

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	03/07/2023 08:55 (SGT)
Reported by	Actual Driver
Date of Accident	01/07/2023 20:10 (SGT)
Exact Location of Accident	Sembawang Dr, Singapore
Additional Location Information	TOWARDS CANBERRA LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3113C
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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) +65-98502358
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	YEONG KOK THYE
NRIC No	S1403701B
Date Of Birth	17/03/1960
Occupation	Outdoor

Date Of Driving Pass	17/04/1978
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98502358
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 283 YISHUN AVENUE 6 #07-154
Address complement	-
Postcode	760283
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	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/20230701/2102

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	FBN7117D
Vehicle Manufacturer	Yamaha
Vehicle Model	YBR125

Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Motorcycle
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	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Injured
Injured person in which vehicle?	FBN7117D
Were seat belts worn?	-
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?	FBN7117D
Were seat belts worn?	-
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/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.

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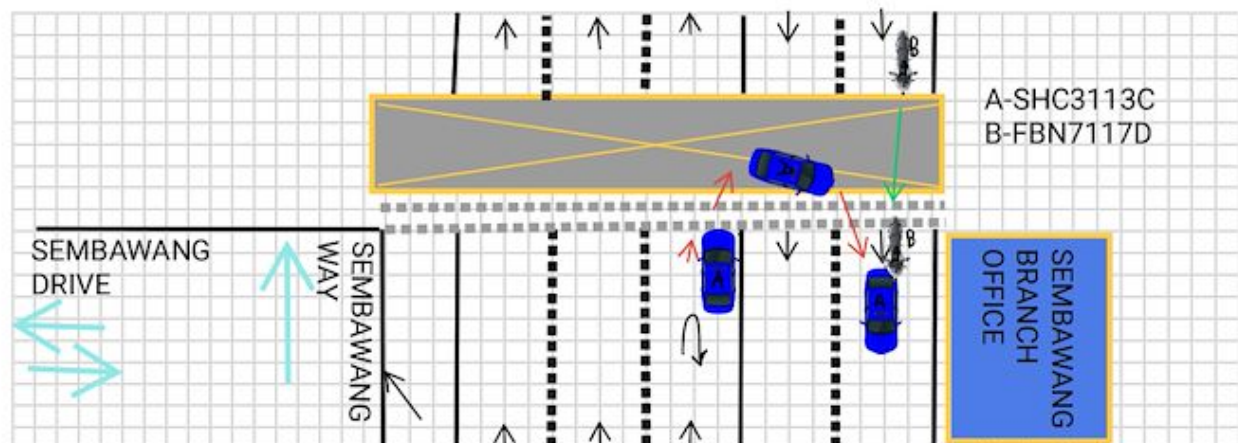
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

01072023 2230HRS



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20230701/2102

Declaration

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

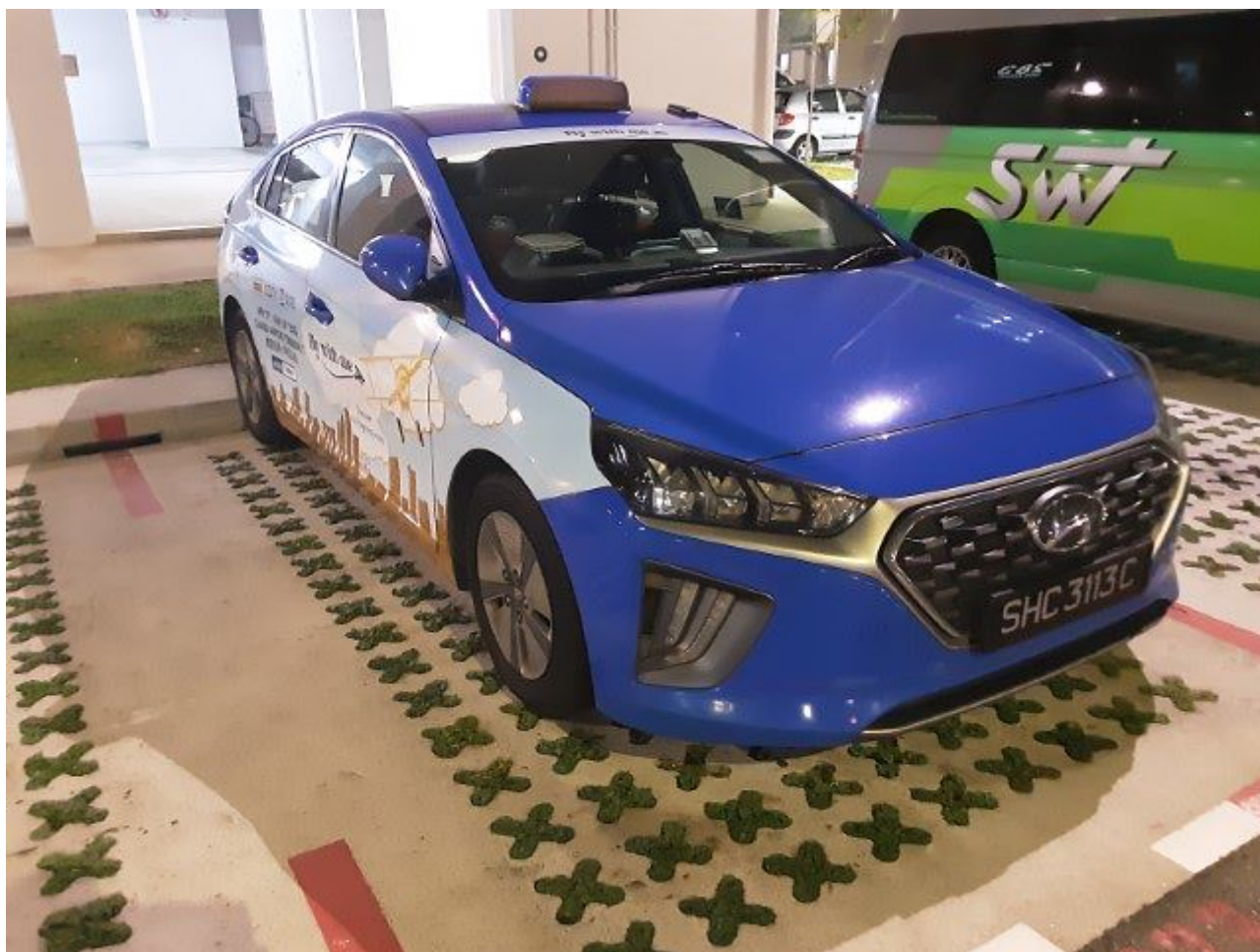


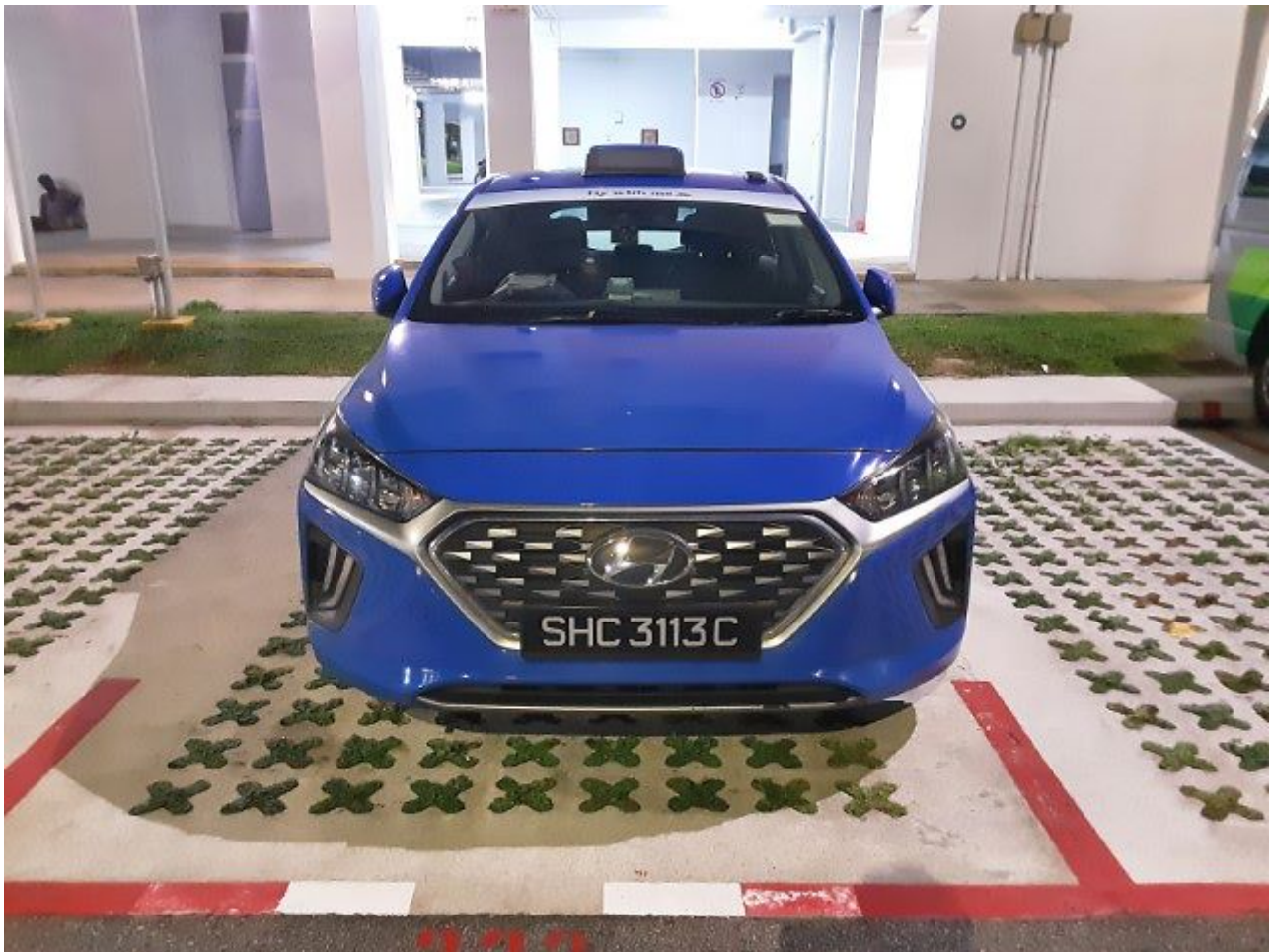
Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date &
Time
01072023 2230HRS

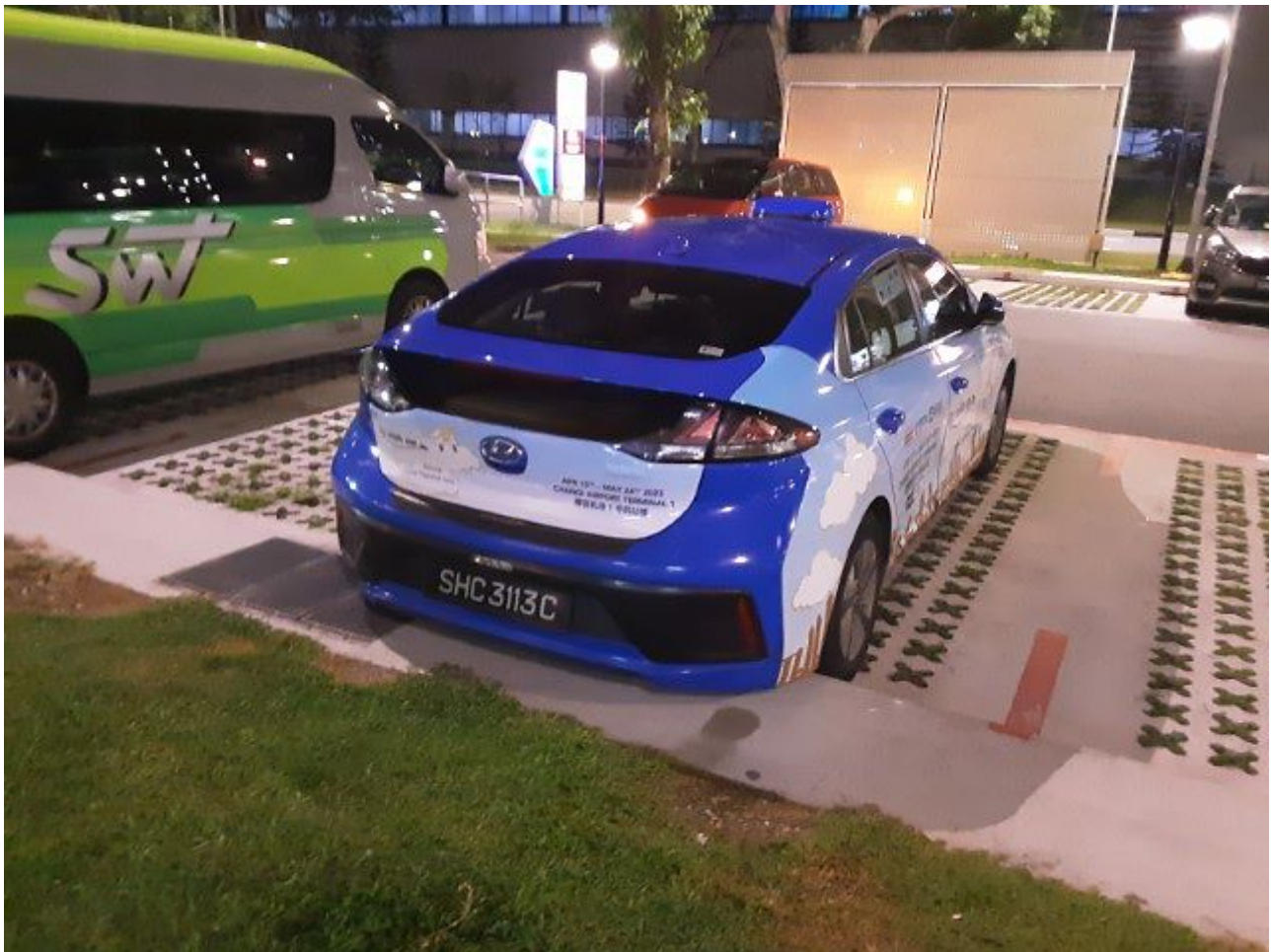


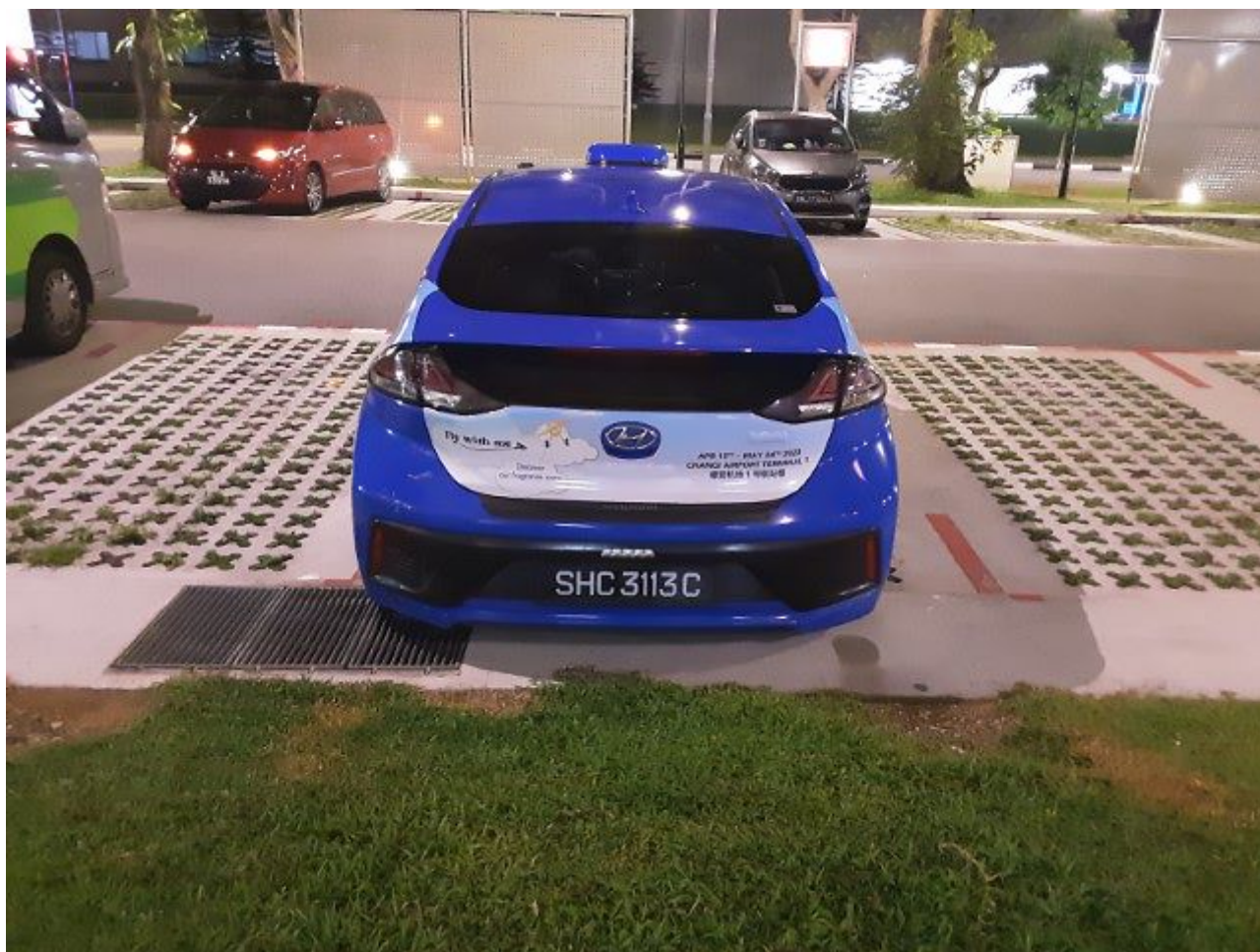
Witnessed by Reporting Centre Personnel

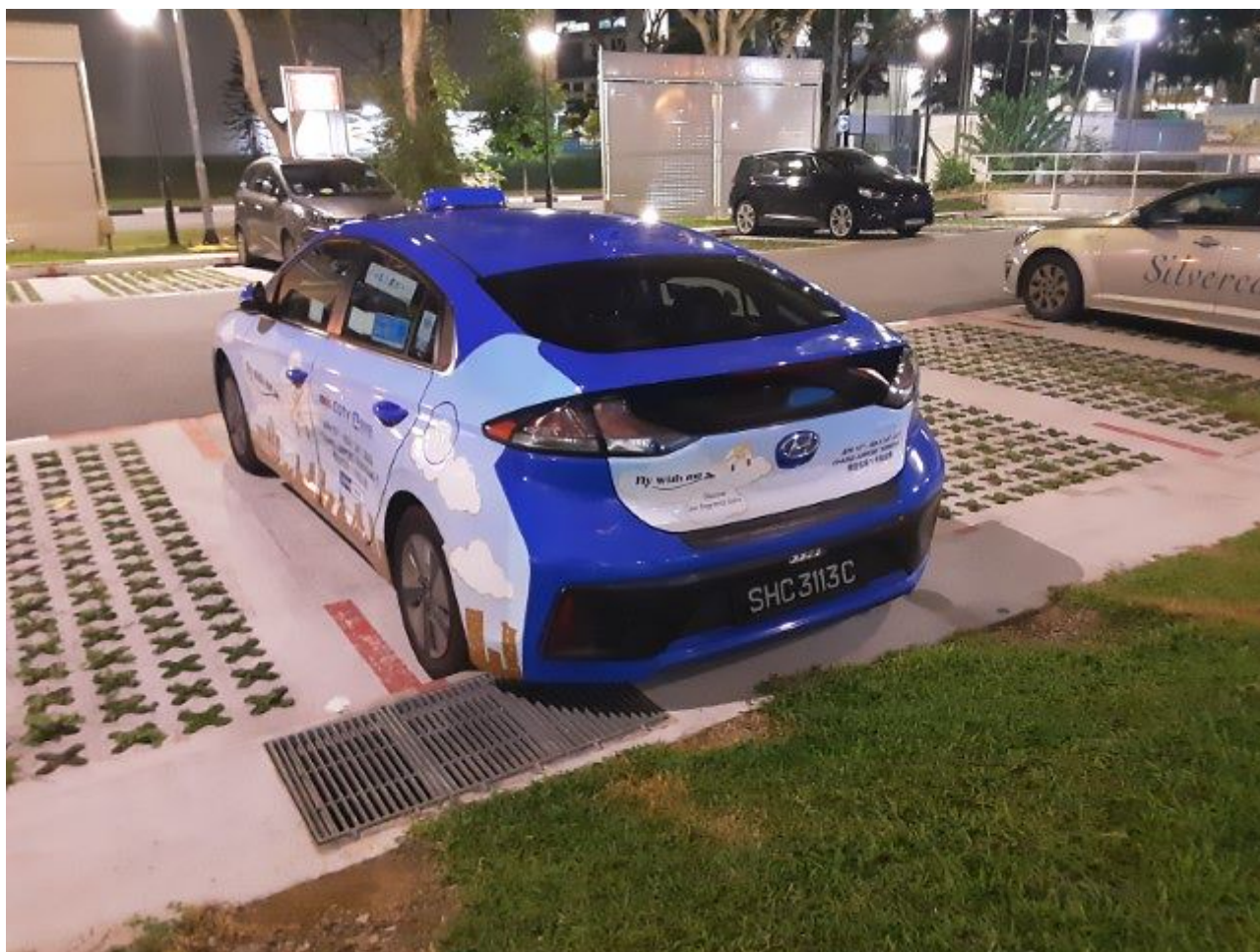






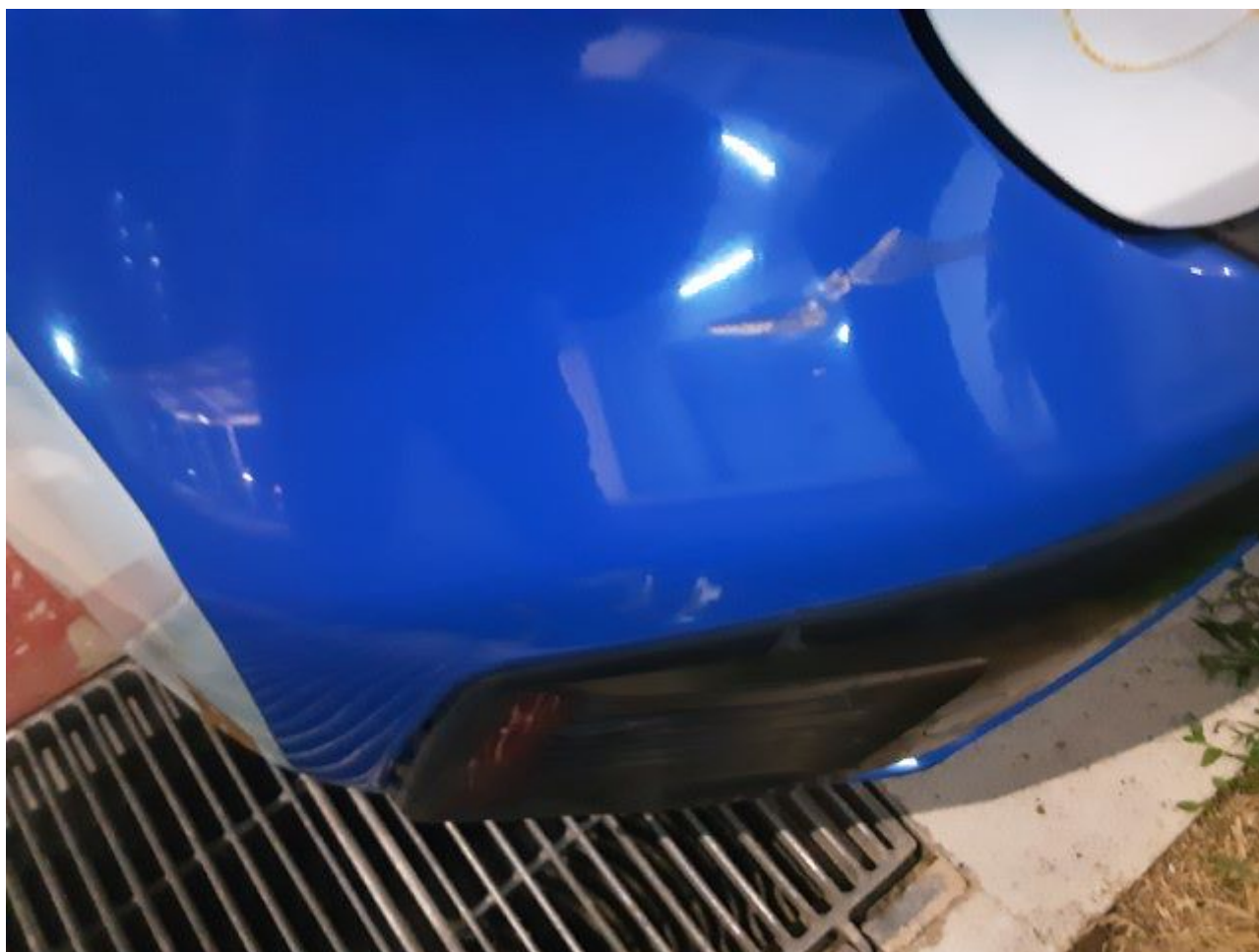






















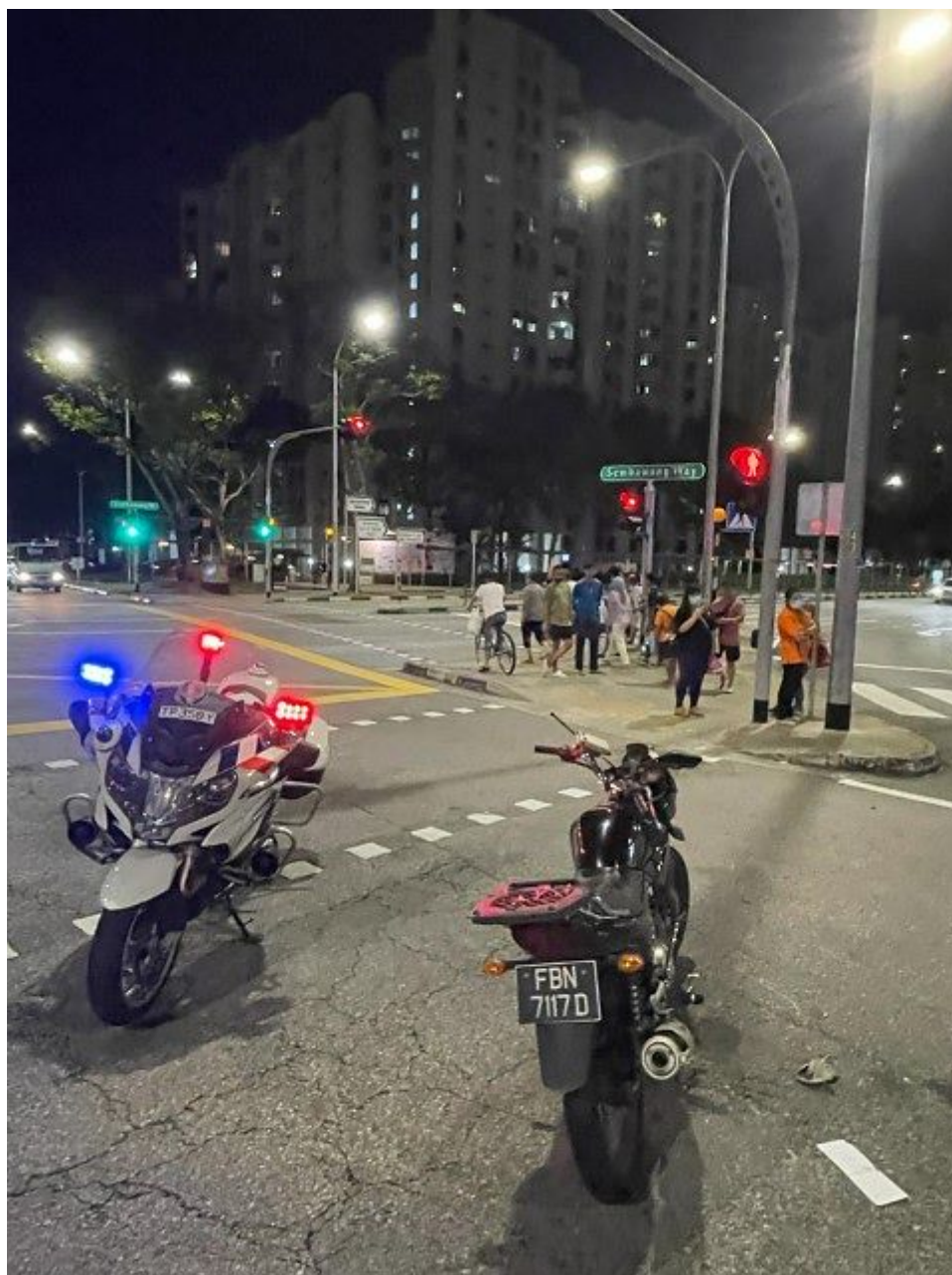


















**SINGAPORE
POLICE FORCE**



T/20230701/2102

Police Station Of Origin:
Yishun North N.P.O
31 Yishun Central SINGAPORE 760283
Tel No: 1800-8529983

1 of 3

Report No. T/20230701/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2023 22:55		Vide Report No.: L/20230701/0130		Station Diary No.: 125
Informant's Particulars				
Name of Informant: YEONG KOK THYE		Address: APT BLK 283 YISHUN AVENUE 6 #07-154 SINGAPORE 760283		
ID Type / ID No.: NRIC NO / S1403701B		Contact No.: Home/Office: Mobile: 98502358		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 17/03/1960	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/07/2023 20:10	Type of Location: X-Junction
Location: SEMPAWANG DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
FBN7117D	Motorcycle	YAMAHA	YBR125	Black		1
SHC3113C	Car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	0

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



SINGAPORE POLICE FORCE



T/20230701/2102

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

Report No. T/20230701/2102

CONTINUATION OF REPORT

Driver			ID No.	S1403701B
Name	YEONG KOK THYE		Contact No.	98502358
Related Vehicle	SHC3113C (Car)		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Hospital/Clinic	NIL		Date Treatment	NIL
	No. of Days granted Medical Leave	NIL	Date Discharge	NIL
			Degree of Injury	NIL


Brief Details.

I am lodging this traffic accident report ref U20230701/2102.


On 01/07/2023 at around 2010hrs, I was driving my car bearing SHC3113C and was making a U-turn at the junction of Sembawang Way and Sembawang Drive towards the direction of Canberra Link when a motorcycle bearing FBN7117D collided onto the rear left side of my vehicle.

The said motorcycle was travelling straight along Sembawang Way across the x-junction from the direction of Woodlands. Due to the collision, both the motorcyclist and the pillion was conveyed by ambulance. Traffic police was at scene and took over my in-car camera SD card, I wish to state that I am not injured.

Report No. T/20230701/2102
2 of 3

 **SINGAPORE
POLICE FORCE**

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


T/20230701/2102

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Report No. T/20230701/2102

CONTINUATION OF REPORT

Signature of Officer Recording The Report: L / SGT 3 NU'MAN BIN MOHD NOOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/07/2023 22:55
Officer In Charge Of Case: TP / GIT / STAFF SGT NUR HAFIZAH BINTE NORIZAN Contact No.: 96189347	Classification Of Case:

NP168

