

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	19/12/2024 21:03 (SGT)
Reported by	Actual Driver
Date of Accident	18/12/2024 13:40 (SGT)
Exact Location of Accident	Lor 4 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8283E
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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) +65-96234054
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	KMHC851CVKU146120
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	TAY TECK SIONG
NRIC No	S1171009C
Date Of Birth	19/12/1956
Occupation	Outdoor
Driving Pass Date	14/08/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96234054
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 96 LORONG 3 TOA PAYOH #10-26
Address complement	-
Postcode	310096
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	Raining
Road Surface	Wet

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?	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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE DATE 18/12/2024 AT ABOUT 1340HRS I WAS IN VEHICLE A BEARING REGISTRATION NUMBER SH8283E AT LORONG 4 TOA PAYOH JUNCTION TRAFFIC LIGHT. SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SKT978X HIT MY VEHICLE FROM BEHIND. THEN VEHICLE A HIT THE INFRONT VEHICLE C BEARING REGISTRATION NUMBER SLF6561J BECAUSE OF THE IMPACT OF VEHICLE B.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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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 SKT9786X
 Vehicle Manufacturer Toyota
 Vehicle Model COROLLA ALTIS 1.6L CVT
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private hire
 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 2

Vehicle Registration Number SLF6561J
 Vehicle Manufacturer Toyota
 Vehicle Model COROLLA ALTIS CLASSIC 1.6 CVT
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAY TECK SIONG
 Gender Male
 Phone No (Phone) +65-96234054
 Address BLK 96 LORONG 3 TOA PAYOH #10-26
 Address Complement -
 Post Code 310096
 Approximate Age Years Old 68
 Injuries Sustained NECK AND BACK AREA
 10DAYS MC
 Injured person in which vehicle? SH8283E
 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.

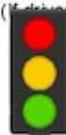


Policyholder's Signature / Date & Time

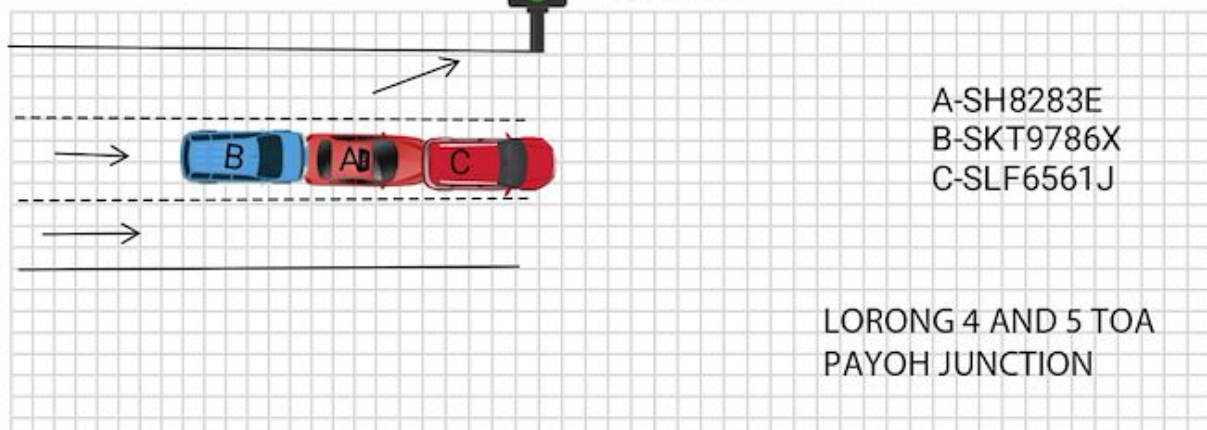
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



19/12/2024
1500HRS



Describe Circumstances of the Accident

ON THE DATE 18/12/2024 AT ABOUT 1340HRS I WAS IN VEHICLE A BEARING REGISTRATION NUMBER SH8283E AT LORONG 4 TOA PAYOH JUNCTION TRAFFIC LIGHT. SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SKT978X HIT MY VEHICLE FROM BEHIND. THEN VEHICLE A HIT THE INFRONT VEHICLE C BEARING REGISTRATION NUMBER SLF6561J BECAUSE OF THE IMPACT OF VEHICLE B.

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

19/12/2024
1500HRS



Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20241219/2054

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20241219/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2024 16:26	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars

Name of Informant: TAY TECK SIONG			Address: 96 LORONG 3 TOA PAYOH #10-26 SINGAPORE 310096	
ID Type / ID No.: NRIC NO / S1171009C			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 96234054
Sex: Male			Email:	
Age: 68	Date of Birth: 19/12/1956	Type of Informant: Driver		
Race: Chinese			Language:	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/12/2024 13:40	Type of Location: Straight Road
Location: LOR 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SH8283E	Motor car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue		0
SLF6561J	Motor car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver		0



**SINGAPORE
POLICE FORCE**



T/20241219/2054

Police Station Of Origin:

2 of 3

Toa Payoh N.P.C

Report No. T/20241219/2054

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY TECK SIONG	ID No.	S1171009C
Related Vehicle	SH8283E (Motor car)	Contact No.	96234054
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	18/12/2024	Date Discharge	19/12/2024
No. of Days granted Medical Leave	10	Degree of	NIL

Brief Details.

On 18/12/2024 at about 1340hrs, I was traveling in my vehicle bearing registration no: SH8283E along Lorong 4 Toa Payoh.

When approaching the junction of Lorong 4 and Lorong 5 Toa Payoh, I stopped my vehicle as it was red light. While stationary, I looked at the rear mirror and spotted one vehicle traveling at a fast speed towards my rear.

Suddenly, I felt an impact from the rear. Due to the collision, my vehicle surged forward and collided onto a vehicle ahead bearing registration no: SLF6561J. However, I was dizzy and did not know which vehicle hit me. As my residential unit is just nearby, I called my brother who was at home.

Later, Traffic Police and ambulance arrived to assist me. I was conveyed to Tan Tock Seng Hospital for further assessment. At that point of time, I felt pain around my back and neck area.

Based on what I recalled, the vehicle that hit onto me is a dark coloured vehicle. Based on the pictures my brother took, I observed one vehicle bearing registration no: SKT9786X behind my vehicle. However, I am unsure if it is the vehicle that hit me.

I was warded on the same day and later discharged on 19/12/2024. I was given 10 days of Hospitalisation Leave from 18/12/2024 to 27/12/2024 by Dr Prateepan VARATHARAJULLU, MD.

I am lodging this report for investigation and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20241219/2054

3 of 3

Report No. T/20241219/2054

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 2 CHAN JUN JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MUHAMMAD FARHAN BIN MOHAMED
Contact No.: 65476224

Signature Of Informant:

Date/Time:
19/12/2024 16:26

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: SA2H24CJ000L Vehicle Registration No: SH8283E
 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: 18/12/2024 Time of Accident: 13:40
 Place of Accident: Lor 4 Toa Payoh, Singapore
 Insurance Company: MS First Capital Insurance 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

UPDATE DRIVER INJURED



Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 21.12.2024