

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	11/12/2024 08:52 (SGT)
Reported by	Actual Driver
Date of Accident	10/12/2024 17:30 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7273S
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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) +65-97218548
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVKU121825
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	ONG TIAN SIONG
NRIC No	S1373638C
Date Of Birth	08/06/1959
Occupation	Outdoor
Driving Pass Date	01/11/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97218548
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 108 LORONG 1 TOA PAYOH #06-298
Address complement	-
Postcode	310108
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	Collision - Head to Rear
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?	No
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	SD8160V
Vehicle Category	Motorcycle

PASSENGER 1

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

ON THE 10/12/24 AROUND 17:30HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHD7273S ALONG COMMONWEALTH AVENUE ENROUTE FROM 48A LORONG MAMBONG I PICK UP MY PASSENGER TOWARDS COMMONWEALTH TOWER I GOING TO DROP OFF MY PASSENGERS.WHILE I TURN LEFT FRONT OF ME VEHICLE B BEARING REGISTRATION NUMBER SD8160V MOVING SLOWLY AND SUDDENLY HE STOP ,SO ON THAT TIME I TRYING TO STOP MY VEHICLE A BUT UNFORTUNATELY I CAN'T STOP MY VEHICLE ON THE TIME SO I HIT ONTO THE VEHICLE B BACK. THIRD PARTY INJURED.

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 SD8160V
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person RIDER
Gender -
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained LEFT LOWER LEG
Injured person in which vehicle? SD8160V
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

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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.

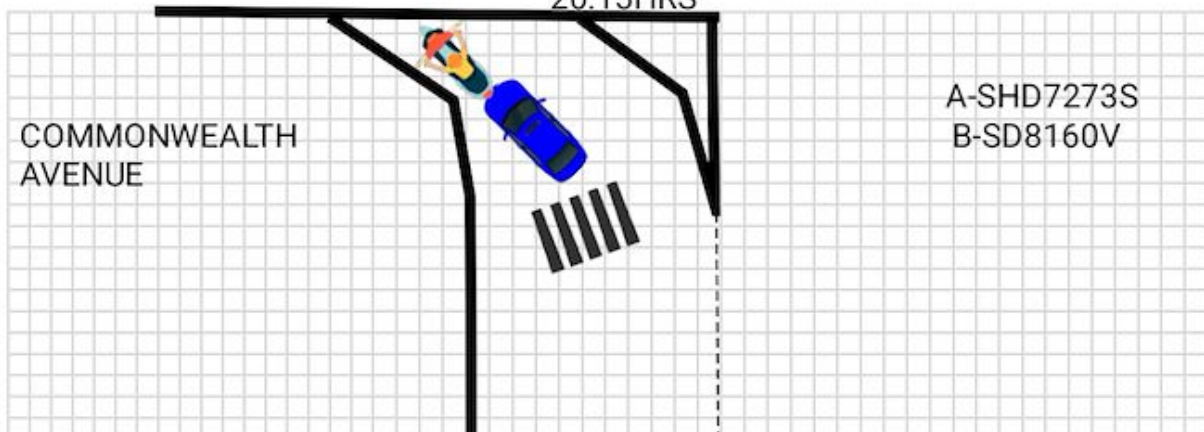
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

10/12/24
20:15HRS



Describe Circumstances of the Accident

ON THE 10/12/24 AROUND 17:30HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHD7273S ALONG COMMONWEALTH AVENUE ENROUTE FROM 48A LORONG MAMBONG I PICK UP MY PASSENGER TOWARDS COMMONWEALTH TOWER I GOING TO DROP OFF MY PASSENGERS. WHILE I TURN LEFT FRONT OF ME VEHICLE B BEARING REGISTRATION NUMBER SD8160V MOVING SLOWLY AND SUDDENLY HE STOP, SO ON THAT TIME I TRYING TO STOP MY VEHICLE A BUT UNFORTUNATELY I CAN'T STOP MY VEHICLE ON THE TIME SO I HIT ONTO THE VEHICLE B BACK. THIRD PARTY INJURED.

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

10/12/24
20:15HRS

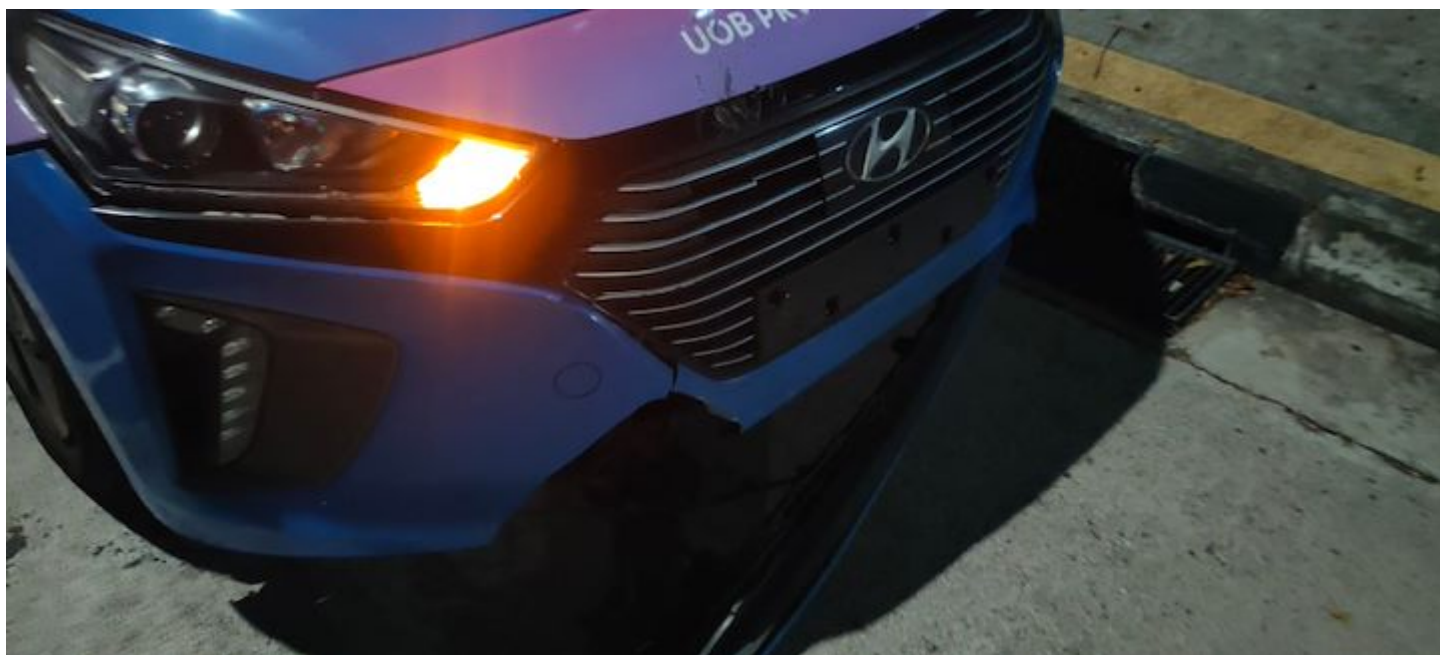
Witnessed by Reporting Centre
Personnel

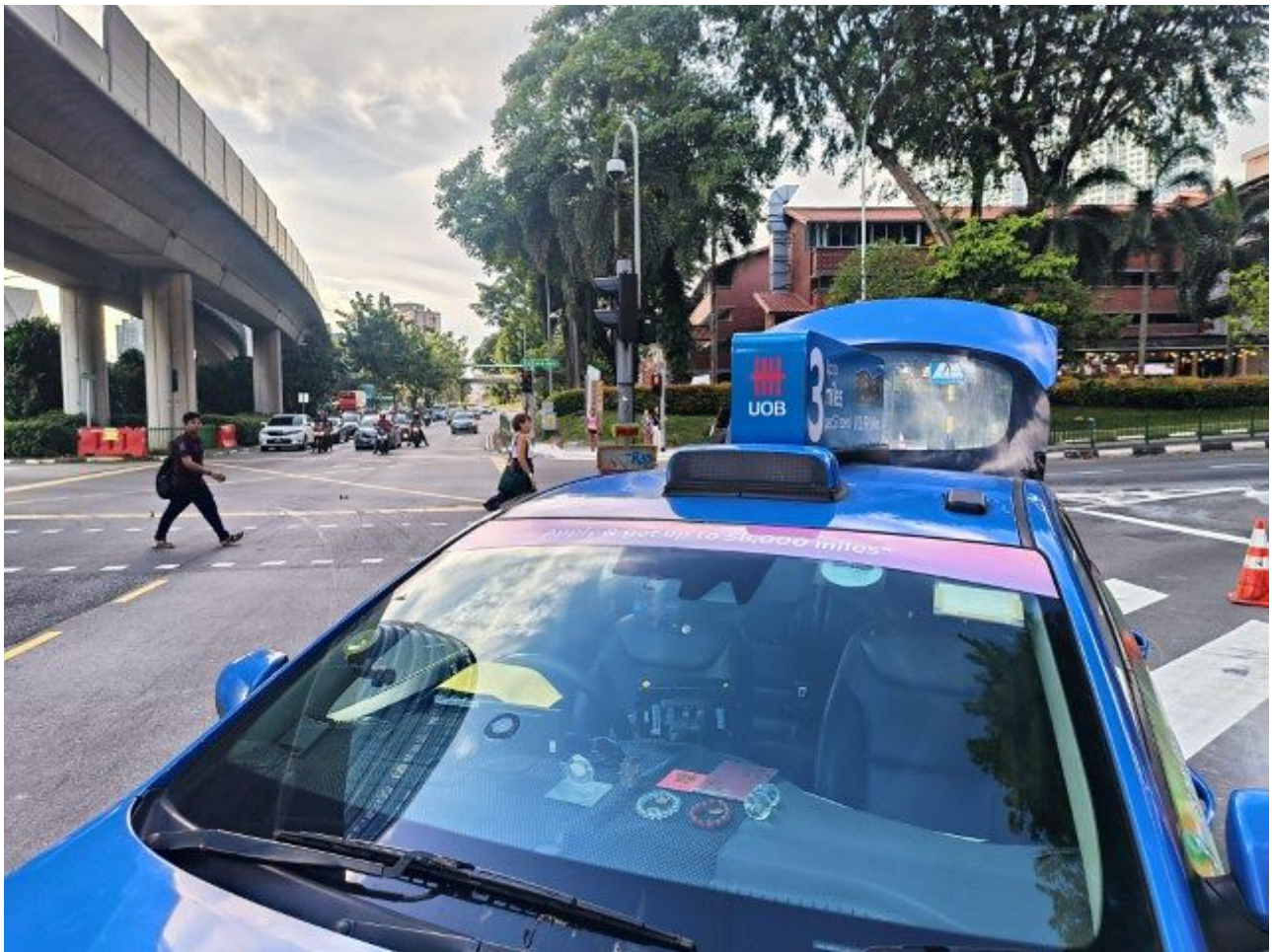










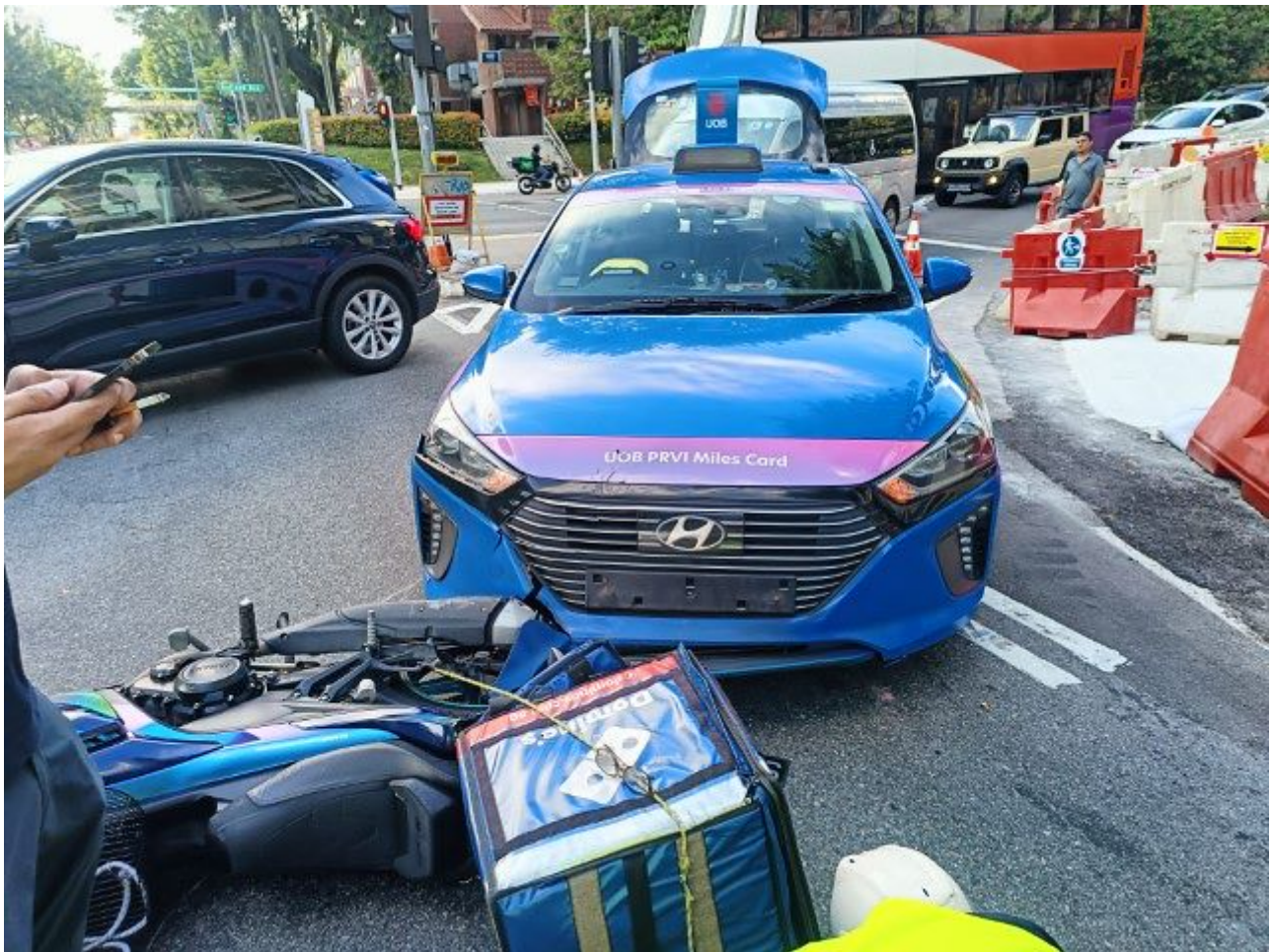


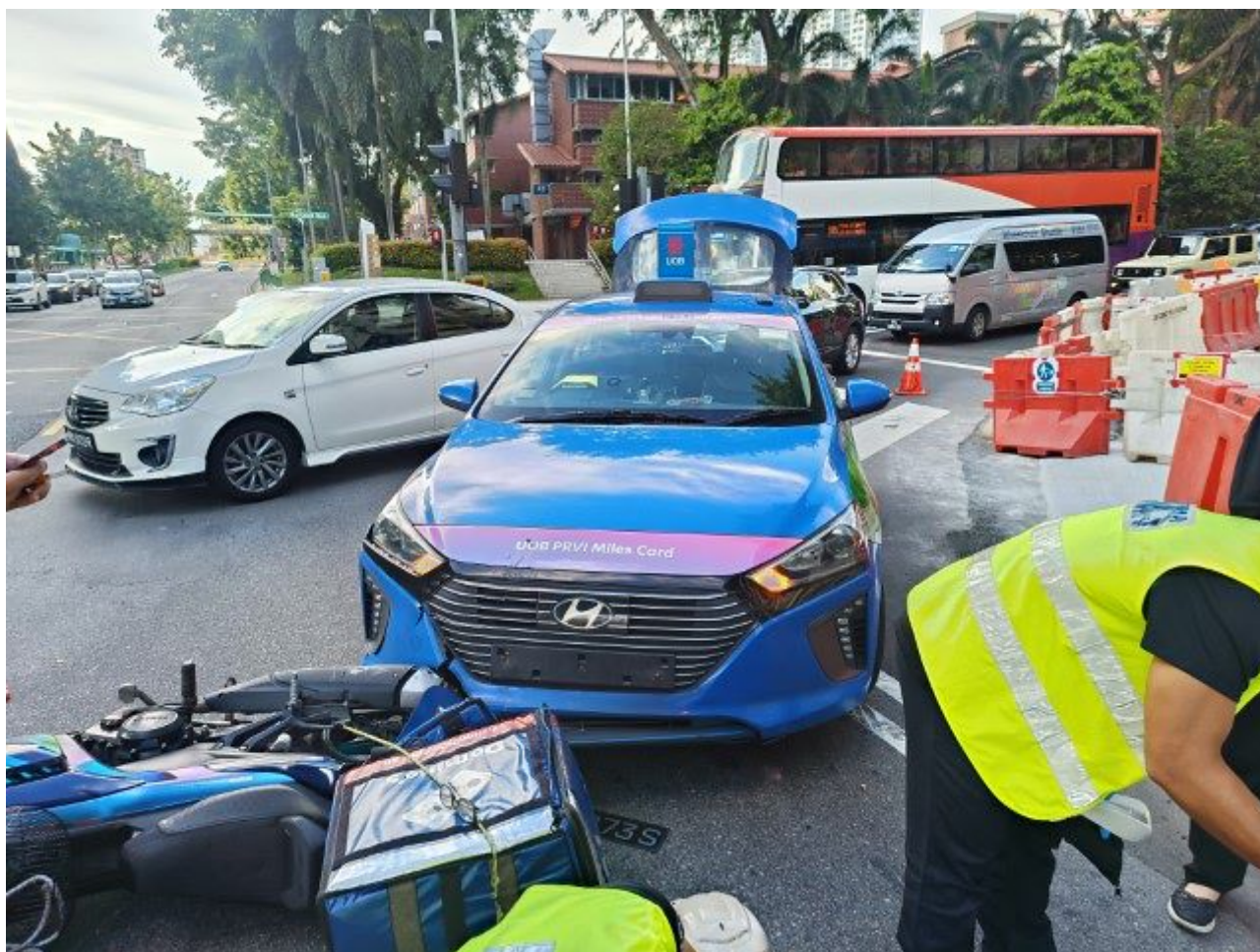
















**SINGAPORE
POLICE FORCE**



T/20241211/7074

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

1 of 3

Report No. T/20241211/7074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2024 15:29		Vide Report No.: D/20241210/0081		Station Diary No.:
Informant's Particulars				
Name of Informant: ONG TIAN SIONG		Address: 108 LORONG 1 TOA PAYOH #06-298 SINGAPORE 310108		
ID Type / ID No.: NRIC NO / S1373638C		Contact No.: Home/Office: Mobile: 97218548		
Nationality: SINGAPORE CITIZEN		Email: ONGTIANSIONG317@GMAIL.COM		
Sex: Male	Age: 65	Date of Birth: 08/06/1959	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/12/2024 17:30	Type of Location: Bend
Location: HOLLAND AVENUE				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
SD8160V	Motorcycle					0
SHD7273S	Motor car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241211/7074

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

2 of 3

Report No. T/20241211/7074

CONTINUATION OF REPORT

Driver			
Name	ONG TIAN SIONG		ID No. S1373638C
Related Vehicle	SHD7273S (Motor car)		Contact No. 97218548
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury NIL
Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	NIL		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 (MC)	NIL		Degree of Injury Slight

Brief Details.

On 10/12/2024 at about 1730hrs, I was at the junction traffic light along Holland Avenue, about to make a left turn.

I was driving a ComfortDelGro vehicle bearing plate number SHD7273S. I had picked up a passenger from Lorong Mambong 48A and was driving to Commonwealth Tower to drop of the passenger.

While I was at the bend waiting for the traffic to be clear before moving off, there was a Malaysian motorcycle, bearing plate number, SD8160V, in front of me. I noticed the rider making the gesture to move forward and as such I checked the traffic, moved off.

Subsequently, upon looking forward, I had noticed the rider stopped in front of me and I was not able to brake in time and as such, hitting the rider.

I then alighted from my vehicle and asked the rider if she was okay and mentioned that she wanted an ambulance. I then called for an ambulance and the rider was then conveyed to a hospital. I noticed the rider had sustained an injury on her lower left leg. The rider was also conscious after the accident happened.

A Traffic Police officer had also attended to my accident and took my in-car camera SD Card.

I am lodging this report to submit to ComfortDelGro



**SINGAPORE
POLICE FORCE**

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



T/20241211/7074

3 of 3

Report No. T/20241211/7074

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 65476367

NP168

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

Date/Time:
11/12/2024 15:29

Classification Of Case:

ADDENDUM