

## 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 .....	25/07/2024 15:13 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/07/2024 21:00 (SGT)
Exact Location of Accident .....	Lorong Chuan, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC2207Y
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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) +65-93890133
Alternative Phone No .....	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 .....	1798

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver .....	GOH LENG CHAI, GABRIEL
NRIC No .....	S1266130D
Date Of Birth .....	28/02/1957
Occupation .....	Outdoor

Driving Pass Date .....	22/04/1982
Driving experience .....	42 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93890133
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 126D EDGEDALE PLAINS #02-322
Address complement .....	-
Postcode .....	824126
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	VKV9919
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Punggol Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18006049999
Alt. Police Station Phone No .....	(Fax) +65-64468015
Police Station Address .....	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 24-07-24 AT ABOUT 21:00 I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (SHC2207Y) ALONG LORONG CHUAN ENROUTE FROM SERANGOON TOWARDS SIMS AVENUE TO SEND MY PASSENGER. AS I WAS IN THE SLIP LANE, I WAS LOOKING TO MY RIGHT FOR ONCOMING VEHICLES. AS IT WAS CLEAR, I ASSUMED VEHICLE B (VKV9919) HAS MOVE OFF. SO I PRESSED ON THE ACCELERATION AND COLLIDED ONTO THE REAR OF VEHICLE B. NO ONE WAS

#### 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 .....	VKV9919
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Alphard
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-92319679
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.



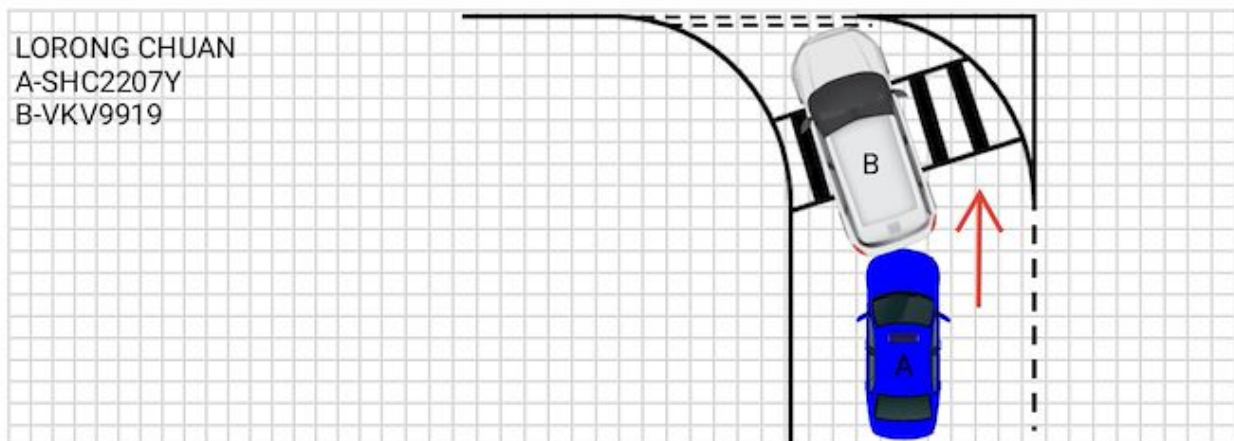
Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

25-07-24/12:00 HRS



## Describe Circumstances of the Accident

ON 24-07-24 AT ABOUT 21:00 I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (SHC2207Y) ALONG LORONG CHUAN ENROUTE FROM SERANGOON TOWARDS SIMS AVENUE TO SEND MY PASSENGER. AS I WAS IN THE SLIP LANE, I WAS LOOKING TO MY RIGHT FOR ONCOMING VEHICLES. AS IT WAS CLEAR, I ASSUMED VEHICLE B (VKV9919) HAS MOVE OFF. SO I PRESSED ON THE ACCELERATION AND COLLIDED ONTO THE REAR OF VEHICLE B. NO ONE WAS INJURED.

## 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

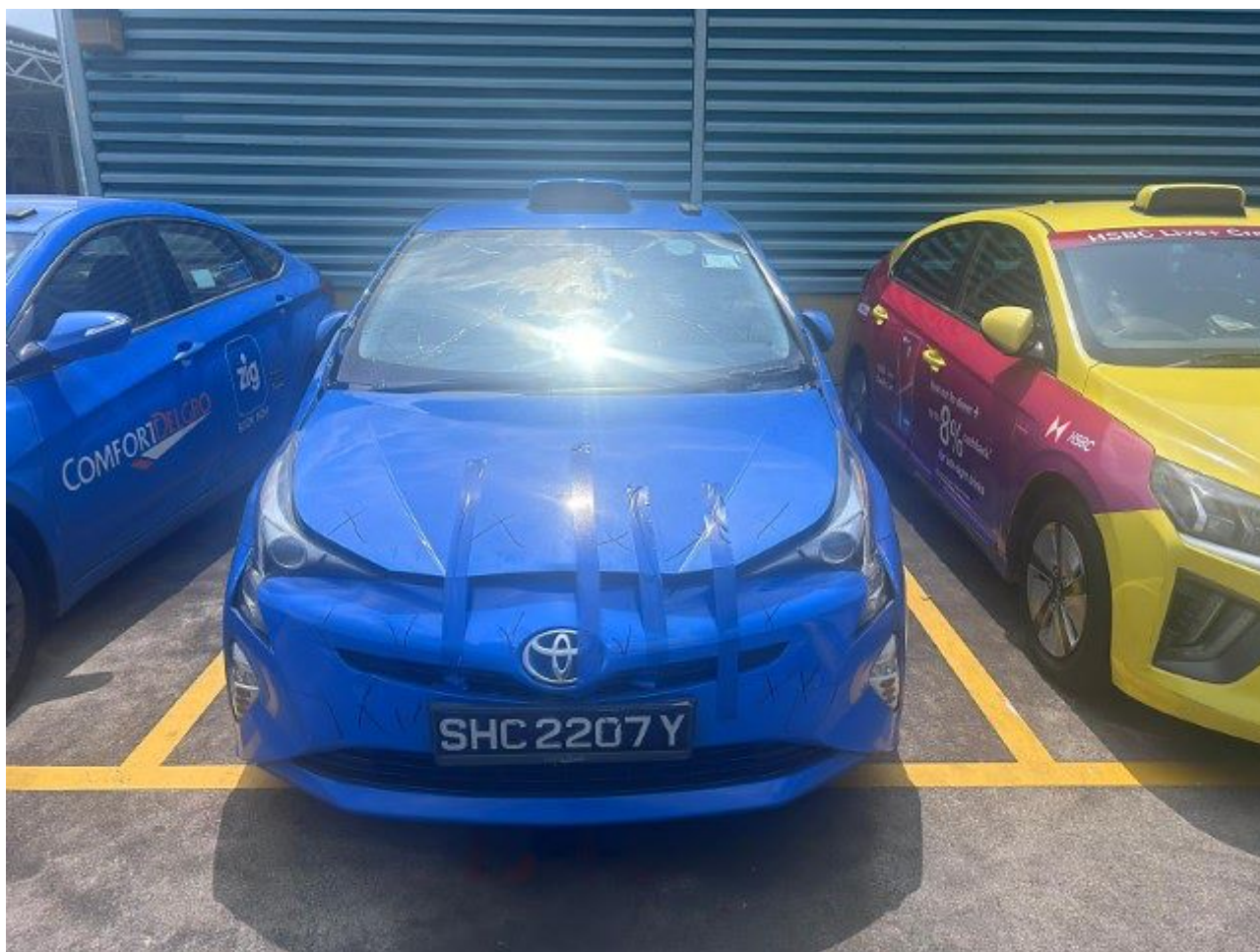
25-07-24/12:00 HRS



Witnessed by Reporting Centre Personnel































T/20240725/2002  
1 of 3  
Report No. T/20240725/2002

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/07/2024 00:44	Vide Report No.:	Station Diary No.: 9
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**Informant's Particulars**

Name of Informant: GOH LENG CHAI, GABRIEL		Address: 126D EDGEDALE PLAINS #02-322 SINGAPORE 824126	
ID Type / ID No.: NRIC NO / S1266130D		Contact No.: Home/Office: Mobile: 93890133	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 28/02/1957	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: Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 24/07/2024 21:00	Type of Location: Slip road
Location: LORONG CHUAN			
Weather: Clear		Road Surface: Dry	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	
Type of Collision: Between Moving Vehicles - Head To Rear		Traffic Volume: Moderate	
		Anyone conveyed by ambulance: No	


**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2207Y	Motor car				Slightly Damaged	1
VKV9919	Motor car				Slightly Damaged	2

**Details of Person Involved**

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



 **POLICE FORCE**

Police Station Of Origin:  
Punggol N.P.C  
151 Punggol Central SINGAPORE 828727  
Tel No: 1800-6049999

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Report No. T:20240725/2002

CONTINUATION OF REPORT

Driver:			
Name	GOH LENG CHAI, GABRIEL	ID No.	S1266130D
Related Vehicle	SHC2207Y (Motor car)	Contact No.	93890133
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 the 24/07/2024 at about 8.45pm, I was driving along Serangoon Avenue 2, and that I was carrying one passenger and was proceeding to Sims Avenue, and I intend to take the slip road to Lorong Chuan.

On the same day 9.00pm, when I was turning at the slip road, a black Toyota Alphard was at the broken white line of the slip road, and I was looking at the oncoming vehicle to join onto the main road. I thought the car have proceeded and I inched out and collided with the vehicle. Our vehicle stopped on the left side of the road and exchanged particulars. The driver provided me with the name Kelvin (HP-92319679) who informed that this is his friend and informed to lodge a police report. My car sustained damage to the front bumper, and I saw the car sustained damage to the rear bumper of the car. I wish to inform that I have an in-car camera that was recording. I wish to inform that shortly after the incident, I drove off and my car front hood went up and hit onto the windscreen and causing a crack.

<p>Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999</p>		<p>T/20240725/2002 3 of 3 Report No: T/20240725/2002</p>
<p>CONTINUATION OF REPORT</p>		
<p>Signature of Officer Recording The F / SGT 2 MOHAMED IRFAN BIN MOHAMED YUSOF</p>		<p>Signature Of Informant:</p>
<p>Signature Of Interpreter: Not applicable</p>		<p>Date/Time: 25/07/2024 00:44</p>
<p>Officer In Charge Of Case: TP / AEIT / SUPT (1) PHNG KAR SOON Contact No.: 65476439</p>		<p>Classification Of Case:</p>
<p>NP168</p>		