

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	24/08/2024 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	23/08/2024 22:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA3141G
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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) +65-91018605
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVLU187893
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	TAN JIAN MING (CHEN JIANMING)
NRIC No	S8716682A
Date Of Birth	06/06/1987
Occupation	Outdoor
Driving Pass Date	03/08/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-91018605
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	622A TAMPINES AVENUE 12 #07 - 33
Address complement	-
Postcode	521622
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

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 SLL4470U
 Vehicle Manufacturer Mercedes
 Vehicle Model A200 AMG AUTO SALOON
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver SUHERY BIN SUHEYAR
 NRIC No S8516197J
 Contact Number (Phone) +65-96462562
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage FRONT
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number EY2118R
 Vehicle Manufacturer Tesla
 Vehicle Model MODEL Y RWD
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver LIM THIAM HOCK
 NRIC No S1765788G
 Contact Number (Phone) +65-96871263
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage REAR
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN JIAN MING (CHEN JIANMING)
 Gender Male
 Phone No (Phone) +65-91018605
 Address 622A TAMPINES AVENUE 12 #07 - 33
 Address Complement -
 Post Code 521622
 Approximate Age Years Old 37
 Injuries Sustained INJURIES
 Injured person in which vehicle? SHA3141G
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

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

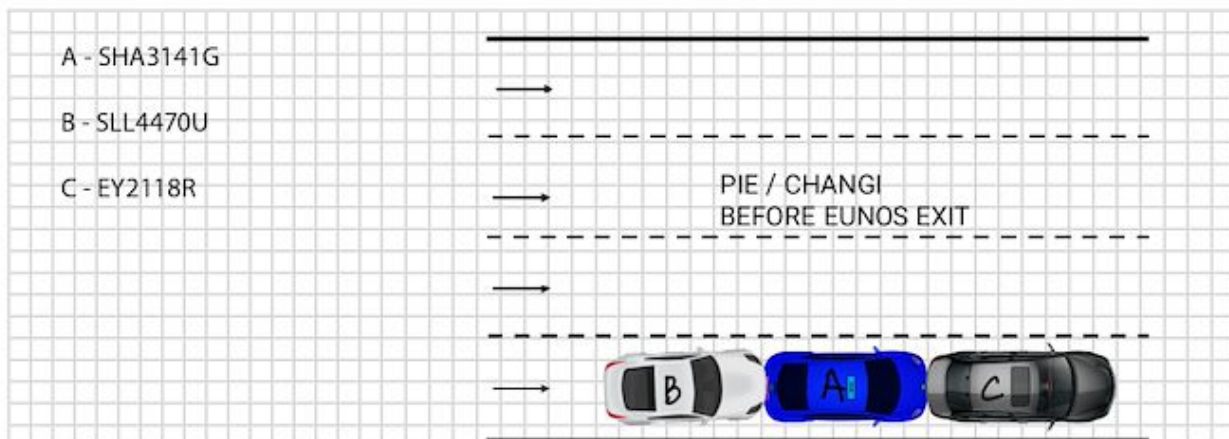
Sketch Plan

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

24.08.2024.

1245HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T /20240824/7021
AMENDED REPORT
T/30240824/7026

Declaration

We declare the foregoing particulars are true in every respect.

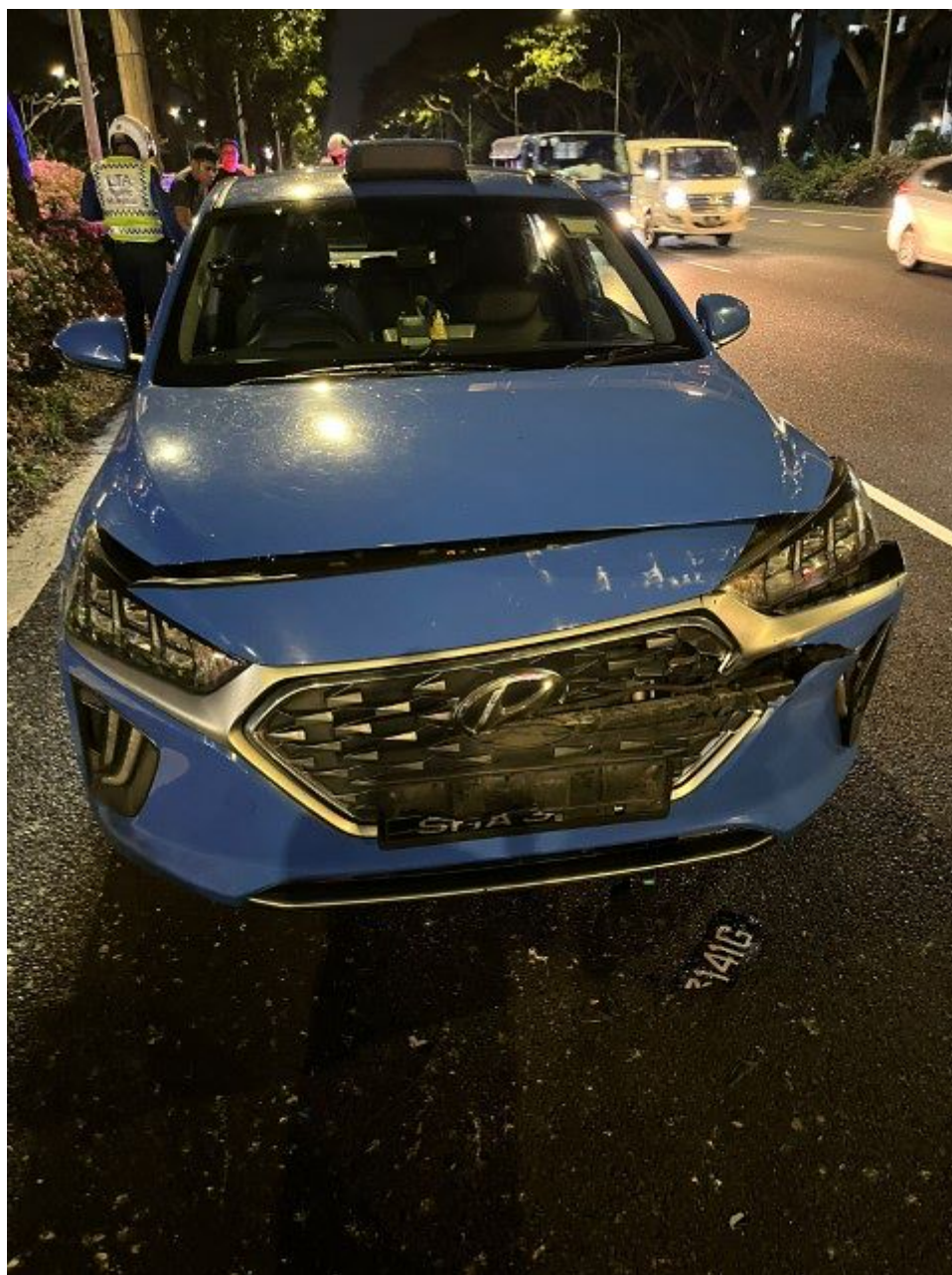


Policyholder's Signature / Date &
Time

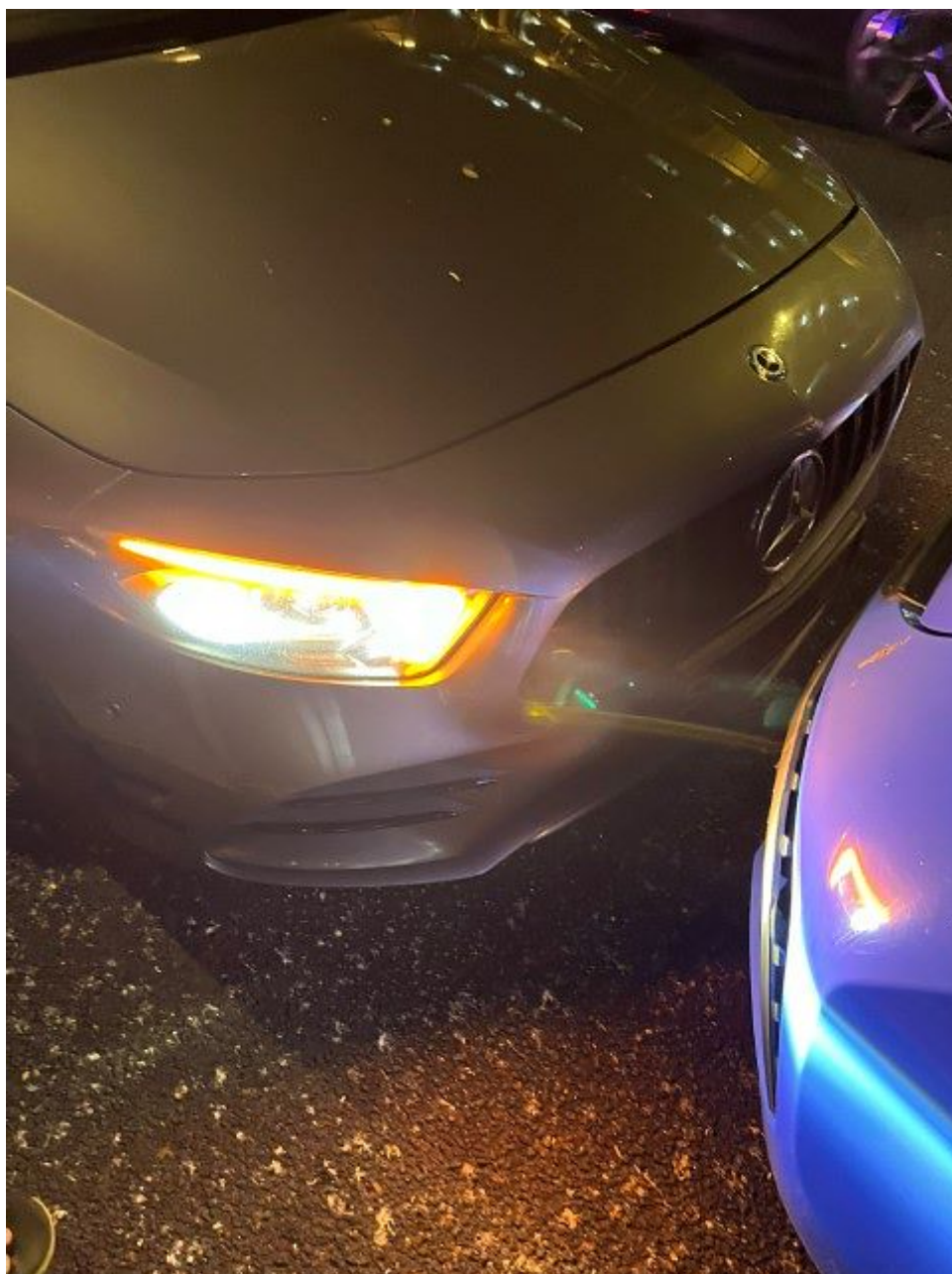
Driver's Signature (If driver is not the policyholder) / Date
& Time 24.08.2024. 1245HRS



Witnessed by Reporting Centre
Personnel

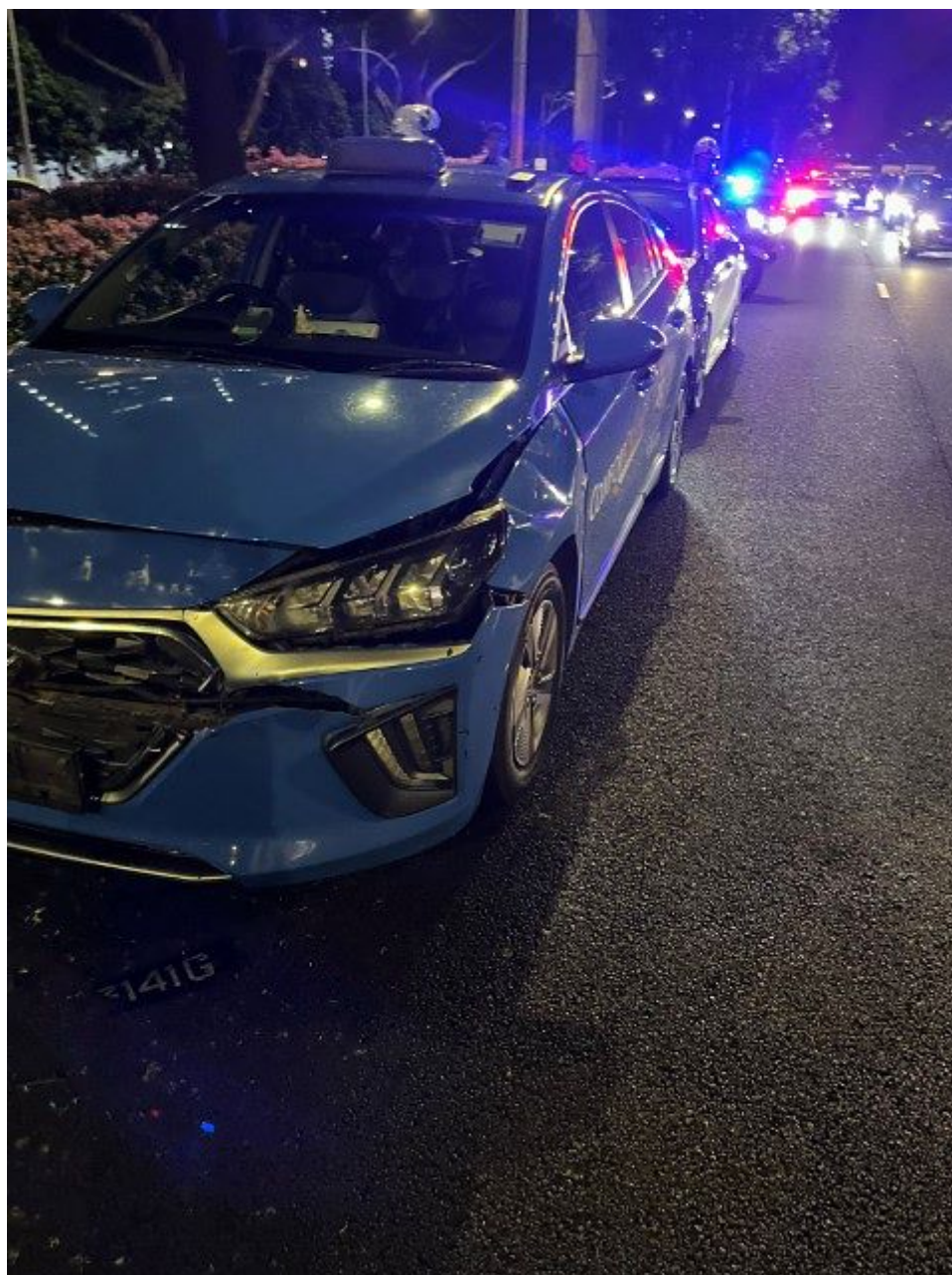


















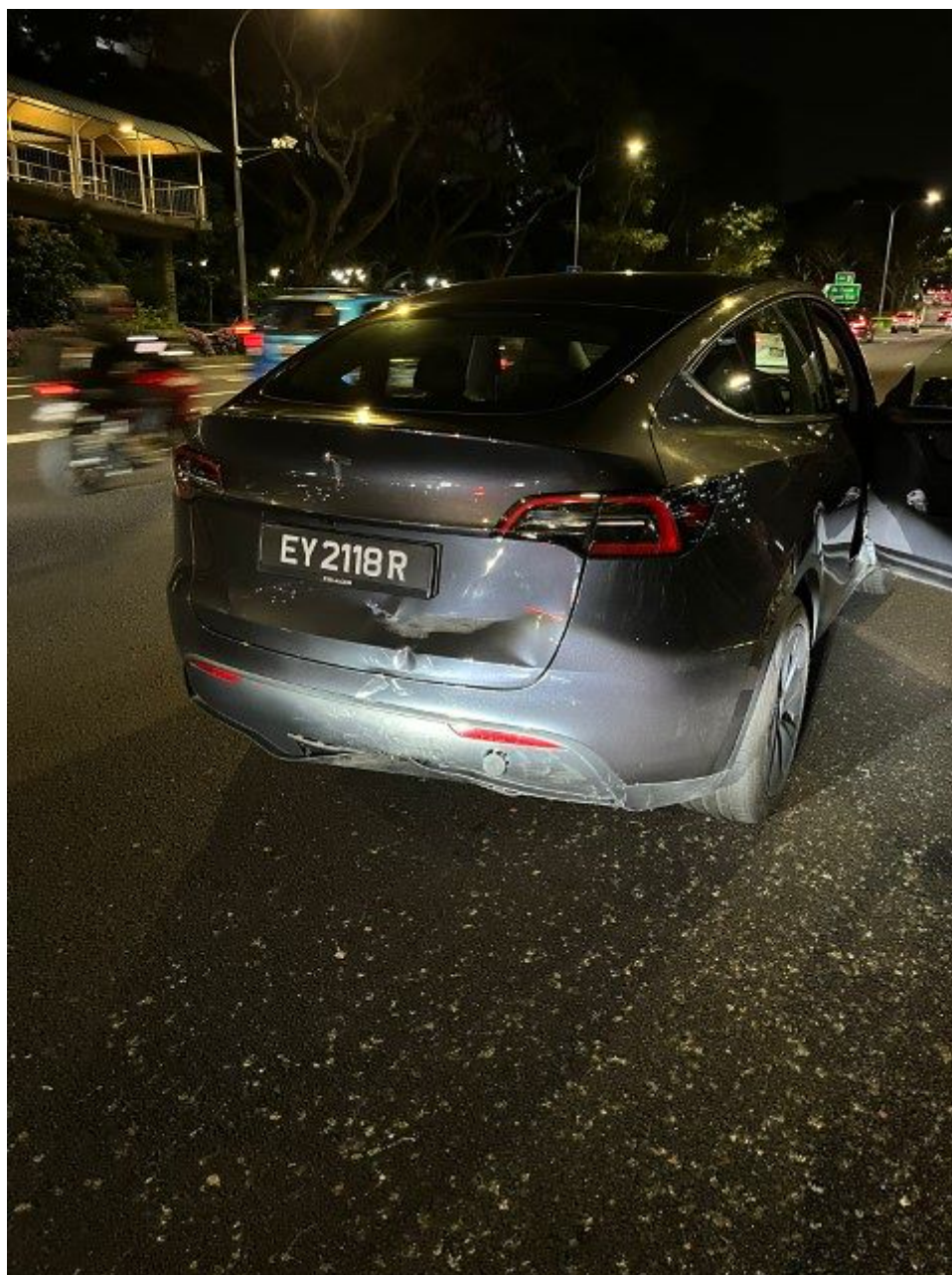




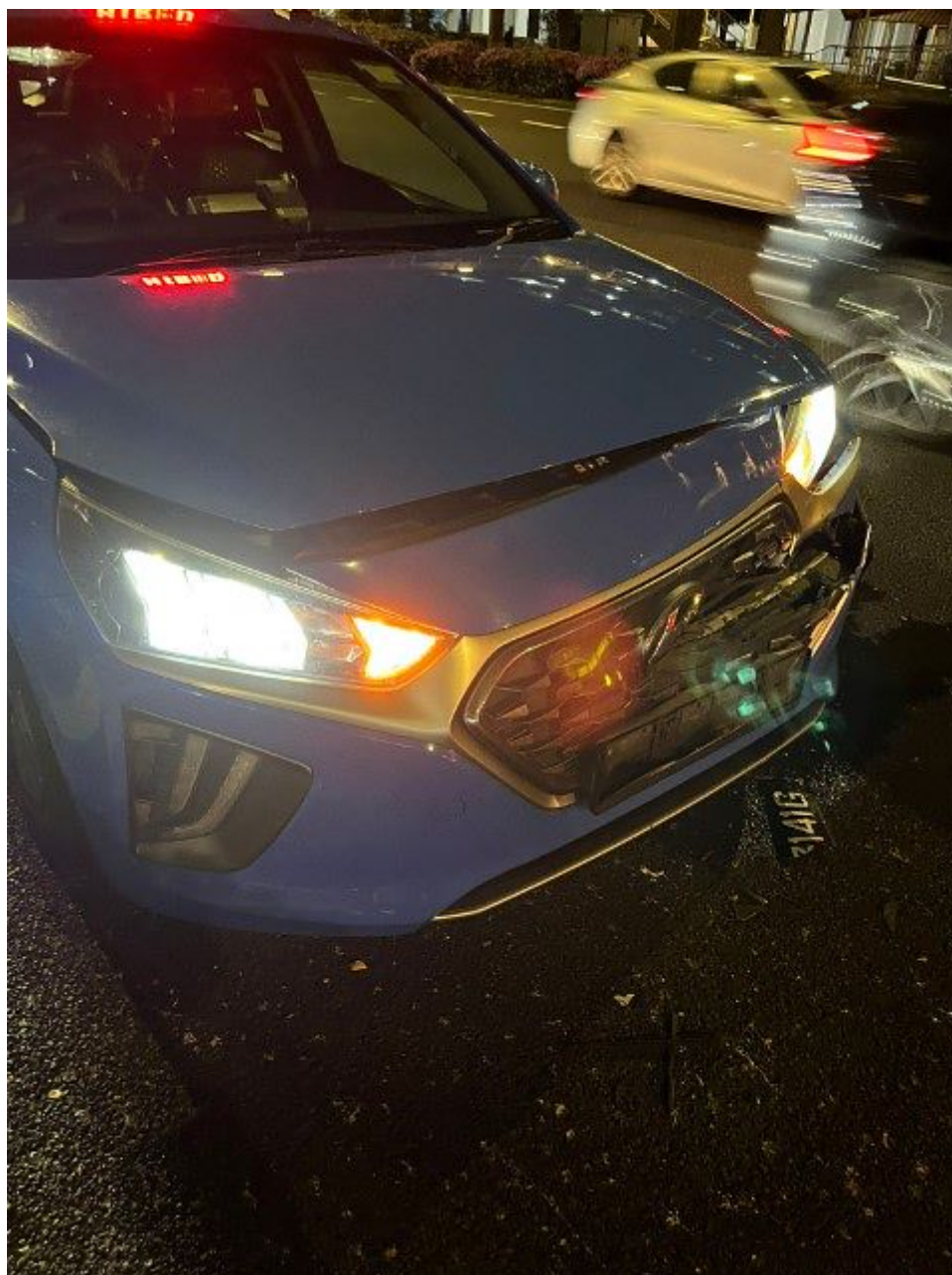




















**SINGAPORE
POLICE FORCE**



T/20240824/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240824/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2024 10:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN JIAN MING			Address: 622A TAMPINES AVENUE 12 #07-33 SINGAPORE 521622		
ID Type / ID No.: NRIC NO / S8716682A			Contact No.: Home/Office: Mobile: 91018605		
Nationality: SINGAPORE CITIZEN			Email: JIANMINGBEN87@HOTMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 06/06/1987	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/08/2024 22:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EY2118R	Motor car			Black		0
SHA3141G	Motor car			Blue		2
SLL4470U	Motor car			Grey		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240824/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240824/7021

CONTINUATION OF REPORT

Driver			
Name	TAN JIAN MING	ID No.	S8716682A
Related Vehicle	SHA3141G (Motor car)	Contact No.	91018605
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/08/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date and time,
I was driving comfort taxi SHA3141G,
Travelling along PIE toward Changi Airport at extreme right lane ,The road have 4 lanes.
Front vehicle EY2118R stopped,I follow stopped,Suddenly a vehicle SLL4470U stop not in time and collided onto my taxi from the rear and my taxi push forward and collided onto the front vehicle EY 2118R
After accident I felt unwell,
On 23/08/2024 I went to W Y Teh family clinic and surgery consult doctor and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240824/7021

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Report No. T/20240824/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
24/08/2024 10:05

Classification Of Case: