHAN BIN MOHAMED Contact No.: 65476224

Signature Of Informant:
Date/Time: 12/07/2023 18:08
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: SJ0G237A0019 Vehicle Registration No: SHD4575R  
 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: 09/07/2023 Time of Accident: 02:00  
 Place of Accident: Ang Mo Kio Ave 5,  
 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: 14.07.2023

GLARMC Addendum Form

