

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	01/07/2024 13:58 (SGT)
Reported by	Actual Driver
Date of Accident	29/06/2024 13:40 (SGT)
Exact Location of Accident	Stevens Rd, Singapore
Additional Location Information	TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3081E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-87998612
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV FL 1.6 DCT
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

INSURANCE COMPANY

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

DRIVER

Name of Driver	MOHD GHAZALI BIN HASHIM
NRIC No	SXXXX254B
Date Of Birth	12/04/1961

Driving Pass Date	10/04/1981
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87998612
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 852 JURONG WEST STREET 81 #06-305
Address complement	-
Postcode	640852
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	-

PASSENGER 1

Name	HAYATY
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO : T/20240629/2059

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	SMY2046U
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS PLUS (AUTO)
Vehicle Variant	-
Vehicle Colour	Black
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)	-

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
 01/07/2024 0855HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO : T/20240629/2059

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

01/07/2024 0855HRS



Witnessed by Reporting Centre
Personnel

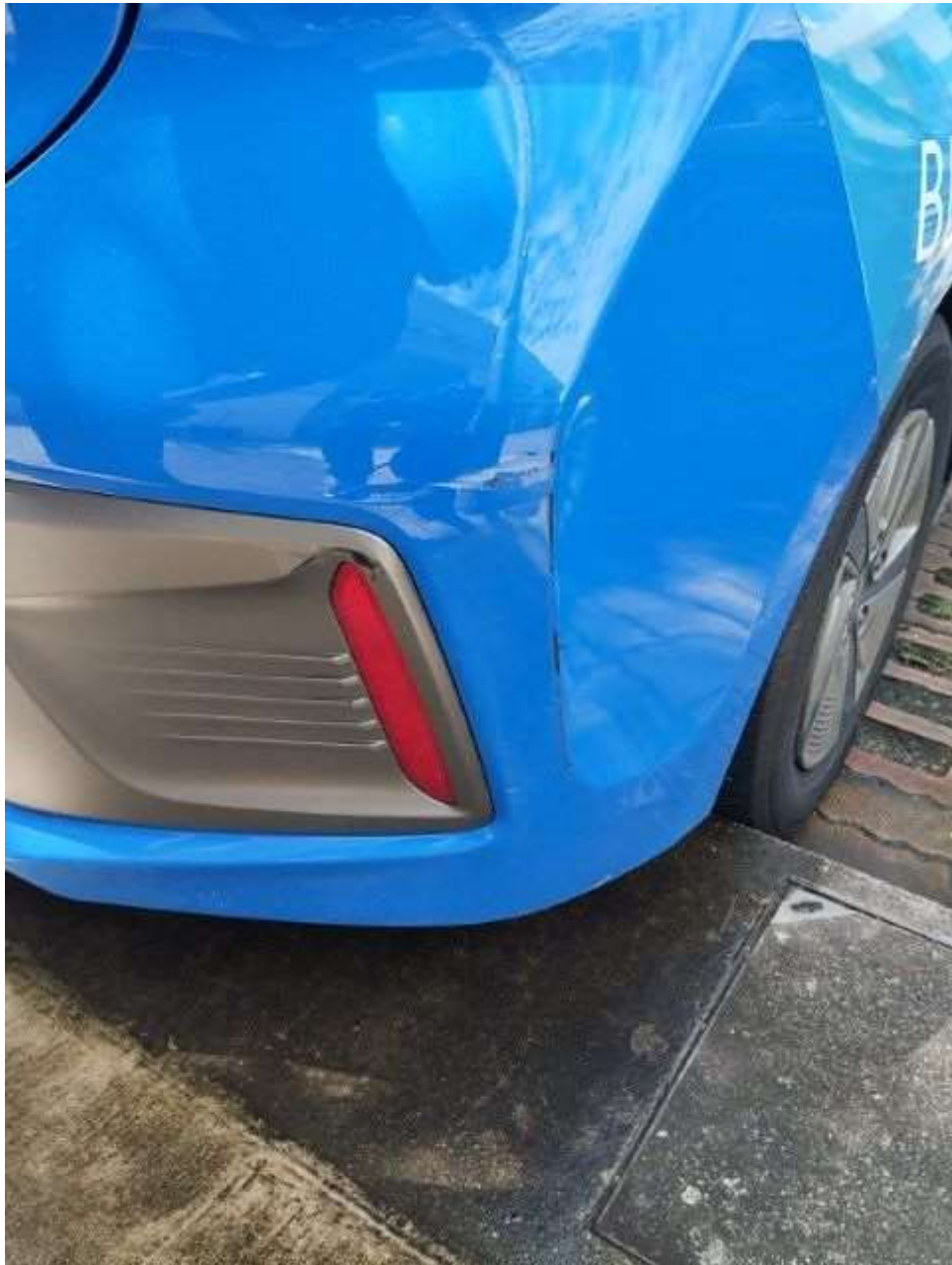
















**SINGAPORE
POLICE FORCE**



T/20240629/2059

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No: T/20240629/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 15:33	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: MOHD GHAZALI BIN HASHIM			Address: 852 JURONG WEST STREET 81 #06-305 SINGAPORE 640852	
ID Type / ID No.: NRIC NO / S1482254B			Contact No.:	Mobile: 87998612
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 63	Date of Birth: 12/04/1961	Type of Informant: Driver	
Race: Malay			Language: English	
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/06/2024 13:40	Type of Location: X-Junction
Location: STEVENS ROAD				
Weather: Sunny		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
SHD3081E	Motor car	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Slightly Damaged	1
SMY2046U	Motor car	TOYOTA	PRIUS PLUS	Black		0



**SINGAPORE
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T/20240629/2059

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Jurong West N.P.C
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Tel No: 1800-2689999

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Report No. T/20240629/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD GHAZALI BIN HASHIM	ID No.	S1482254B
Related Vehicle	SHD3081E (Motor car)	Contact No.	87998612
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 29/06/2024 at about 1340hr, I was driving my ComfortDelgro taxi bearing SHD3081E along Stevens Road towards Whitley Road. The traffic light is green for me to go straight. While I was travelling straight on lane 2/5, a PHV car bearing SMY2046U turn right from Bukit Timah Road into Whitley Road behind me. Hence, the PHV car collided onto my rear right side of my taxi. I can feel the impact twice.

When the PHV car drove to lane 2/4 on my right side of my car, I horned at him and hand gesture him to parked to the side of the road. The male driver just showed me a middle finger and drove away. My wife who was at the front passenger seat, witnessed the incident. No one was injured. My taxi is installed with front and rear in-car camera.

**SINGAPORE
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Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20240629/2059

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Report No. T/20240629/2059

CONTINUATION OF REPORT

Signature of Officer Recording The
J/
SGT 3 LOH JIAN HONG, DAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476902

Signature Of Informant:

Date/Time:
29/06/2024 15:33

Classification Of Case:

NP168