

## 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 Authorised 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 Submission	08/02/2021 12:20 (SGT)
Date of Accident	06/02/2021 16:30 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	JUNCTION OF PASIR RIS DRIVE & PASIR RIS STREET 51
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8663Z
-----------------------------	----------

#### 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) +65-91514145
Alternative Phone No	(Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I40
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

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

#### DRIVER

Name of Driver	SALLEH BIN AHSHIM
NRIC No	SXXXX827D
Date Of Birth	05/12/1971
Occupation	Outdoor

Date Of Driving Pass	13/02/1995
Driving experience	26 YEARS
Gender	Male
Mobile Number	(Phone) +65-91514145
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 426 PASIR RIS DRIVE 6 #08-59
Address complement	-
Postcode	510426
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?	Yes
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JTR6115
Vehicle Category	Commercial vehicle

#### PASSENGER 1

Name	DRIVER'S MOTHER
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT : T/20210206/2119

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS7996M
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SARAVANAN
NRIC No	SXXXX034I
Contact Number	(Phone) +65-87555741
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT & BACK BUMPER
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JTR6115
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHAMSUL AHMAD KHAMAL BIN SJAMSUAR
Contact Number	(Phone) +60-770209105163
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT BUMPER
No. Of Passenger (Including Driver)	2

**SKETCH PLAN**

**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 Authorised 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 The 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 lodgment 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.

**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 6/2/21

@ 1920hs

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

*[Signature]*  
*[Signature]*



### SKETCH PLAN

Page No.   
 4/4

Posiv Ras  
Vine 1

4-Ten

Veh No SHC 86632

Ven B<sup>o</sup>, SLS 79964

Vel. C: JTR 6115

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report  
T/20210206/249.

## DECLARATION

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

Policyholder's Signature

**Date & Time:**

Owner's Signature \_\_\_\_\_

*(if driver is not the policyholder)*

Date &amp; Time

6/2/21  
1920hs

Reporting Centre Personnel's Signature

Name \_\_\_\_\_

NRIC/FIN No.



Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/02/2021 19:05	Vide Report No.: G/20210206/0186	Station Diary No.: 77
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: SALLEH BIN AHSHIM			Address: APT BLK 426 PASIR RIS DRIVE 6 #08-59 SINGAPORE 510426		
ID Type / ID No.: NRIC NO / S7144827D			Contact No.: Home/Office: Mobile: 91514145		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 05/12/1971	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/02/2021 16:30	Type of Location: Straight Road
Location:  PASIR RIS DRIVE 1				
Lamp Post Number: 95				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
JTR6115	Van	TOYOTA	HIACE	White	Slightly Damaged	1
SHC863Z	Car	HYUNDAI	i40	Blue	Slightly Damaged	1
SLS796M	Car	HONDA	STREAM	Blue	Seriously Damaged	0



Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHAMSUL AHMAD KHAMAL BIN SJAMSUAR	ID No.	770209105163
Related Vehicle	JTR6115 (Van)	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	NIL	Degree of Injury	NIL
Passenger			
Name	SIMON	ID No.	891016055287
Related Vehicle	JTR6115 (Van)	Contact No.	0149149312
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	NIL	Degree of Injury	NIL
Driver			
Name	SALLEH BIN AHSHIM	ID No.	S7144827D
Related Vehicle	SHC8663Z (Car)	Contact No.	91514145
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	NIL	Degree of Injury	NIL





Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

<b>Passenger</b>				
Name	JIARIAH BINTE AHMAD		ID No.	S0217108B
Related Vehicle	SHC8663Z (Car)		Contact No.	90124047
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	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	SARAVANAN		ID No.	S7816034I
Related Vehicle	SLS7996M (Car)		Contact No.	87555741
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	NIL		Degree of Injury	NIL

**Brief Details.**

On 06/02/2021 at about 4.30pm, I was driving my ComfortDelgro taxi, a blue Hyundai i40 bearing the registration plate number SHC8663Z along Pasir Ris Dr 1 towards Pasir Ris Dr 12. I was driving on the left lane of the 2-lane road. My mother was seated in the front passenger seat. As my taxi was approaching the traffic light junction of Pasir Ris Dr 1 and Pasir Ris St 51/Pasir Ris Central, I saw that the traffic light was red. As such, I slowed down my taxi. There were a few vehicles in front of my taxi.

As my taxi was slowly coming to a stop, I felt an impact coming from the rear of my taxi. A blue Honda Stream bearing the registration plate number SLS7996M had collided into the rear part of my taxi after a white Toyota Hiace van bearing the Malaysia registration plate number JTR6115 collided into the Honda Stream.

All drivers of the vehicles involved in the accident alighted from our respective vehicles. I then called for police assistance. We also exchanged our particulars.

Shortly later, Traffic Police and ambulance arrived at the accident location. Paramedics assessed all of us. No one was conveyed to the hospital. The Traffic Police officer then took my SD card from my in-car camera that is installed in my taxi.

Due to the accident, the rear part of my taxi was dented. The front and rear part of the Honda Stream were damaged. The Honda Stream's rear windscreen was also shattered due to the collision. The white van suffered minor damages.

The accident location is near lamp post 95 along Pasir Ris Dr 1.





**SINGAPORE  
POLICE FORCE**



T/20210206/2119

4 of 5

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20210206/2119

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20210206/2119

5 of 5

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

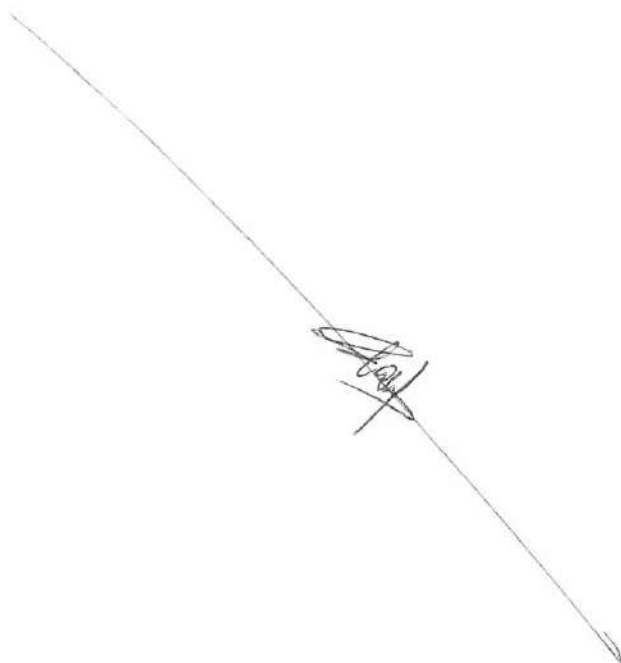
Tel No: 1800-5852999

Report No. T/20210206/2119

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan



**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 SHARIFAH AMIRA BINTE SYED SHEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD

FUAT

Contact No.: 65476066

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:

06/02/2021 19:05

Classification Of Case: