

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	04/09/2024 11:55 (SGT)
Reported by	Actual Driver
Date of Accident	03/09/2024 19:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI(NEARBY EUNOS EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6182B

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) +65-91896599
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	KMHC851CVLU191956
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	CHNG LI TIAN,JAMES(ZHUANG LITIAN,JAMES)
NRIC No	S8102606H
Date Of Birth	04/02/1981
Occupation	Outdoor
Driving Pass Date	27/06/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91896599
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	229 ANG MO KIO AVENUE 3 #04-1280
Address complement	-
Postcode	560229
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	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	5
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)	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	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

ON THE DATE 03/09/2024 AT ABOUT 1915HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SH6182B IN THE WAY TO PICK UP A PASSENGER EN-ROUTE FROM UBI TOWARDS CHANGI AIRPORT WHILE TRAVELLING ALONG PIE ON LANE 2 I MADE A LANE CHANGE FROM LANE 2 TO LANE 1 AFTER MAKING SURE IT WAS SAFE TO DO SO BUT ONCE FULLY ENTERED LANE 1 SUDDENLY ALL THE VEHICLES INFRONT OF VEHICLE A APPLIED BRAKES AND STOPPED STATIONARY UPON NOTICING THIS I ALSO APPLIED THE BRAKES ON VEHICLE A BUT UNFORTUNATELY VEHICLE B BEARING REGISTRATION NUMBER SMH6147A DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A AND DUE TO THE IMPACT VEHICLE A REAR ENDED TO VEHICLE E BEARING REGISTRATION NUMBER SMX5310S AND ALSO TWO MORE VEHICLE WHICH IS VEHICLE C BEARING REGISTRATION NUMBER SLM4172A WHICH HAD REAR ENDED TO VEHICLE B AND FOLLOWING BY VEHICLE D BEARING REGISTRATION NUMBER SLT4573P WHICH REAR ENDED TO VEHICLE C CAUSING IT TO BE A CHAIN COLLISION CAUSING DAMAGES TO VEHICLE A. THE DRIVER OF VEHICLE A HAS NECK PAIN AND ACQUIRED 5 DAYS MEDICAL CERTIFICATE.

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 SMH6147A
 Vehicle Manufacturer Renault
 Vehicle Model GRAND SCENIC IV 1.5 DCI AT EU6
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver MOHAMED NAINA HAJA KUTHBUDHEEN
 NRIC No S7966833H
 Contact Number (Phone) +65-97594690
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM4172A
 Vehicle Manufacturer Opel
 Vehicle Model ASTRA HB 1.0 AT
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLT4573P
 Vehicle Manufacturer Toyota
 Vehicle Model HARRIER G GRADE
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMX5310S
 Vehicle Manufacturer Honda
 Vehicle Model SHUTTLE 1.5G CVT SENSING
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver DAI WUBIN
 NRIC No G6851401R
 Contact Number (Phone) +65-85182256
 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 CHNG LI TIAN,JAMES(ZHUANG LITIAN,JAMES)
 Gender Male
 Phone No (Phone) +65-91896599
 Address 229 ANG MO KIO AVENUE 3 #04-1280
 Address Complement -
 Post Code 560229
 Approximate Age Years Old 43
 Injuries Sustained NECK PAIN
 Injured person in which vehicle? SH6182B
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No



SKETCH PLAN

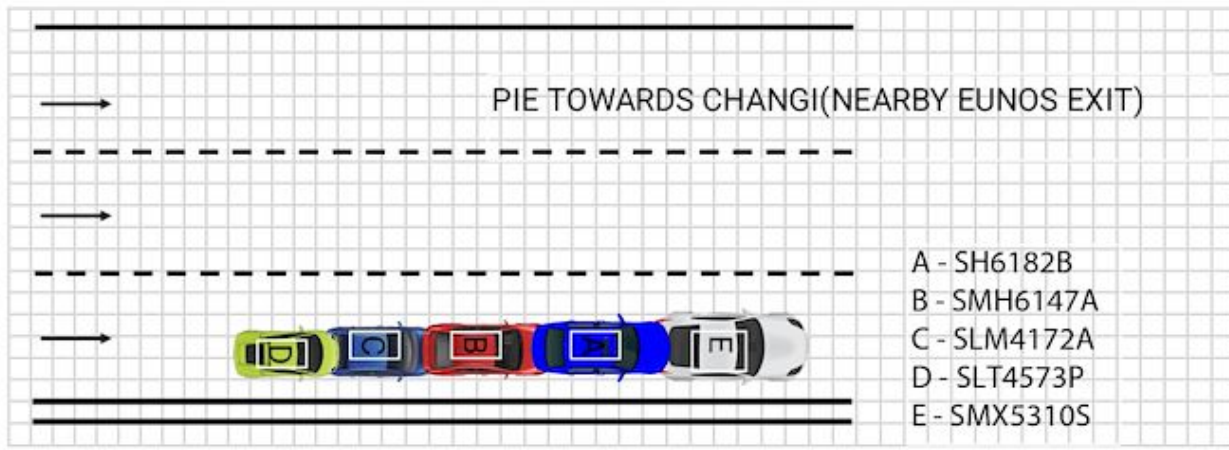
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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 03092024 2330HRS	 Witnessed by Reporting Centre Personnel
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Describe Circumstances of the Accident

ON THE DATE 03/09/2024 AT ABOUT 1915HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SH6182B IN THE WAY TO PICK UP A PASSENGER EN-ROUTE FROM UBI TOWARDS CHANGI AIRPORT WHILE TRAVELLING ALONG PIE ON LANE 2 I MADE A LANE CHANGE FROM LANE 2 TO LANE 1 AFTER MAKING SURE IT WAS SAFE TO DO SO BUT ONCE FULLY ENTERED LANE 1 SUDDENLY ALL THE VEHICLES INFRONT OF VEHICLE A APPLIED BRAKES AND STOPPED STATIONARY UPON NOTICING THIS I ALSO APPLIED THE BRAKES ON VEHICLE A BUT UNFORTUNATELY VEHICLE B BEARING REGISTRATION NUMBER SMH6147A DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE A AND DUE TO THE IMPACT VEHICLE A REAR ENDED TO VEHICLE E BEARING REGISTRATION NUMBER SMX5310S AND ALSO TWO MORE VEHICLE WHICH IS VEHICLE C BEARING REGISTRATION NUMBER SLM4172A WHICH HAD REAR ENDE TO VEHICLE B AND FOLLOWING BY VEHICLE D BEARING REGISTRATION NUMBER SLT4573P WHICH REAR ENDED TO VEHICLE C CAUSING IT TO BE A CHAIN COLLISION CAUSING DAMAGES TO VEHICLE A.THE DRIVER OF VEHICLE A HAS NECK PAIN AND ACQUIRED 5 DAYS MEDICAL CERTIFICATE.

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
 03092024
 2330HRS



 Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20240903/7111

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

1 of 3

Report No. T/20240903/7111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2024 23:54	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: CHNG LI TIAN JAMES	Address: 229 ANG MO KIO AVE 3 #04-1280 SINGAPORE 560229	
ID Type / ID No.: NRIC NO / S8102606H	Contact No.:	Mobile: 91896599
Nationality: SINGAPORE CITIZEN	Email: JAMESCHNG81@GMAIL.COM	
Sex: Male	Age: 43	Date of Birth: 04/02/1981
Race: Chinese	Type of Informant: Driver	
Occupation: Taxi driver	Language: English	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/09/2024 19:15	Type of Location: Straight Road
Location: EUNOS CRESCENT				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
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
SH6182B	Motor car					0
SLM4172A	Motor car	OPEL		Green		0
SLT4573P	Motor car	TOYOTA	HARRIER	Black		0
SMH6147A	Motor car	RENAULT		Blue		0
SMX5310S	Motor car	HONDA	SHUTTLE	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240903/7111

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

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Report No. T/20240903/7111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHNG LI TIAN JAMES	ID No.	S8102606H
Related Vehicle	SH6182B (Motor car)	Contact No.	91896599
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/09/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

Brief Details.

MY TAXI WAS INVOLVED IN A CHAIN COLLISION. 5 VEHICLES WAS INVOLVED. ACCIDENT HAPPENED ON PIE TOWARDS CHANGI NEAR EUNOS EXIT



**SINGAPORE
POLICE FORCE**



T/20240903/7111

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

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Report No. T/20240903/7111

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

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 03/09/2024 23:54
Classification Of Case:

NP168