

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	14/06/2023 16:14 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 10:20 (SGT)
Exact Location of Accident	Toh Tuck Rd, Singapore
Additional Location Information	INFRONT OF NOTTINGHILL SUITES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3239T
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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) +65-88568166
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 - Reporting only
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	TOH BOON KEONG (ZHUO WENQIANG)
NRIC No	S7804814Z
Date Of Birth	19/02/1978
Occupation	Outdoor

Date Of Driving Pass	17/04/1998
Driving experience	25 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88568166
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 330 SERANGOON AVENUE 3 #07-371
Address complement	-
Postcode	550330
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 - Head on collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	2
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JSS5267
Vehicle Category	Motorcycle

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230613/2050 & T/20230613/2060 & T/20230615/2003

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JSS5267
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	RAJAN ANPERAGAN
NRIC No	G2522033T
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	RAJAN ANPERAGAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Injured
Injured person in which vehicle?	JSS5267
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	TEN KOK KUANG
Phone	(Phone) +65-98503040
Email	-

SKETCH PLAN**IMPORTANT NOTICE**

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3. Information provided must be as **truthful and accurate as possible.** Any willful 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. The 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 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.

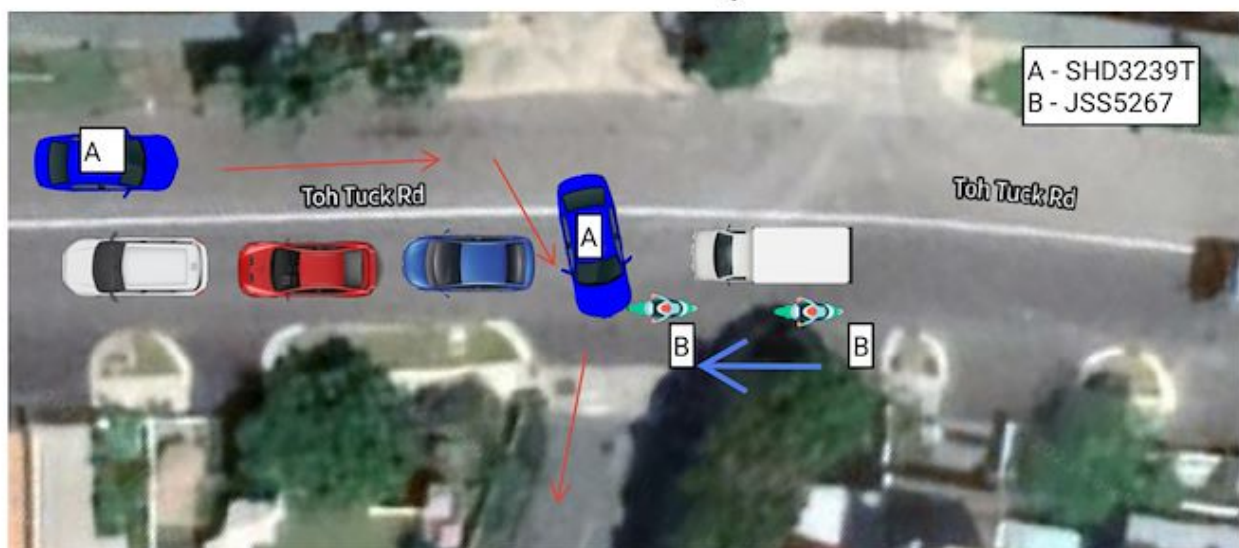
Policyholder's Signature / Date &
Time

Sketch Plan

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

13.06.2023 1715hrs

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20230613/2050 & T/20230613/2060

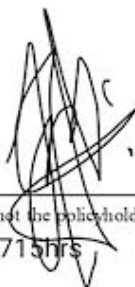
Declaration

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

Policyholder's Signature / Date &
Time

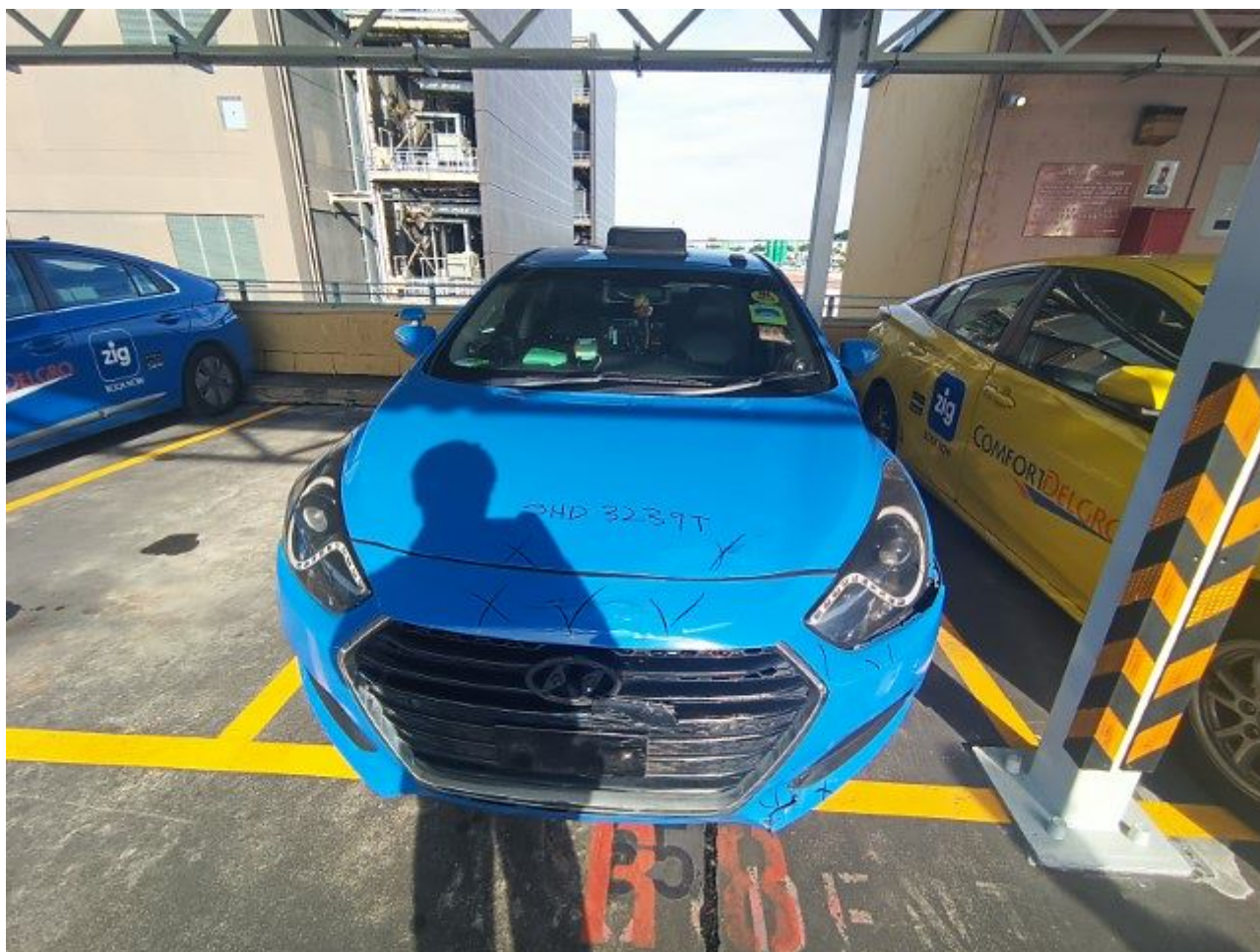
Driver's Signature (If driver is not the policyholder) / Date &
Time 13.06.2023 1715hrs

Witnessed by Reporting Centre Personnel



Latiff



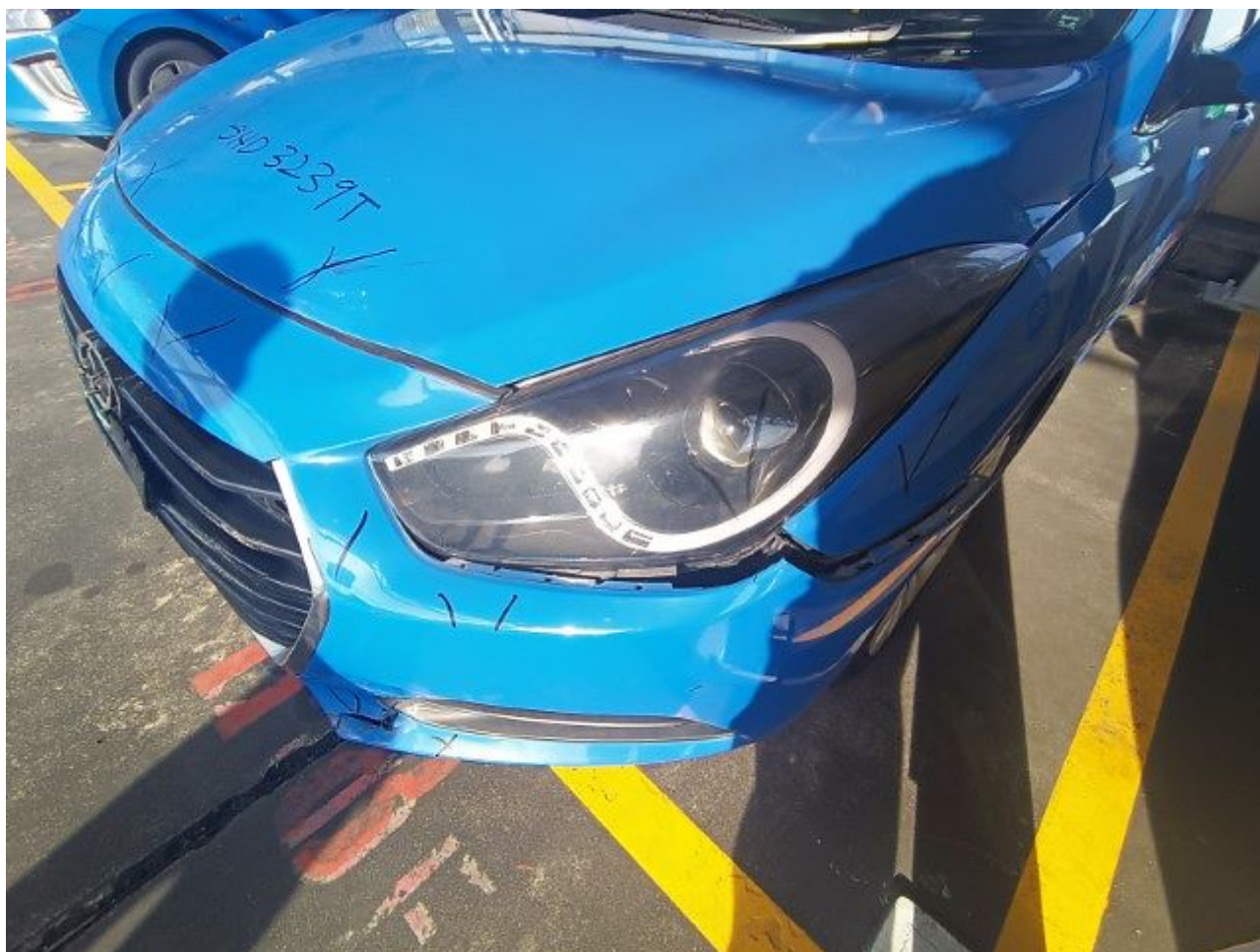


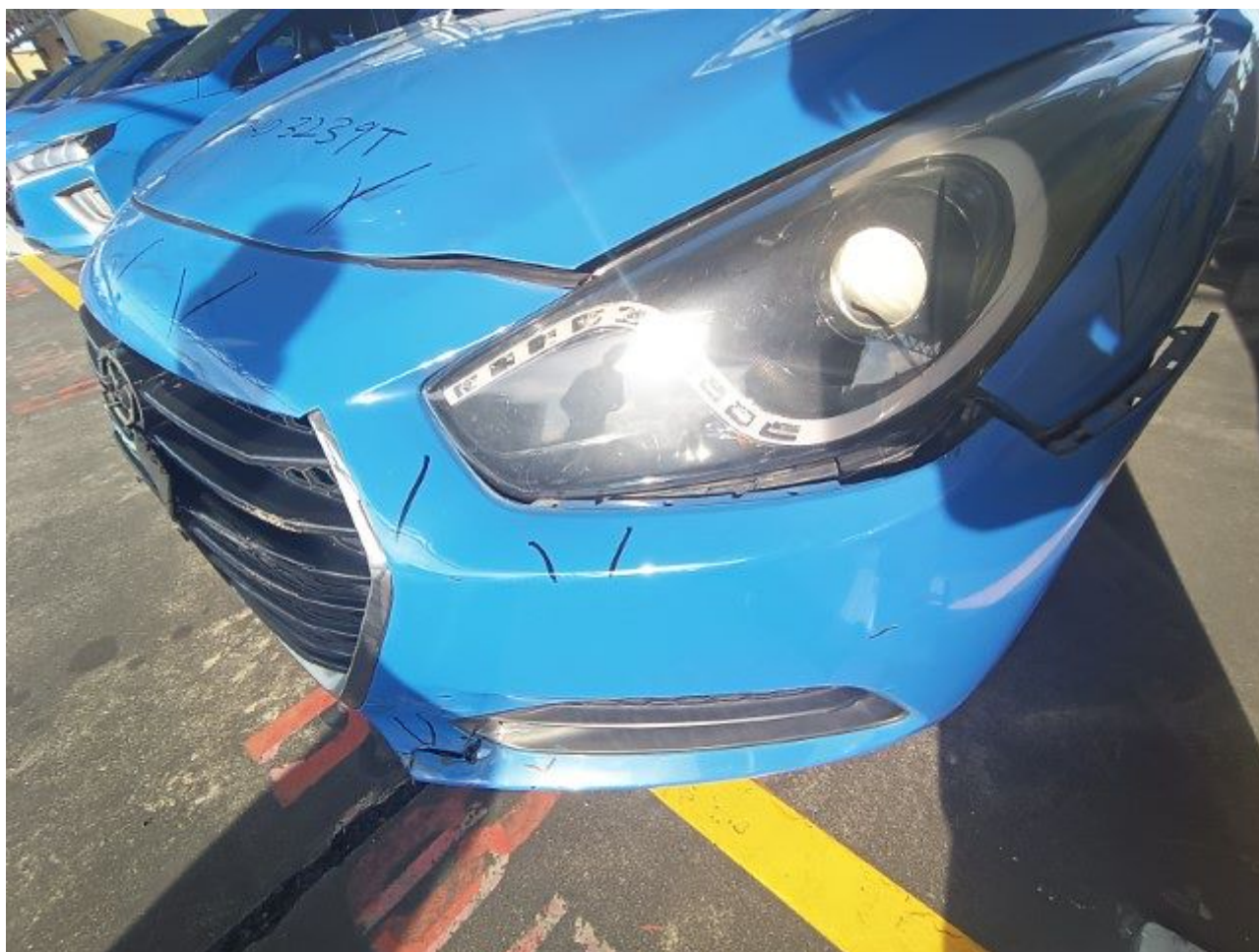




















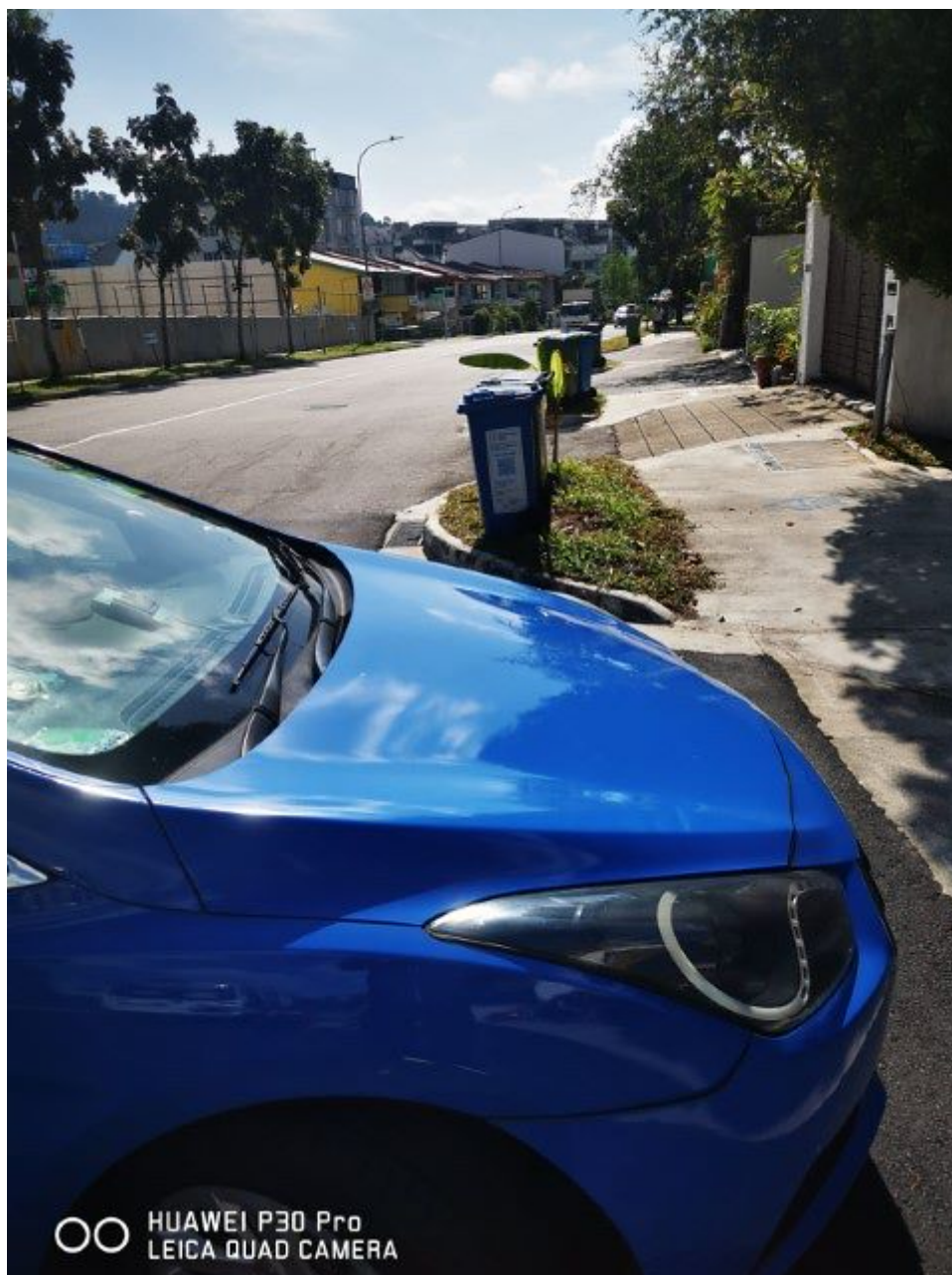


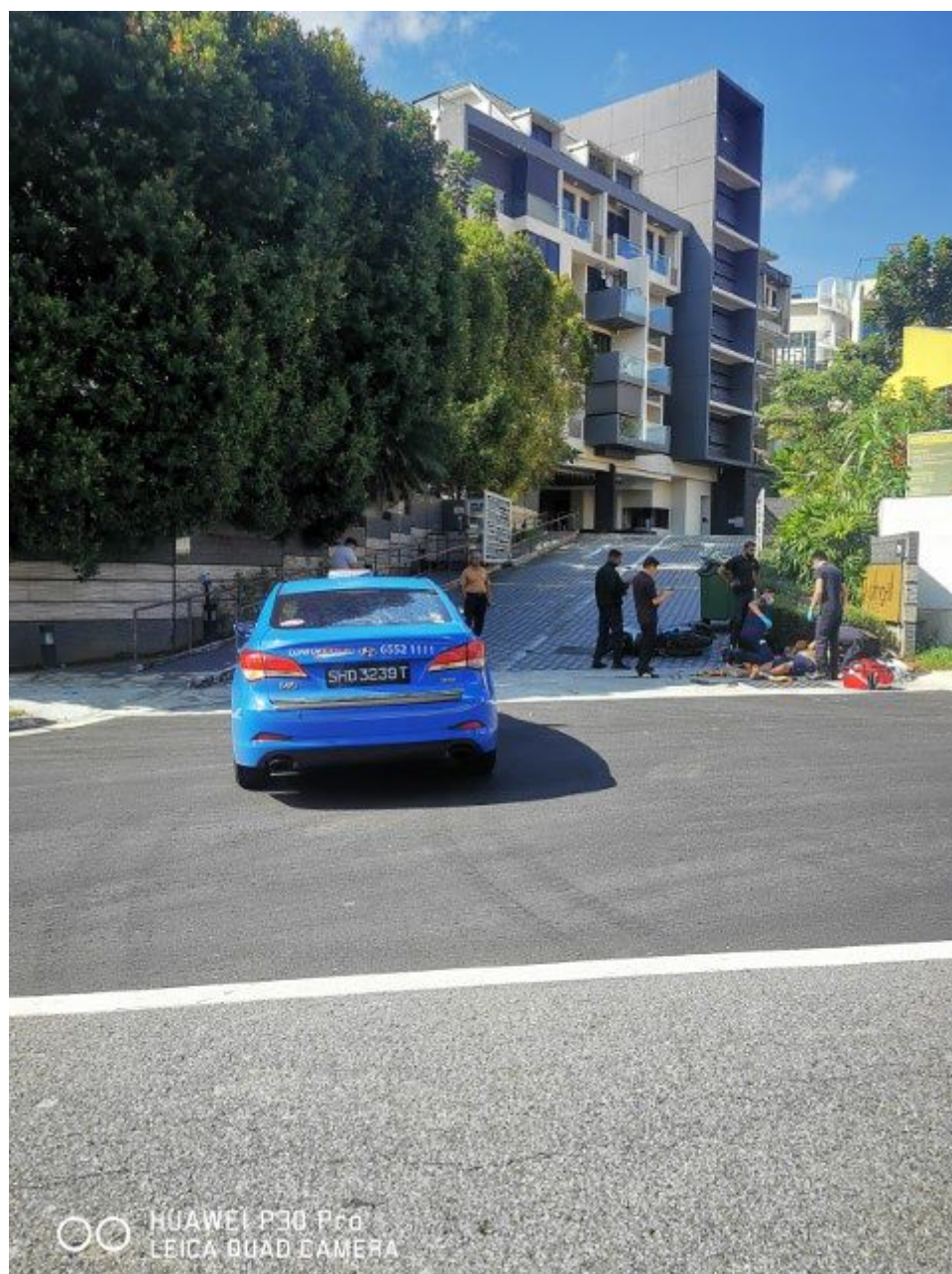




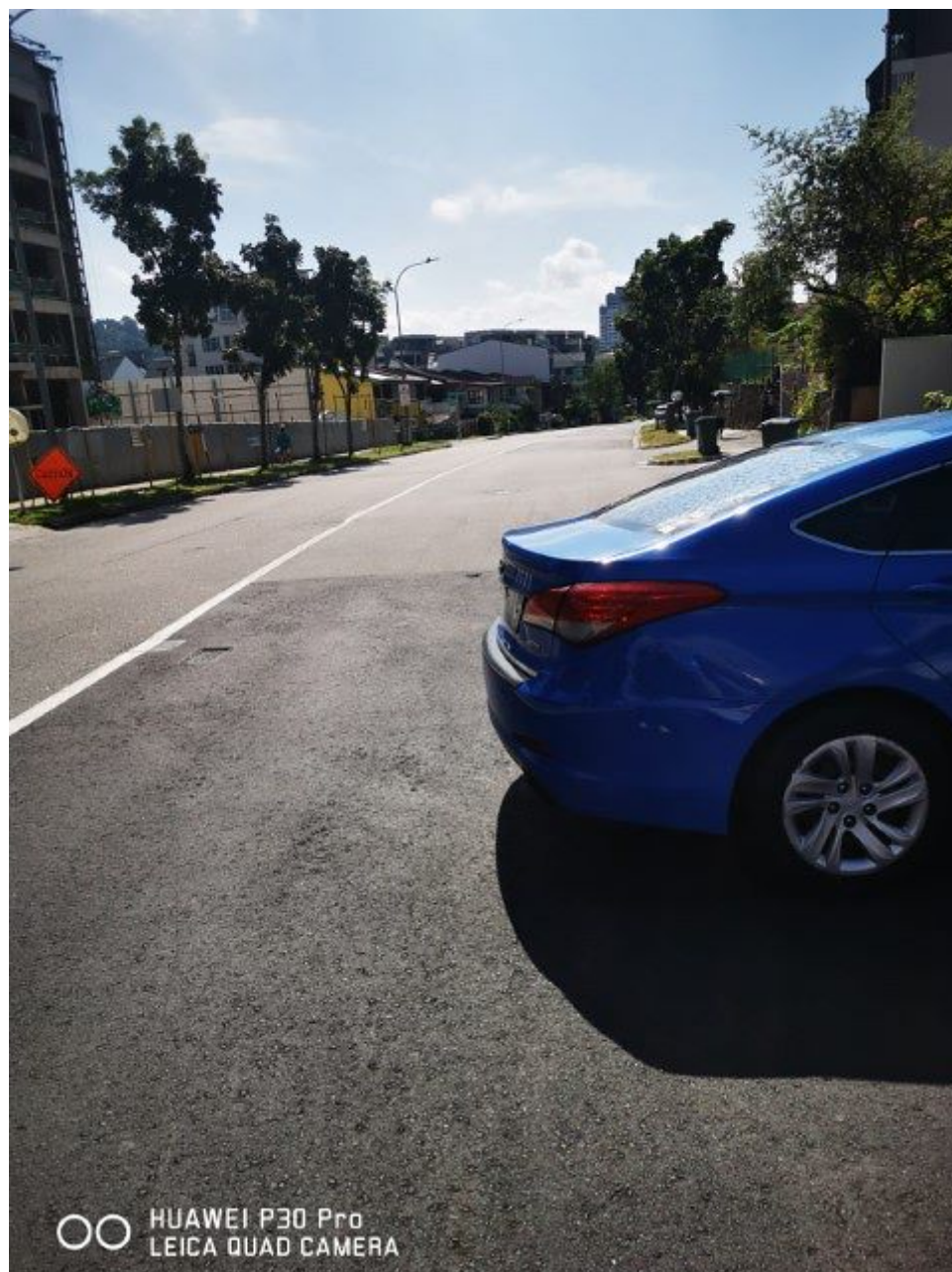


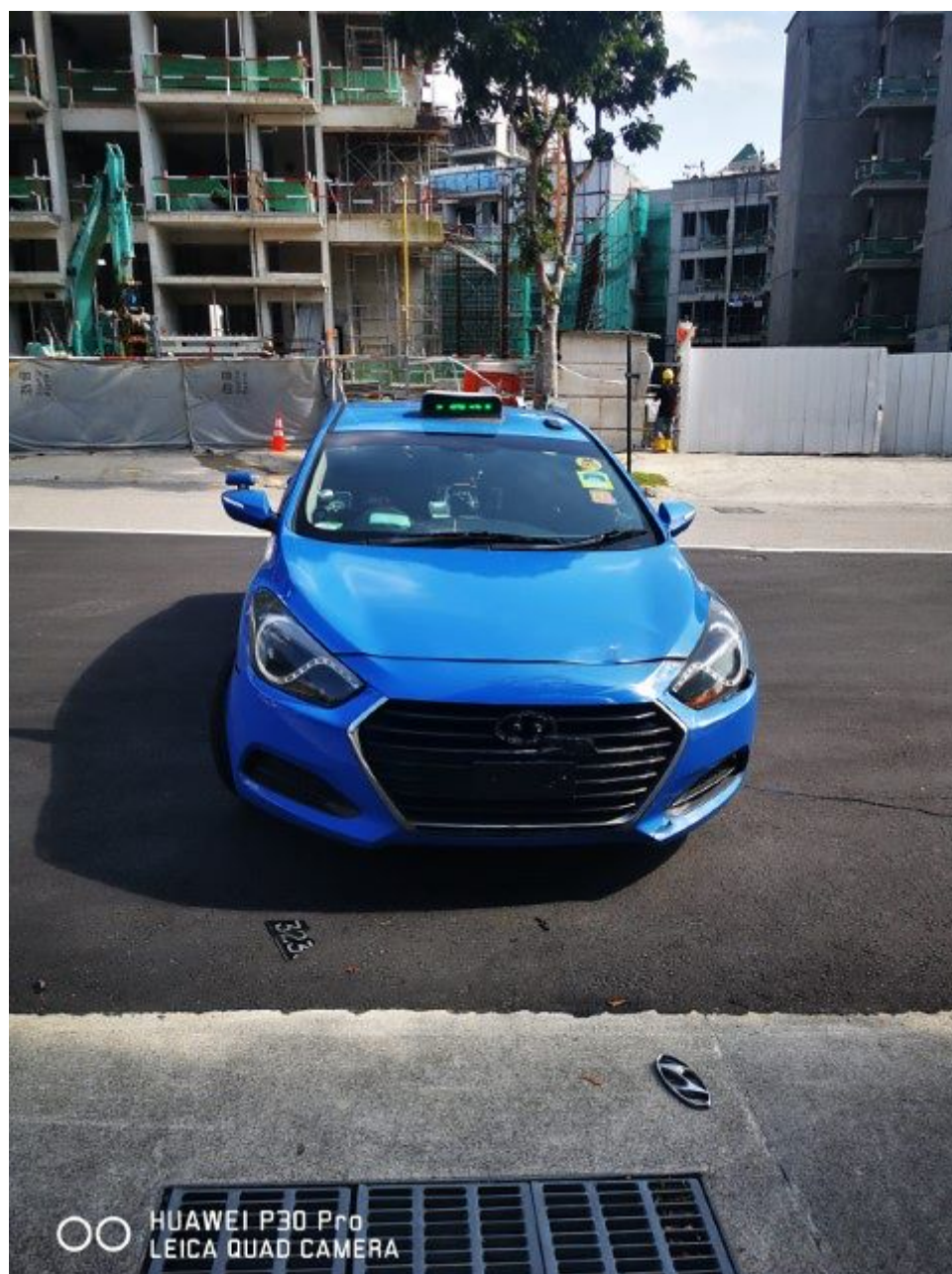


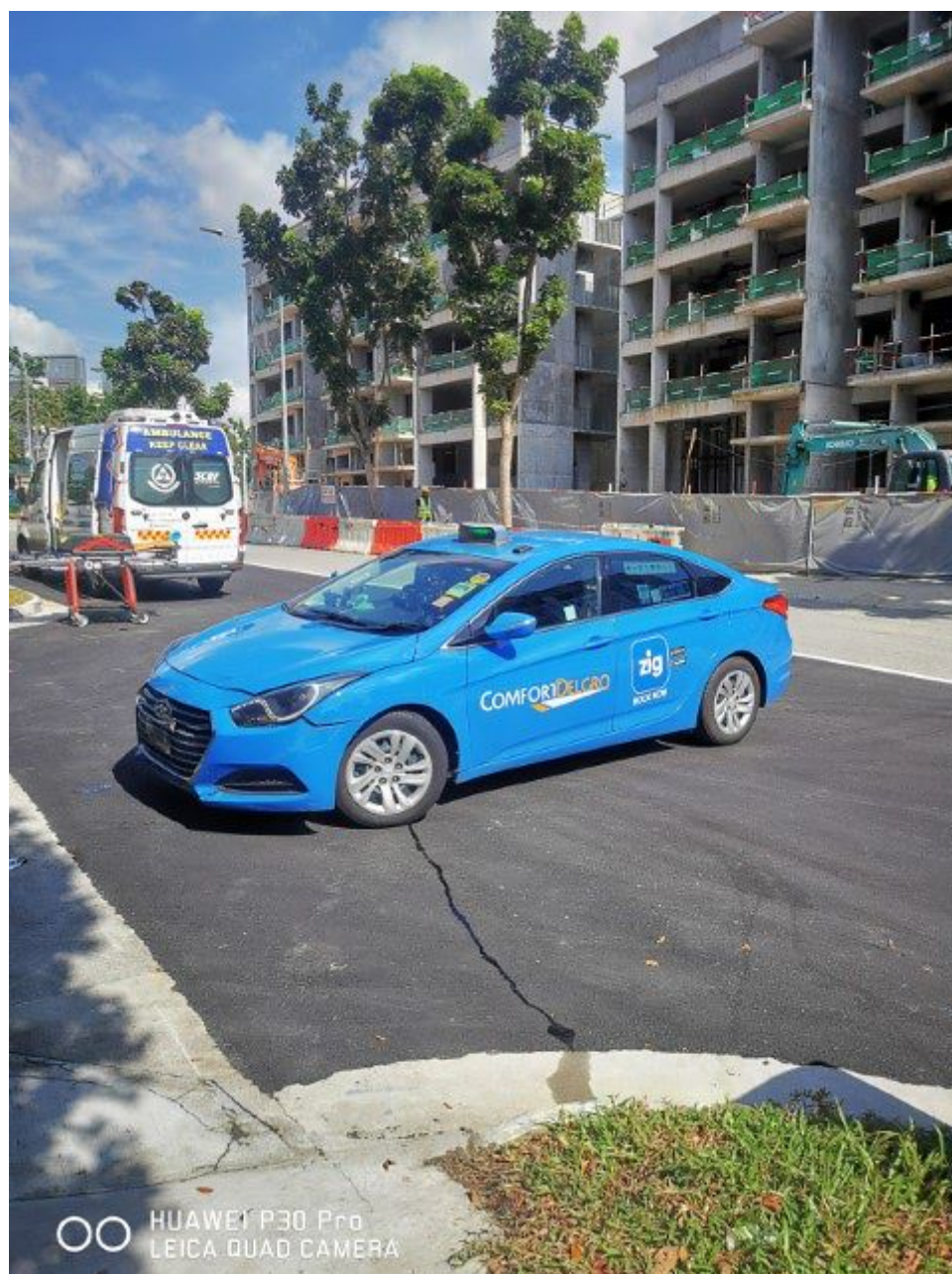


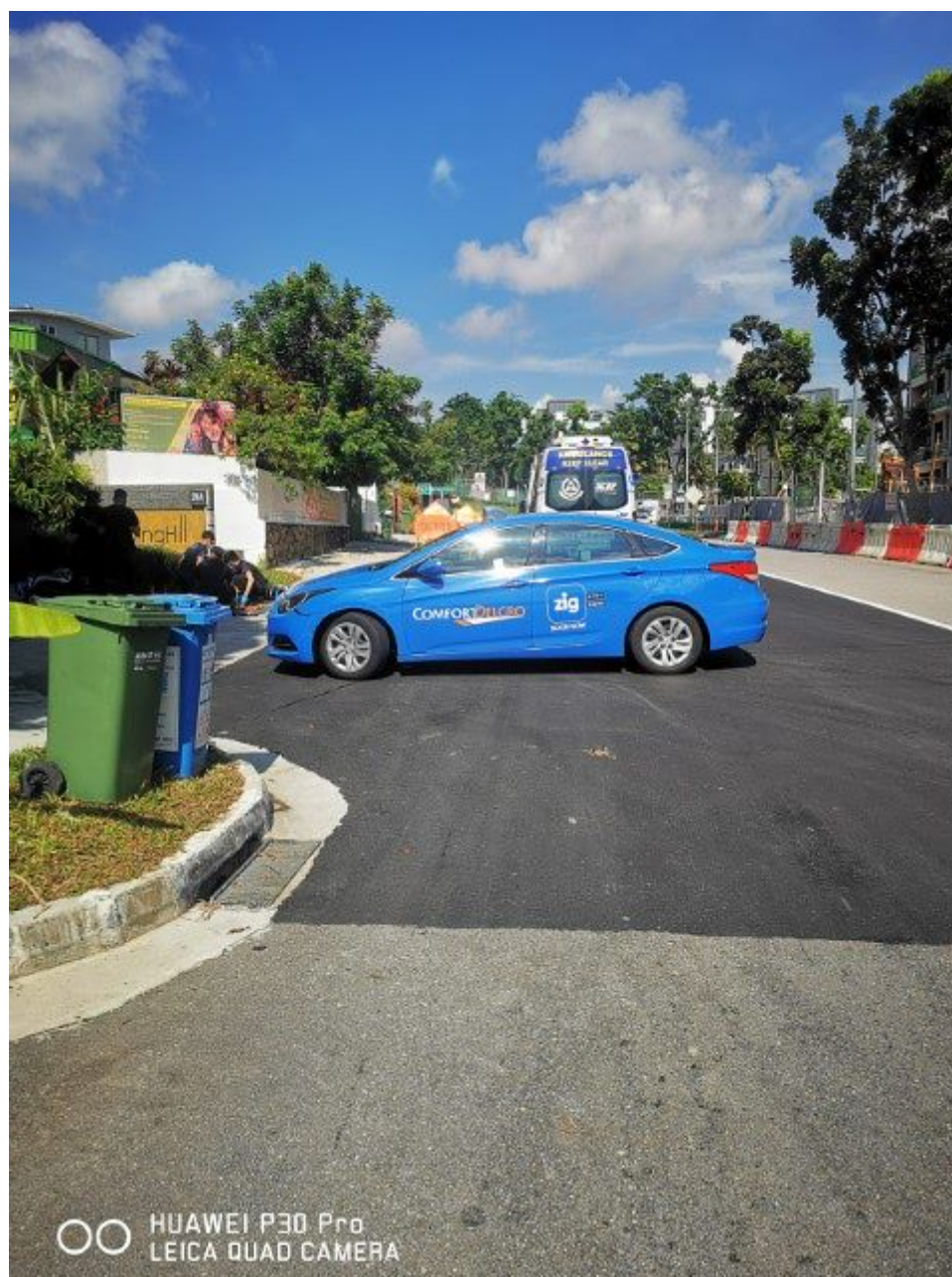


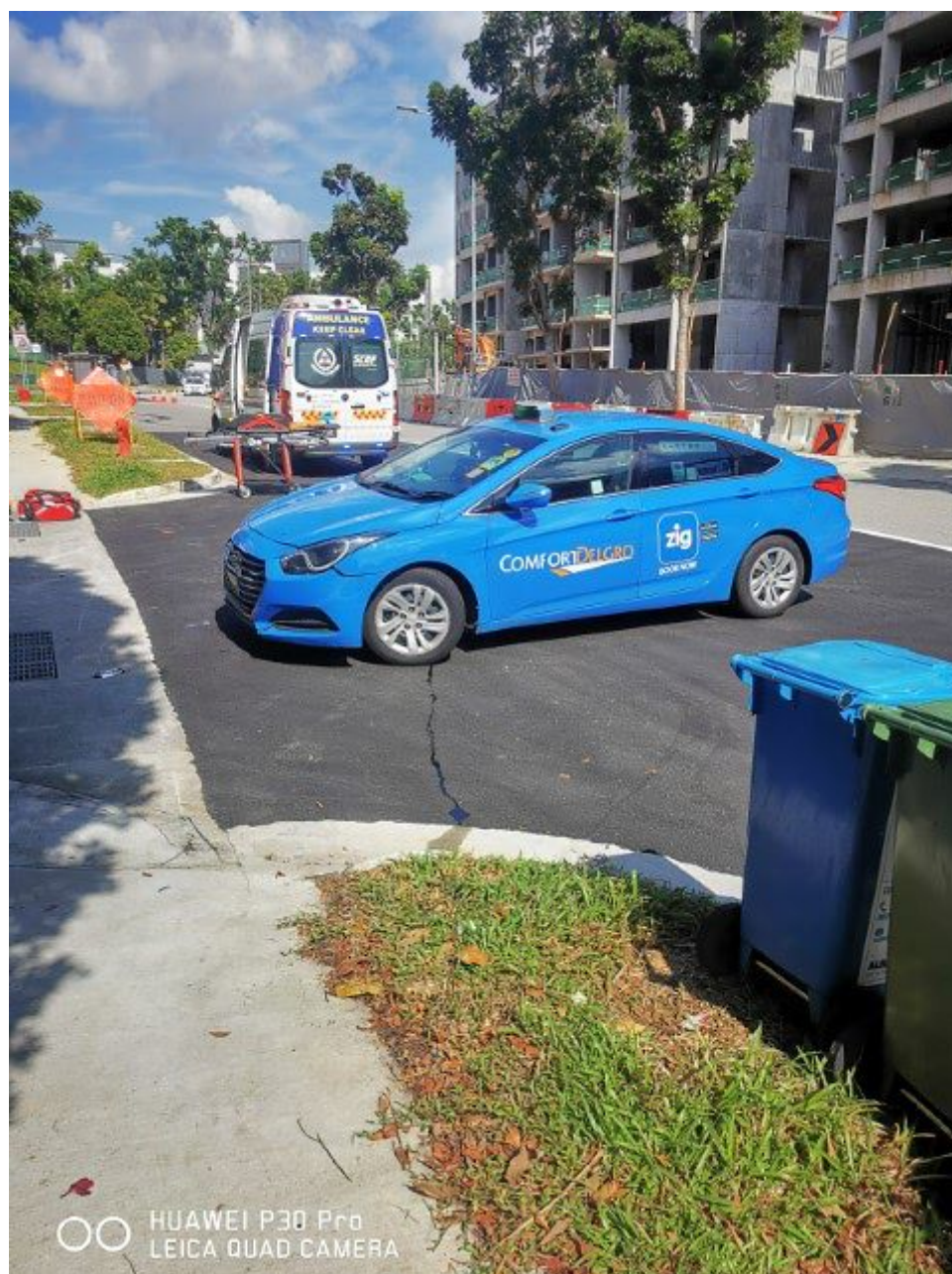


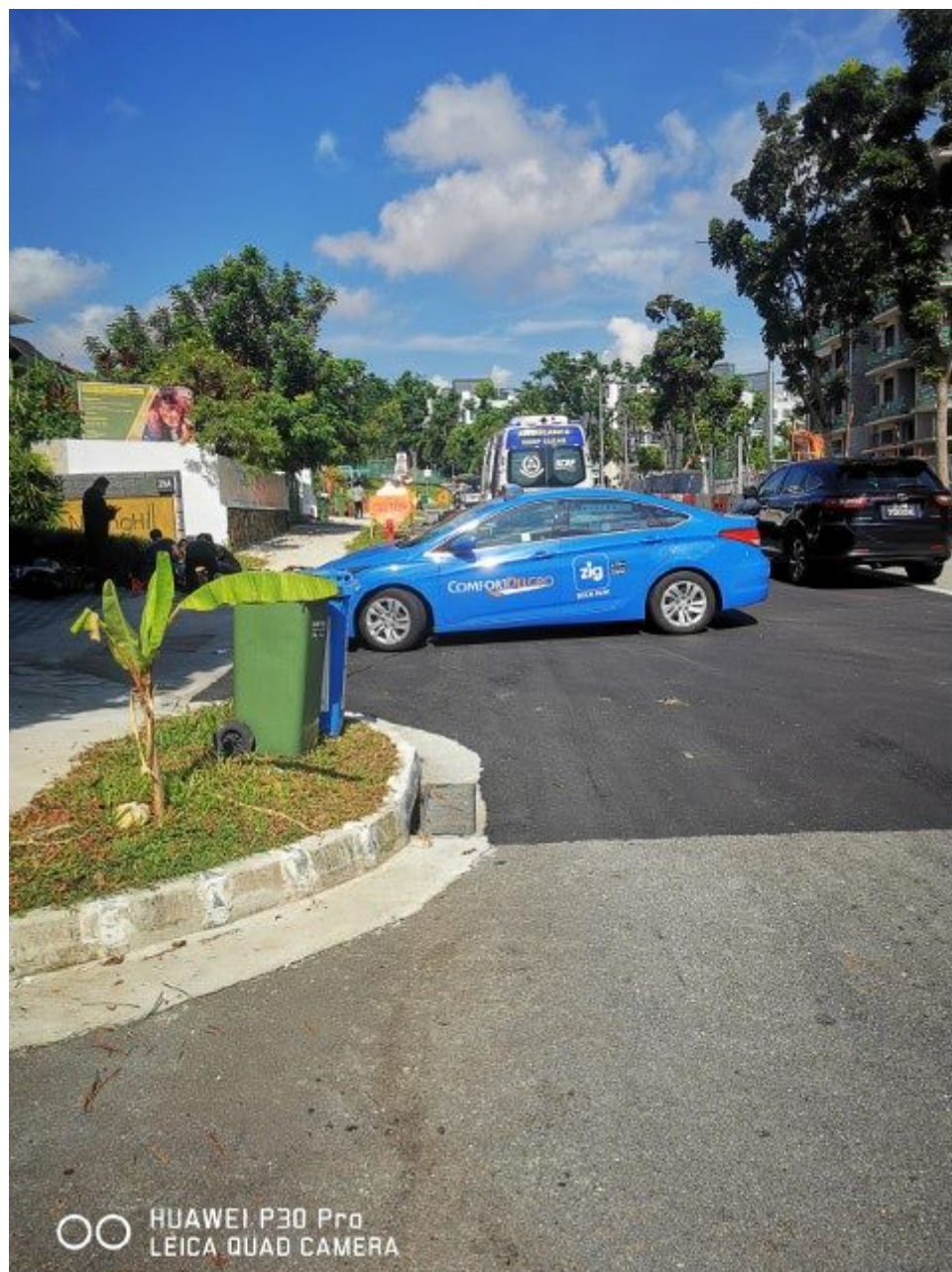





















T/20230613/2050
1 of 4
Report No. T/20230613/2050



**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT		Vide Report No.: D/20230613/0042	Station Diary No.: 73
Date/Time Report Made: 13/06/2023 14:12			

Informant's Particulars			
Name of Informant: TOH BOON KEONG		Address: APT BLK 330 SERANGOON AVENUE 3 #07-371 SINGAPORE 550330	
ID Type / ID No.: NRIC NO / S7804814Z		Contact No.:	Mobile: 88568166
Nationality: SINGAPORE CITIZEN		Home/Office:	
Sex: Male		Email:	
Age: 45	Date of Birth: 19/02/1978	Type of Informant: Driver	
Race: Chinese		Language: Chinese	
Occupation: Taxi driver		Driving Licence Information: Class: 2B, 2A, 3	
		Date of Expiry:	

General Information of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/06/2023 10:20
Type of Location: Straight Road			
Location: TOH TUCK ROAD			
Weather: Clear		Road Surface: Dry	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy
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
JSS526	Motorcycle				Slightly Damaged	0
SHD3239T	Car	HYUNDAI	H0	Blue	Slightly Damaged	1

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890998

T/20230613/2050
2 of 4
Report No. T/20230613/2050

CONTINUATION OF REPORT

Rider		ID No.		G2522033T	
Name	Rajan Anperagan	Contact No.	NIL		
Related Vehicle	JSS526 (Motorcycle)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL		
Hospital/Clinic	NIL	Date Discharge	NIL		
Date Treatment	NIL	Degree of Injury	NIL		
No. of Days granted Medical Leave	NIL				
Driver		ID No.		S7904814Z	
Name	TOH BOON KEONG	Contact No.	88568166		
Related Vehicle	SHD3239T (Car)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL		
Hospital/Clinic	NIL	Date Discharge	NIL		
Date Treatment	NIL	Degree of Injury	NIL		
No. of Days granted Medical Leave	NIL				

Brief Details.

I have been working as a taxi driver for ComfortDelGro Taxi for the past 10 years.

On 13/5/2023 at about 1020hrs, while I was driving my taxi (registration plate number SHD3239T) along the two-way lane of Toh Tuck Road, I was fetching one male passenger to Nottingham Suites at 29A Toh Tuck Road. The weather was clear, and the road surface was dry. When approaching the condo, the traffic along the opposite direction of Toh Tuck Road was heavy and the vehicles along that lane were stationary.

As I had to make a right turn into the condo gantry, I made a check and a lorry was stationary in the opposite direction of the lane amidst the traffic jam, leaving a space in front of the condo entrance, that was sufficient for my taxi to make the turn. Thus, after checking for oncoming traffic, I proceeded to make the right turn. When I was making the right turn, a motorcyclist (registration plate number: JSS526) that was travelling at a relatively fast speed from the opposite direction suddenly came from the left side of the stationary lorry. The front side of the motorcycle then collided onto the front left side of my taxi. Due to the collision, the motorcyclist flew off forward from his motorcycle and landed on the bonnet of my taxi.

The damages that my taxi have sustained are a detached front registration plate, dented bonnet, scratches on the front and front left areas of the vehicle.

I then called '995'. Traffic police and ambulance attended to the accident, and the motorcyclist was conveyed by ambulance to National University Hospital (NUH). My passenger did not inform me of any injury, and I did not sustain any injury from the traffic accident.

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999


T/20230613/2050
3 of 4
Report No. T/20230613/2050

CONTINUATION OF REPORT

Particulars of the motorcyclist:
Rajan Anperagan
G2522033T
C/O: Certis Cisco Protection Services Pte. Ltd.

There is an in-car camera installed in my taxi and the traffic police officer has retrieved the memory card.
An Acknowledgement Slip (Ref. report D/20230613/0042) was given to me. I will be informing my taxi
company after making this traffic accident report.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230613/2050

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Report No. T/20230613/2050

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 3 POH WAN XUAN,
GLORIS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
13/06/2023 14:12

Officer In Charge Of Case:
TP / GIT /
SI PAN JIANHONG
Contact No.: 65476904

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**


T/20230613/2060

1 of 3
Report No. T/20230613/2060

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 536775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2023 15:17	Vide Report No.: T/20230613/2050	Station Diary No.: 88
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Informant's Particulars

Name of Informant: TOH BOON KEONG		Address: APT BLK 330 SERANGOON AVENUE 3 #07-371 SINGAPORE 550330	
ID Type / ID No.: NRIC NO / S7804814Z		Contact No.: Home/Office: Mobile: 88568166	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 19/02/1978	Type of Informant: Driver
Race: Chinese		Language: Chinese	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/06/2023 10:20	Type of Location: Straight Road
Location: TOH TUCK ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
JSS526	Motorcycle				Slightly Damaged	0
SHD3239T	Car	HYUNDAI	I40	Blue	Slightly Damaged	1

Details of Person Involved

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

T/20230613/2050
2 of 3
Report No. T/20230613/2050

SINGAPORE POLICE FORCE

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Rider			ID No.	G2522033T
Name	Rajan Anperagan		Contact No.	NIL
Related Vehicle	JSS526 (Motorcycle)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date Discharge	NIL
Date Treatment	NIL		Degree of Injury	NIL
No. of Days granted Medical Leave	NIL			
Driver			ID No.	S7804814Z
Name	TOH BOON KEONG		Contact No.	88568166
Related Vehicle	SHD3239T (Car)		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Hospital/Clinic	NIL		Date Discharge	NIL
Date Treatment	NIL		Degree of Injury	NIL
No. of Days granted Medical Leave	NIL			

Brief Details.
Reference to T/20230613/2050,

I am lodging this additional report to inform about the particulars of the witness, which is as follow:
Ten Kok Kuang
S7674449A
HP: 98503040

 SINGAPORE POLICE FORCE	 T/20230613/2060
Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 536775 Tel No: 1800-4890999	3 of 3 Report No. T/20230613/2060
CONTINUATION OF REPORT	
Signature of Officer Recording The Report: F / SGT 3 POH WAN XUAN, GLORIS 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/06/2023 15:17
Officer In Charge Of Case: TP / GIT / SI PAN JIANHONG Contact No.: 65476904	Classification Of Case:
NP168	


**SINGAPORE
POLICE FORCE**


T/20230615/2003

1 of 3

Report No. T/20230615/2003

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2023 00:52	Vide Report No.: T/20230613/2050	Station Diary No.: 24
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Informant's Particulars

Name of Informant: TOH BOON KEONG		Address: APT BLK 330 SERANGOON AVENUE 3 #07-371 SINGAPORE 550330	
ID Type / ID No.: NRIC NO / S7804814Z		Contact No.: Home/Office: Mobile: 88568166	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 19/02/1978	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/06/2023 10:20	Type of Location: Straight Road
Location: TOH TUCK ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JSS5267	Motorcycle				Slightly Damaged	0
SHD3239T	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20230615/2003

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Report No. T/20230615/2003

CONTINUATION OF REPORT

Rider			
Name	Rajan Anperagan	ID No.	G2522033T
Related Vehicle	JSS5267 (Motorcycle)	Contact No.	NIL
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	TOH BOON KEONG	ID No.	S7804814Z
Related Vehicle	SHD3239T (Car)	Contact No.	88568166
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

This report is an amendment for T/20230613/2050 and T/20230613/2060.

The amendment for T/20230613/2050 is the correct date on the brief fact is supposed to be 13/06/2023 and the correct plate number of the motorbike is JSS5267.

The amendment for T/20230613/2050 is the correct plate number of the motorbike is JSS5267.

That is all.

 SINGAPORE POLICE FORCE		 T/20230615/2003
Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999		3 of 3 Report No. T/20230615/2003
CONTINUATION OF REPORT		
Signature of Officer Recording The Report: F / SGT 1 JARED NG 		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 15/06/2023 00:52
Officer In Charge Of Case: TP / GIT / SI PAN JIANHONG Contact No.: 65476904		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: SJ0G236E0005 Vehicle Registration No: SHD3239T
 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: 13/06/2023 Time of Accident: 10:20
 Place of Accident: Toh Tuck Rd,
 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: 15.06.2023

GIARMC Addendum Form