

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	27/12/2024 10:40 (SGT)
Reported by	Actual Driver
Date of Accident	24/12/2024 03:05 (SGT)
Exact Location of Accident	Middle Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2284Z
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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) +65-91051753
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	KMHC851CVKU106558
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	WONG KEE YUNG JOSEPH
NRIC No	S1537169B
Date Of Birth	30/01/1962
Occupation	Outdoor
Driving Pass Date	31/01/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91051753
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	399 YISHUN AVENUE 6 #04-1182
Address complement	-
Postcode	760399
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	2
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)	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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW7939G
 Vehicle Manufacturer Nissan
 Vehicle Model SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage FRONTAL DAMAGE
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number CEMENTBOLLARD
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category NA / Unknown
 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 WONG KEE YUNG JOSEPH
 Gender Male
 Phone No (Phone) +65-91051753
 Address 399 YISHUN AVENUE 6 #04-1182
 Address Complement -
 Post Code 760399
 Approximate Age Years Old 62
 Injuries Sustained CHEST, BACK, SPINE, NECK, HEAD AND LEGS
 Injured person in which vehicle? SHC2284Z
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person PASSENGER
 Gender Male
 Phone No -
 Address -

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES
Injured person in which vehicle?	SHC2284Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 3

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES
Injured person in which vehicle?	SHC2284Z
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

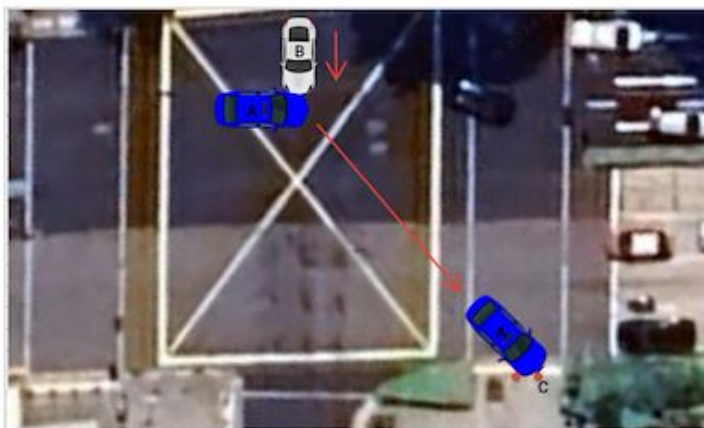
Sketch Plan

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

Witnessed by Reporting Centre Personnel



26/12/2024 - 1830 HRS



A - SHC2284Z
B - SJW7939G
C - CEMENT BOLLARD

MIDDLE ROAD X BENCOOLEN ST

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NUMBER T/20241226/7104

Declaration

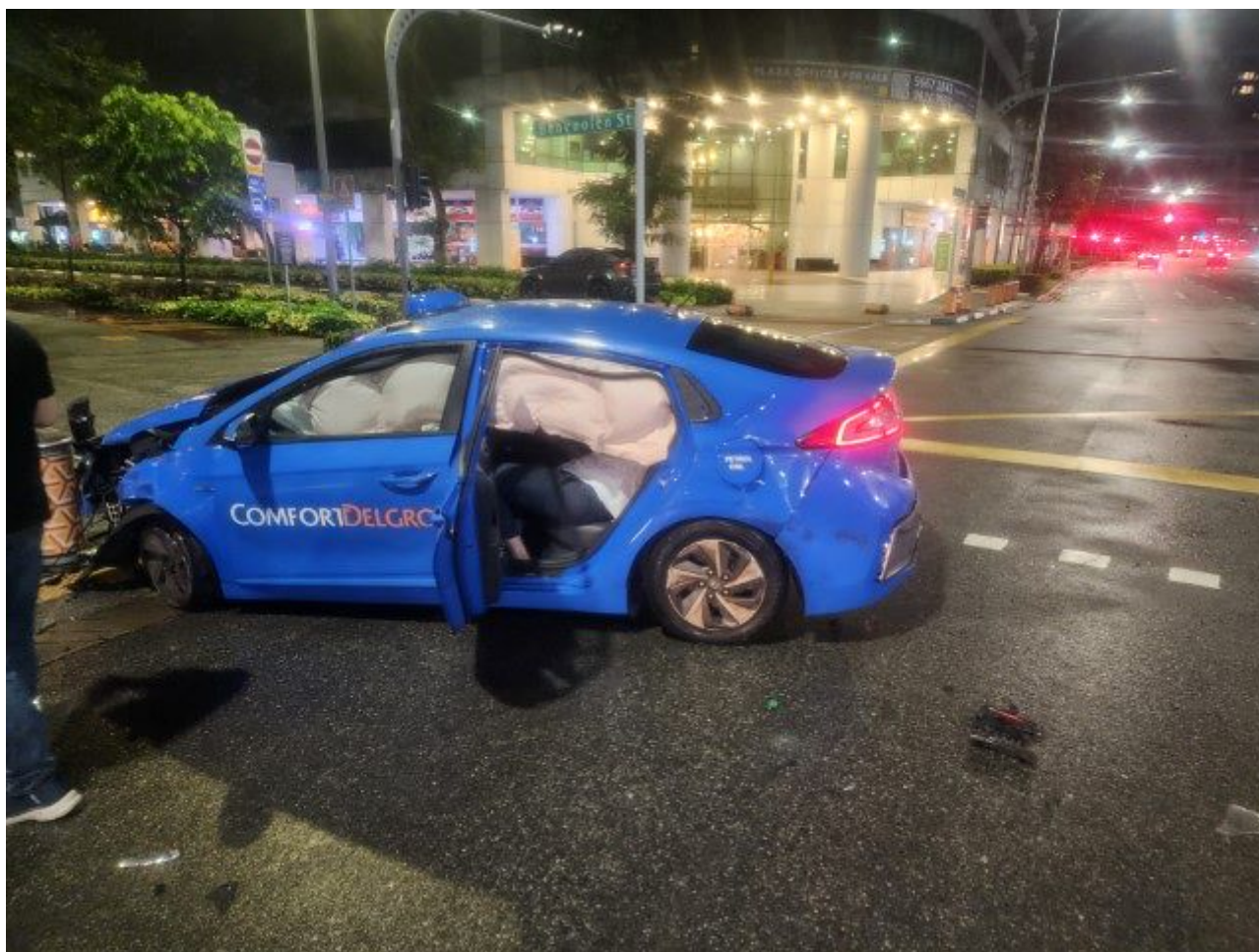
I/We declare the foregoing particulars are true in every respect.

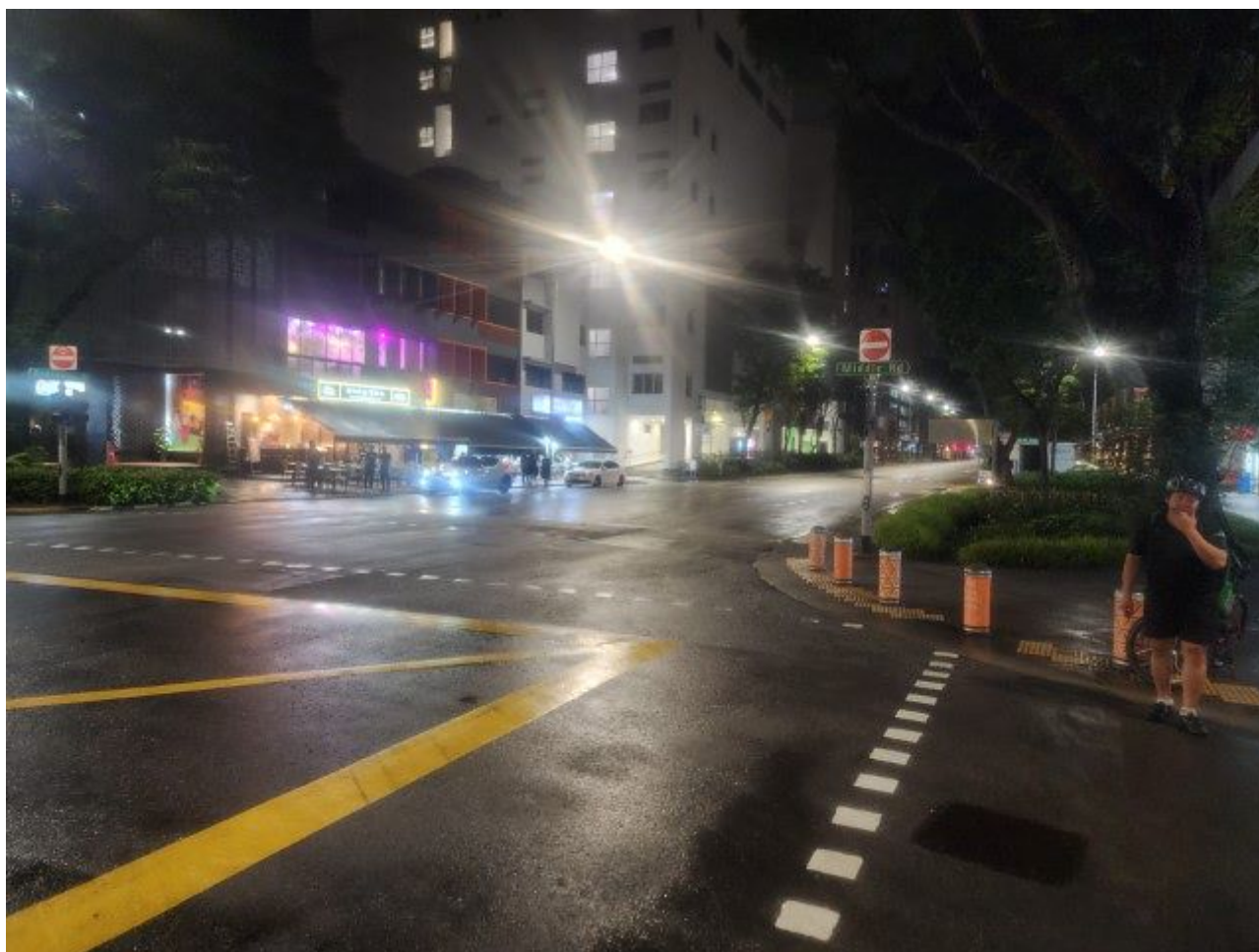
Policyholder's Signature / Date & Time

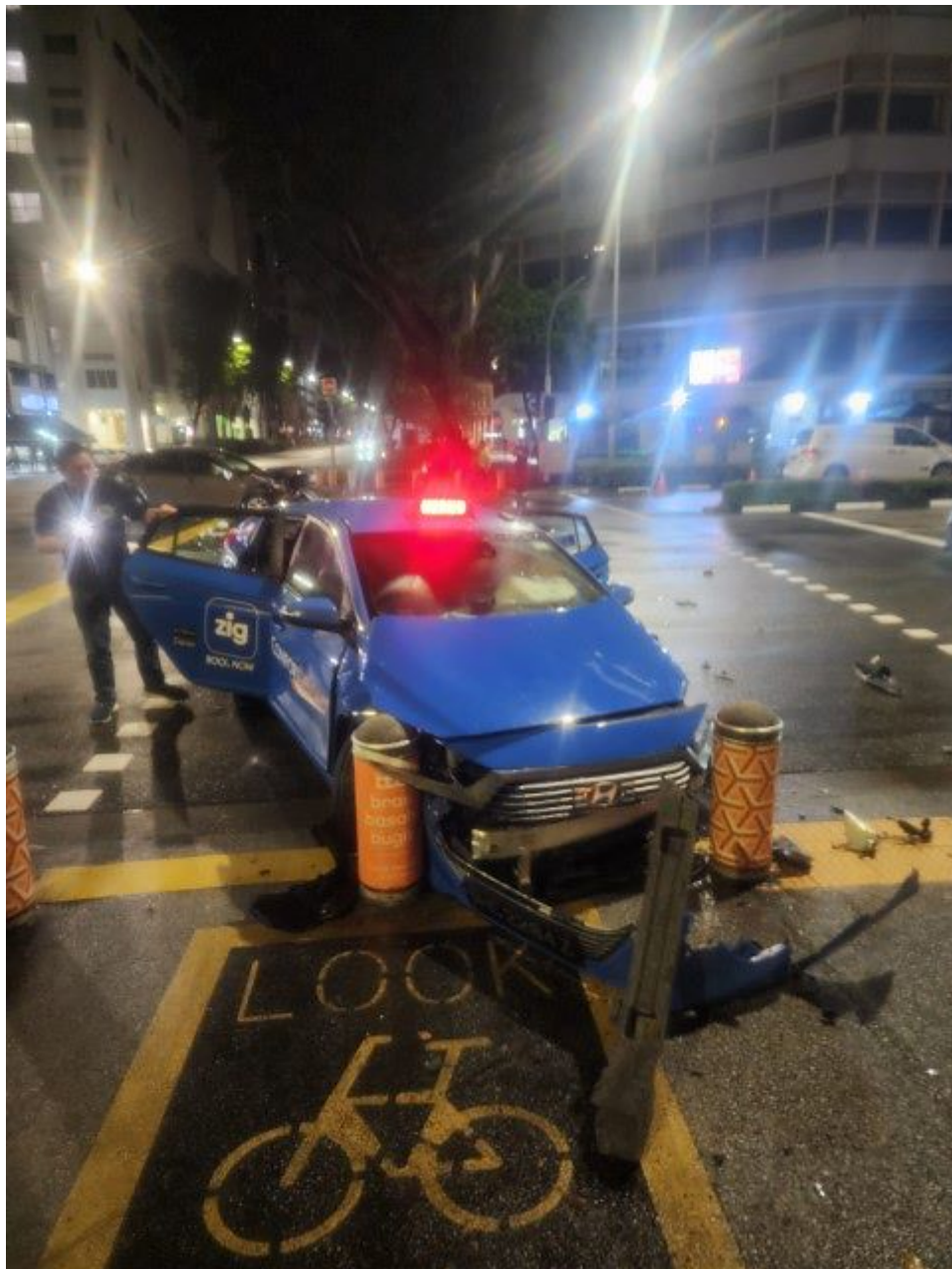
Driver's Signature (If driver is not the policyholder) / Date & Time

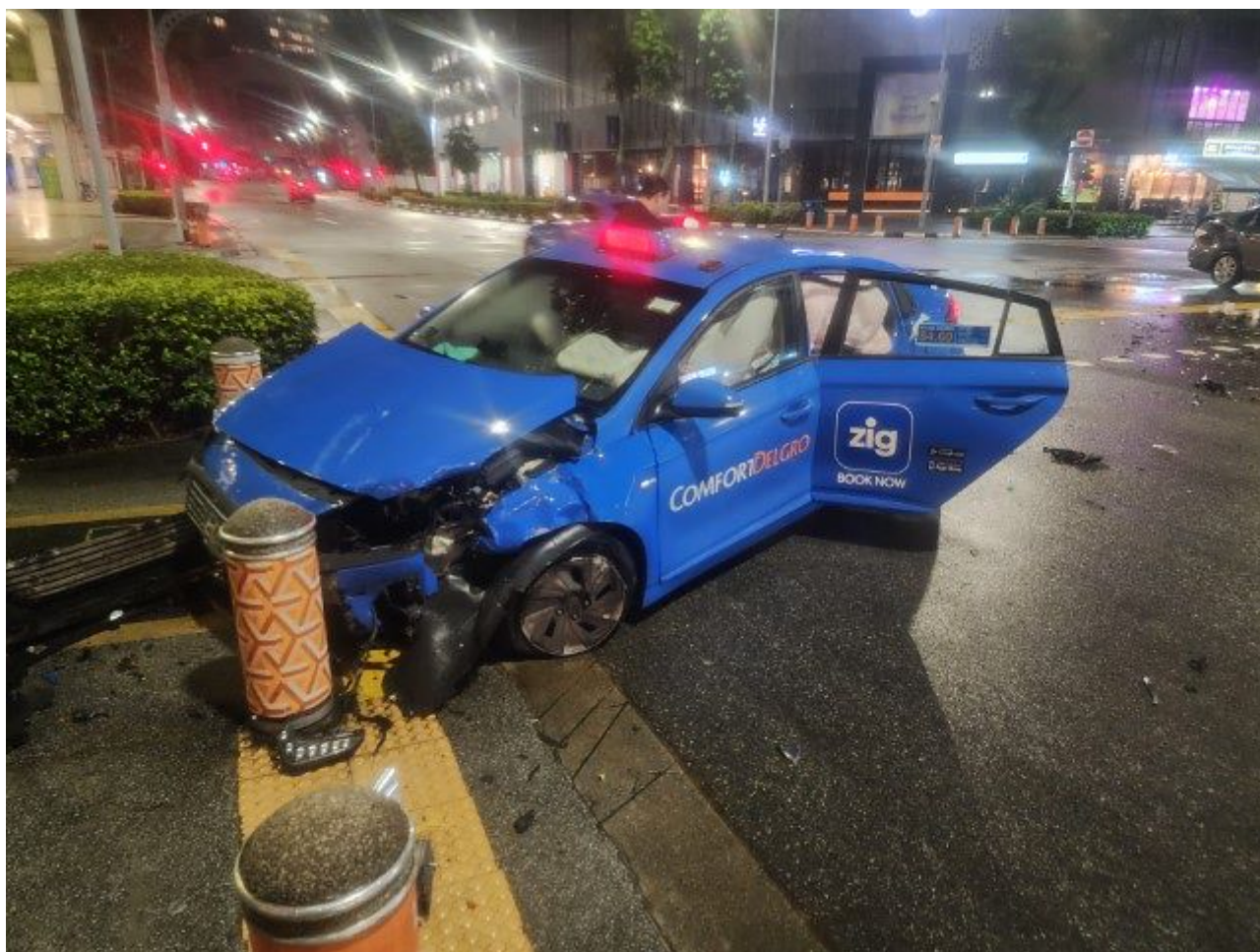
Witnessed by Reporting Centre Personnel

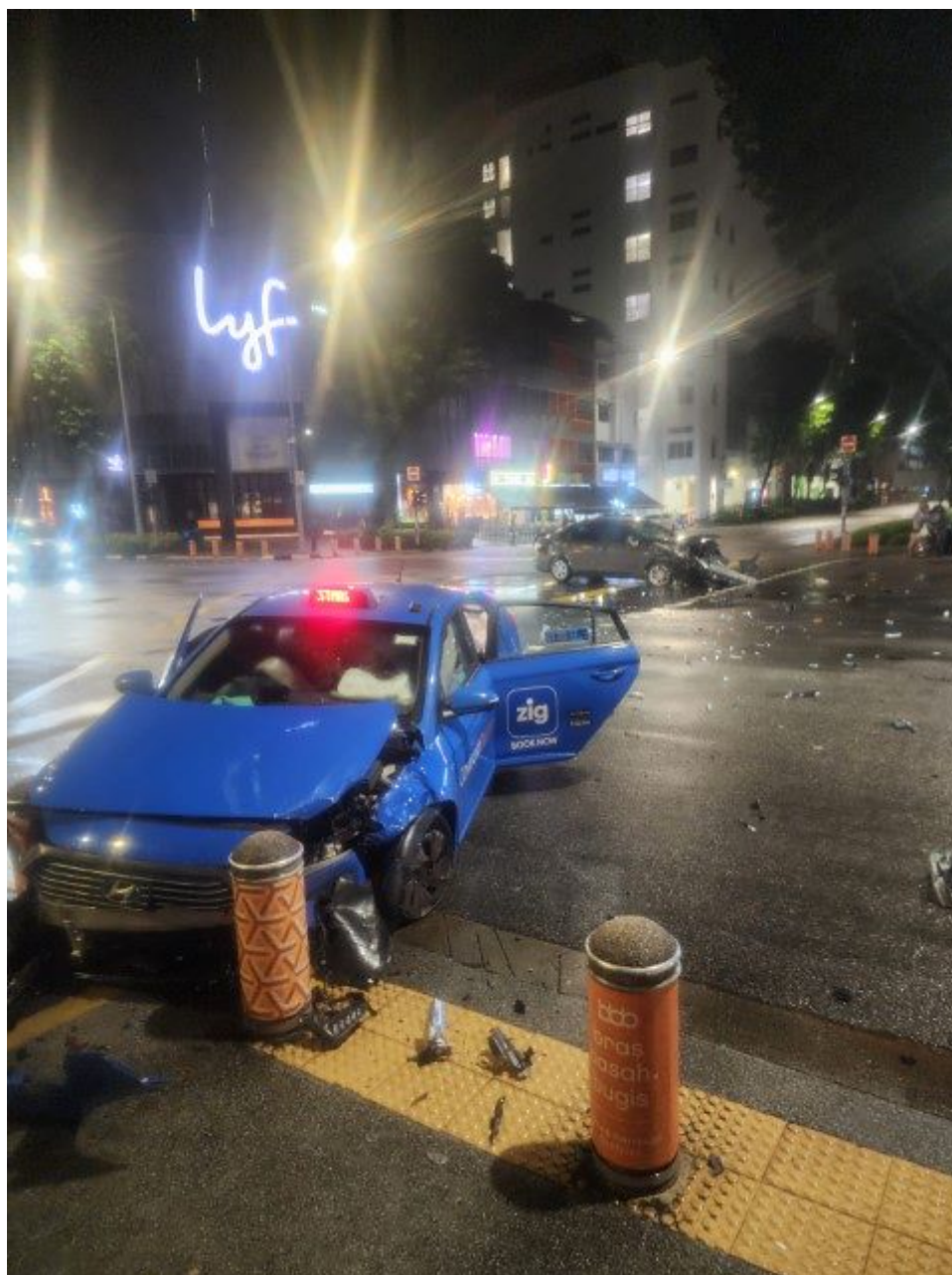










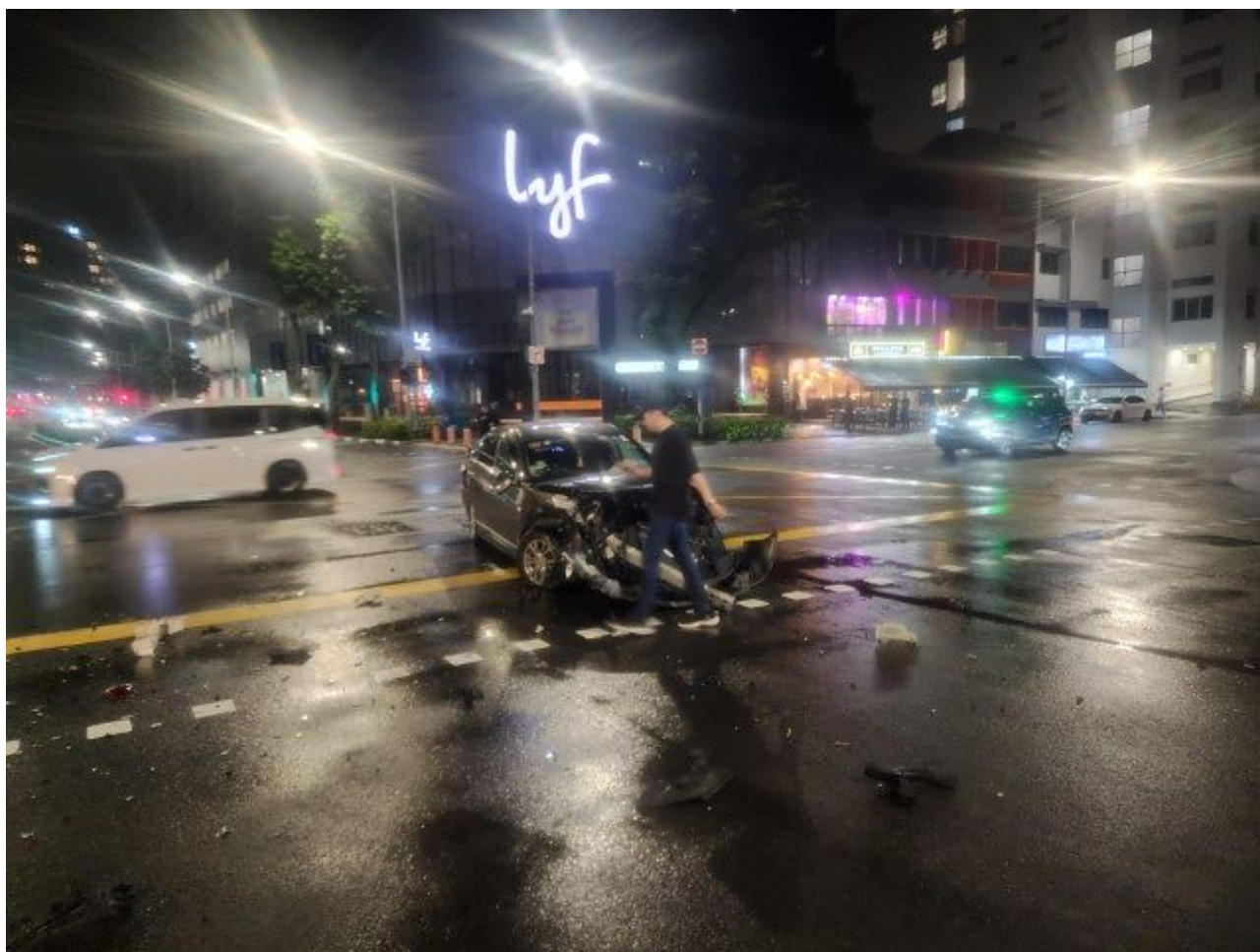














**SINGAPORE
POLICE FORCE**



T/20241226/7104

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

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Report No. T/20241226/7104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2024 18:45		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: WONG KEE YUNG JOSEPH		Address: 399 YISHUN AVENUE 6 #04-1182 SINGAPORE 760399		
ID Type / ID No.: NRIC NO / S1537169B		Contact No.: Home/Office: Mobile: 91051753		
Nationality: SINGAPORE CITIZEN		Email: GANLEECHING@YAHOO.COM		
Sex: Male	Age: 62	Date of Birth: 30/01/1962	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Taxi driver		Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/12/2024 03:05	Type of Location: X-Junction
Location: BENCOOLEN STREET				
Weather: Clear		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2284Z	Motor car					0
SJW7939G	Motor car	NISSAN	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20241226/7104

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

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Report No. T/20241226/7104

CONTINUATION OF REPORT

Driver			
Name	WONG KEE YUNG JOSEPH	ID No.	S1537169B
Related Vehicle	SHC2284Z (Motor car)	Contact No.	91051753
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Serious

Brief Details.

ON THE 24/12/2024 AT AROUND 0305 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (SHC2284Z) ALONG MIDDLE ROAD TOWARDS VICTORIA STREET. I WAS EN-ROUTE FROM SELEGIE ROAD HEADED TOWARDS BUKIT MERAH VIEW TO DROP OFF MY PASSENGERS FOR WORK PURPOSES. SUDDENLY, AS I WAS PASSING THE JUNCTION ON MIDDLE ROAD AND BENCOOLEN STREET ON THE MIDDLE LANE, THERE WAS AN IMPACT FROM THE LEFT FRONT OF MY VEHICLE. VEHICLE B BEARING REGISTRATION NUMBER (SJW7939G) COLLIDED FRONTAL ONTO LEFT FRONT OF MY VEHICLE. AT THE TIME OF COLLISION, THE TRAFFIC LIGHT WAS GREEN FOR MY SIDE. DUE TO THE IMPACT, VEHICLE A COLLIDED FRONTAL ONTO PROPERTY C (CEMENT BOLLARD). DAMAGES WERE FOUND ON THE LEFT, FRONTAL AND RIGHT FRONT PORTION OF VEHICLE A AND FRONTAL PORTION OF VEHICLE B. I SUSTAINED INJURIES ON MY CHEST, BACK, SPINE, NECK, HEAD AND BOTH LEGS. MY PASSENGERS SUSTAINED UNKNOWN INJURIES. MY PASSENGERS AND I WAS CONVEYED TO THE HOSPITAL.



**SINGAPORE
POLICE FORCE**

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



T/20241226/7104

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Report No. T/20241226/7104

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2024 18:45
Officer In Charge Of Case: TP / TPIB / NUR HAFIZAH BINTE HARUN Contact No.: 96334622	Classification Of Case:

NP168