

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 First Submission	28/07/2023 13:02 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2023 13:00 (SGT)
Exact Location of Accident	Sengkang E Way, Singapore
Additional Location Information	TOWARDS RIVERVALE DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7107P
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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) +65-98161238
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	CHEE SIEW KHEONG
NRIC No	SXXXX455C
Date Of Birth	07/07/1957
Occupation	Outdoor

Date Of Driving Pass	21/05/1980
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98161238
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 201D COMPASSVALE DRIVE #10 - 561
Address complement	-
Postcode	544201
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 - Cross Junction
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT
NO T/20230728/2024

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	GBJ827E
Vehicle Manufacturer	Nissan

Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	LEFT REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHEE SIEW KHEONG
Gender	Male
Phone No	(Phone) +65-98161238
Address	BLK 201D COMPASSVALE DRIVE #10 - 561
Address Complement	-
Post Code	544201
Approximate Age Years Old	66
Injuries Sustained	SHOULDER
Injured person in which vehicle?	SHD7107P
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	RIGHT ARM
Injured person in which vehicle?	GBJ827E
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

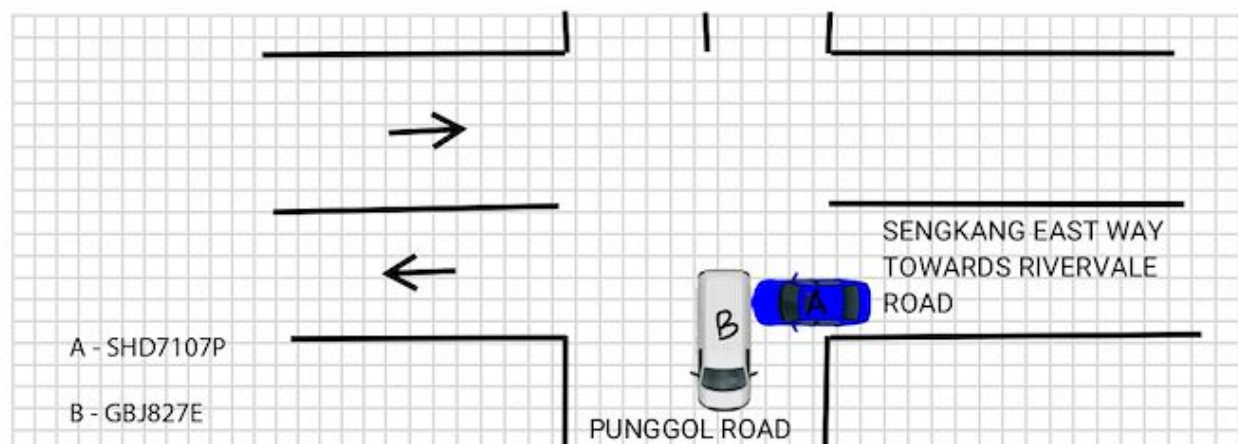
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
28.07.2023. 1320HRS

Witnessed by Reporting Centre Personnel

**FLASH ACCIDENT
REPORTING OFFICER
KYMI**

**Sketch Plan**

Describe Circumstances of the Accident

REFER TO POLICE REPORT
NO T/20230728/2024

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

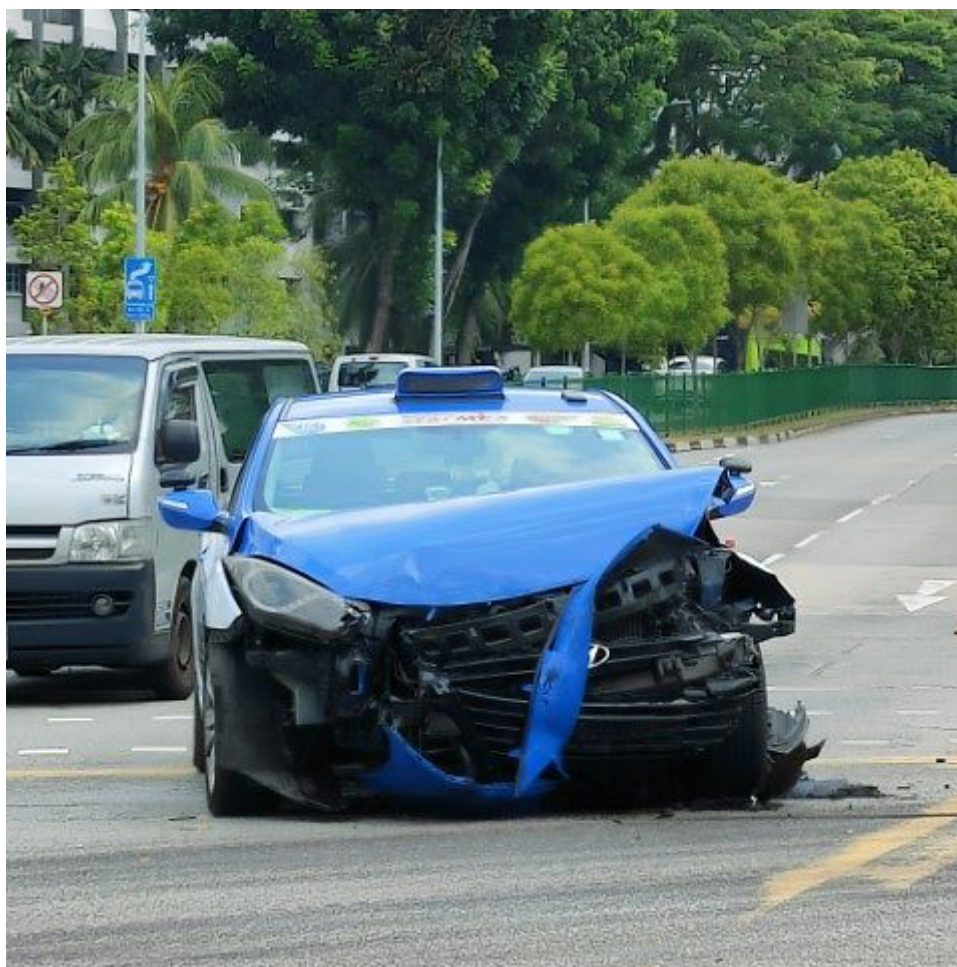
Driver's Signature (If driver is not the policyholder) / Date
& Time 28.07.2023. 1230HRS

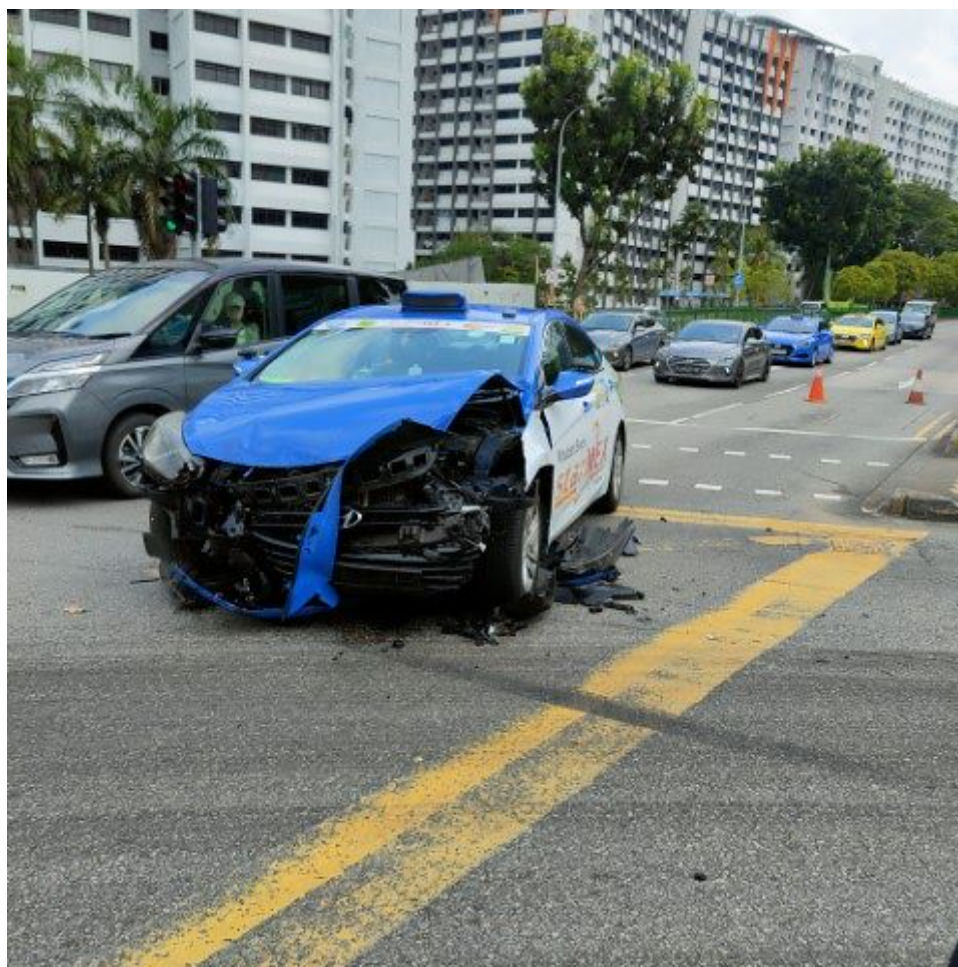
Witnessed by Reporting Centre
Personnel

FLASH ACCIDENT
REPORTING OFFICER
KYMI



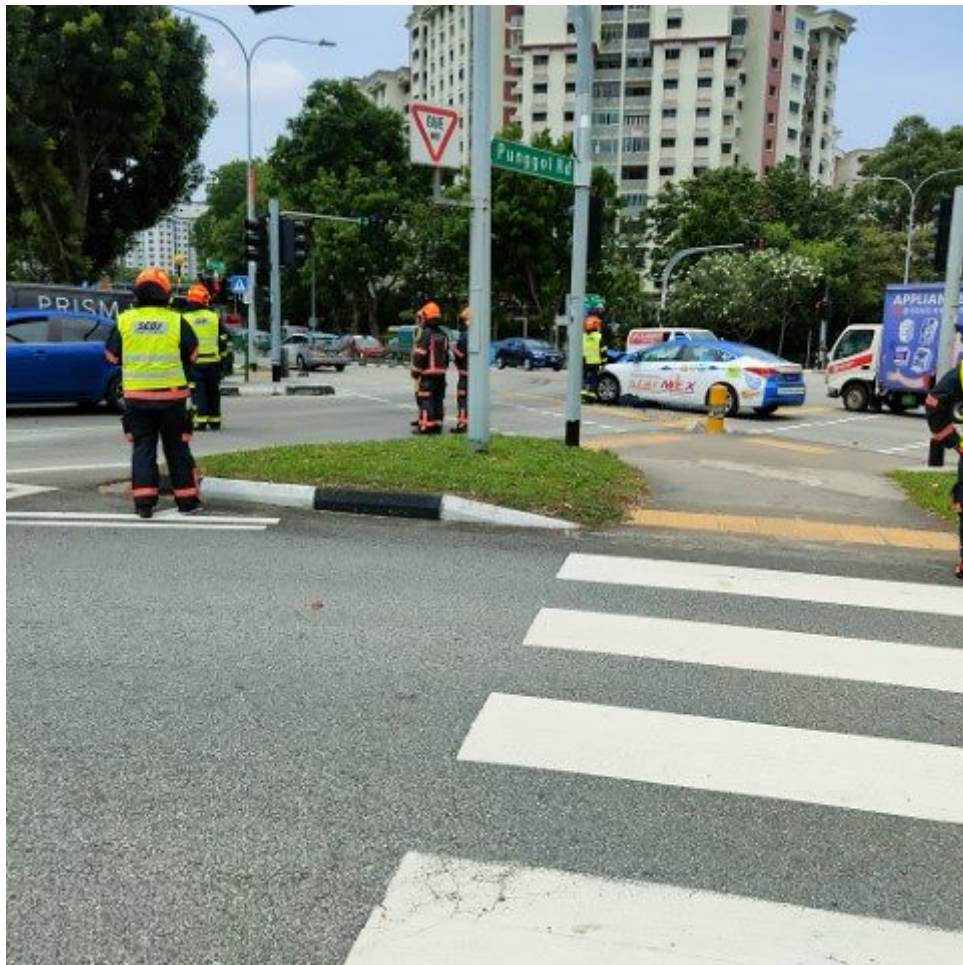













**SINGAPORE
POLICE FORCE**


T/20230728/2024

1 of 3

Report No. T/20230728/2024

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2023 09:20	Vide Report No.: F/20230727/0096	Station Diary No.: 31
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Informant's Particulars			
Name of Informant: CHEE SIEW KHEONG		Address: APT BLK 201D COMPASSVALE DRIVE #10-561 SINGAPORE 544201	
ID Type / ID No.: NRIC NO / S1243455C		Contact No.: Home/Office: Mobile: 98161238	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 07/07/1957	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2023 13:00	Type of Location: X-Junction
Location: SENGKANG EAST WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
GBJ827E	Van				Slightly Damaged	0
SHD7107P	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/20230728/2024

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20230728/2024

CONTINUATION OF REPORT

Driver			
Name	CHEE SIEW KHEONG	ID No.	S1243455C
Related Vehicle	SHD7107P (Car)	Contact No.	98161238
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/07/2023	Date Discharge	28/07/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 270723, at about 1300hrs, I was on duty driving my taxi bearing plate number SHD7107P along Sengkang East way towards Rivervale Drive. I wish to state that I had stopped at the traffic light junction as the light was red. As it turned green, I had proceeded straight towards Rivervale Drive.

A van bearing plate number GBJ827E who had come from Punggol Road towards Punggol town had suddenly drove across me, not in favor of the red light. I did not manage to stop on time which resulted in the collision where my front had collided into the mentioned vehicle left rear wheels. The van had then turn sideways and skidded. Police and SCDF personnel were at scene, vide report F/20230727/0096. The van driver and I were conveyed by ambulance to SKGH. Traffic police had also taken my in-car camera SD card to assist in the investigation.

I wish to state that I was admitted for a day and discharged today. I was further given 7 days MC from 27 July-02 Aug 2023. I am lodging a report to assist traffic police with the investigation.

**SINGAPORE
POLICE FORCE**

T/20230728/2024

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20230728/2024

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 3 NORAISAH BINTE MOHD PERDAUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 PHUA TIAK YEE
Contact No.: 65476200

NP168

Signature Of Informant:

Date/Time:
28/07/2023 09:20

Classification Of Case: