

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 02/03/2021 10:59 (SGT)
Date of Accident 01/03/2021 17:50 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information BEFORE BRICKLAND EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1392B

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) +65-96823187
Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Hyundai
Model 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

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 MOHMAD BIN KASSIM
NRIC No S1265450B
Date Of Birth 01/04/1957
Occupation Outdoor

Date Of Driving Pass	29/07/1992
Driving experience	28 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96823187
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 484C CHOA CHU KANG AVENUE 5 #04-60
Address complement	-
Postcode	683484
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 1/3/21 @ AROUND 1750HRS, I WAS DRIVING ALONG KJE EXPRESSWAY HEADING TOWARDS BRICKLAND EXIT ONBOARD MY VEHICLE SHC1392B ALONG WITH 3 PASSENGERS. AT THE POINT BEFORE THE COLLISION I WAS DRIVING ON THE EXTREME LEFT FILTER LANE TO EXIT BRICKLAND ROAD. TRAFFIC WAS CONGESTED FOR MY LANE. I WAS MOVING RATHER SLOW STEPPING ON MY ACCELERATOR TO EDGE FORWARD EVERY NOW AND THEN. I HAD JUST EDGE FORWARD AND MY VEHICLE WAS IN STATIONARY WHEN A HEAVY VEHICLE LORRY YN1709M SUDDENLY COLLIDED ONTO MY REAR RESULTING IN MY VEHICLE BEING PUSHED FORWARD HITTING THE REAR END OF THE CAR IN FRONT OF ME (SMT9516K). TOTAL VEHICLE INVOLVED IN THE CHAIN COLLISION WAS 4 VEHICLES BUT I DIDN'T MANAGE TO GATHER THE DETAILS AND PARTICULARS OF THE FIRST VEHICLE FROM THE FRONT. 1 OF MY PASSENGER A FEMALE 68 Y/O WAS CONVEYED TO HOSPITAL IN AN AMBULANCE. NO INJURY SUSTAINED FOR THE REST. TP WAS ON SCENE AND I WAS GIVEN A CASE CARD.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN1709M
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver CHOKKAIHA RAJA
 Passport No/FIN G5341631X
 Contact Number (Phone) +65-91514217
 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 SMT9516K
 Vehicle Manufacturer Hyundai
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver LOW YEW PING
 NRIC No S6973420J
 Contact Number (Phone) +65-96662431
 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 3

Vehicle Registration Number UNKNOWN
 Vehicle Manufacturer -
 Vehicle Model -
 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 UNKNOWN PASSENGER
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old 68
 Injuries Sustained -
 Injured person in which vehicle? SHC1392B
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

Describe Circumstances of the Accident

On 11/3/21 @ around 1750hrs, I was driving along KJE express way heading towards Brickland exit onboard my vehicle SHC1392B along with 3 passengers. At the point before the collision I was driving on the extreme left filter lane to exit Brickland Road. Traffic was congested for my lane. I was moving rather slow stopping on my accelerator to edge forward every now and then. I had just edge forward and my vehicle was in stationary when a heavy vehicle lorry, ^{MYN179GJM} suddenly collided onto my rear resulting in my vehicle being pushed forward hitting the rear end of the car in front of me (SMT9516K). Total vehicle involved in the chain collision was 4 vehicles but I didn't manage to gather the details and particular of the first vehicle from the front. 1 of my passenger a female 65 y/o was conveyed to hospital in an ambulance. No injury sustained for the rest. TP was on scene and I was given a case card.

Declaration

We declare the foregoing particulars are true in every respect.

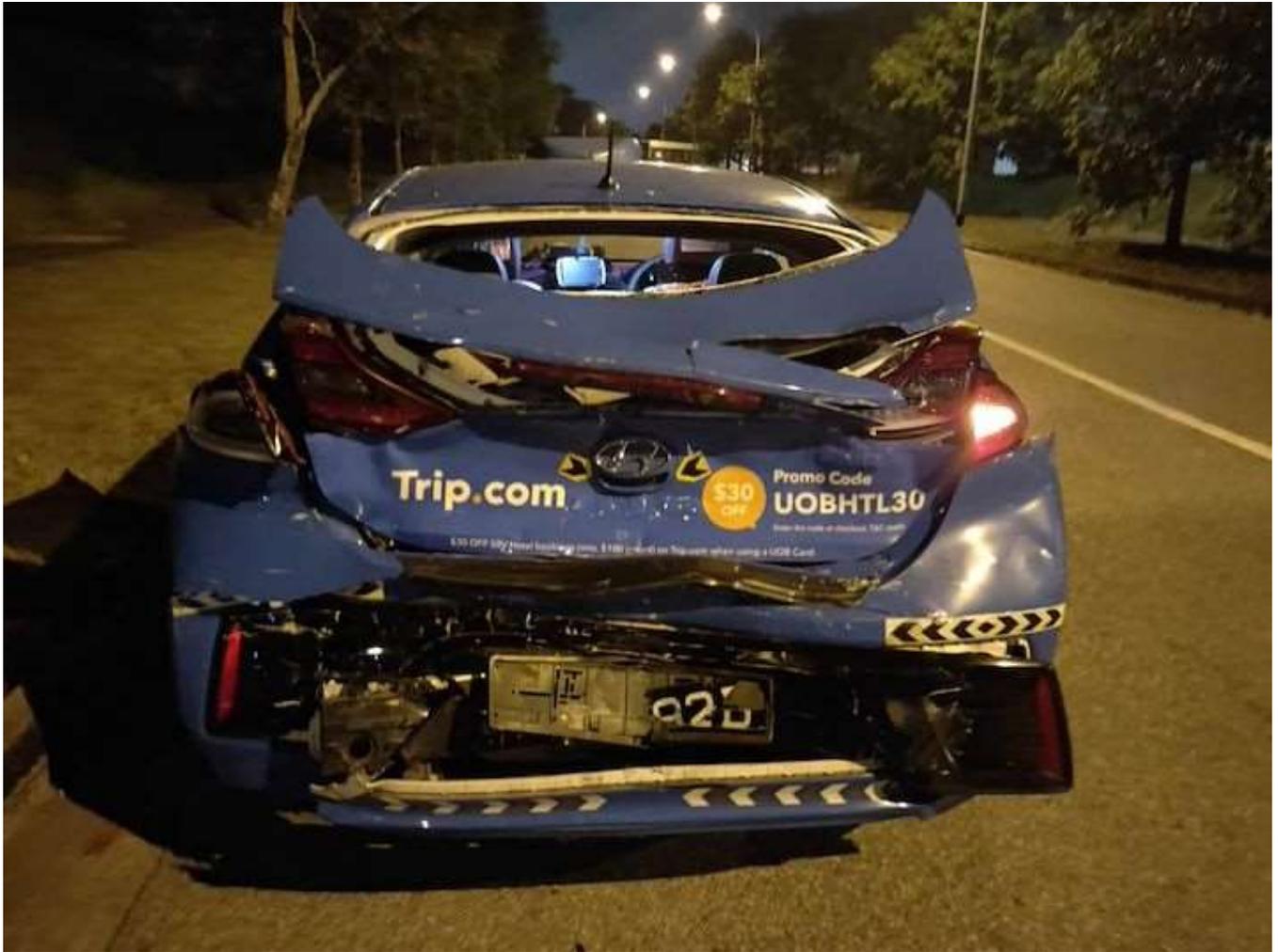
Policyholder's Signature / Date & Time

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

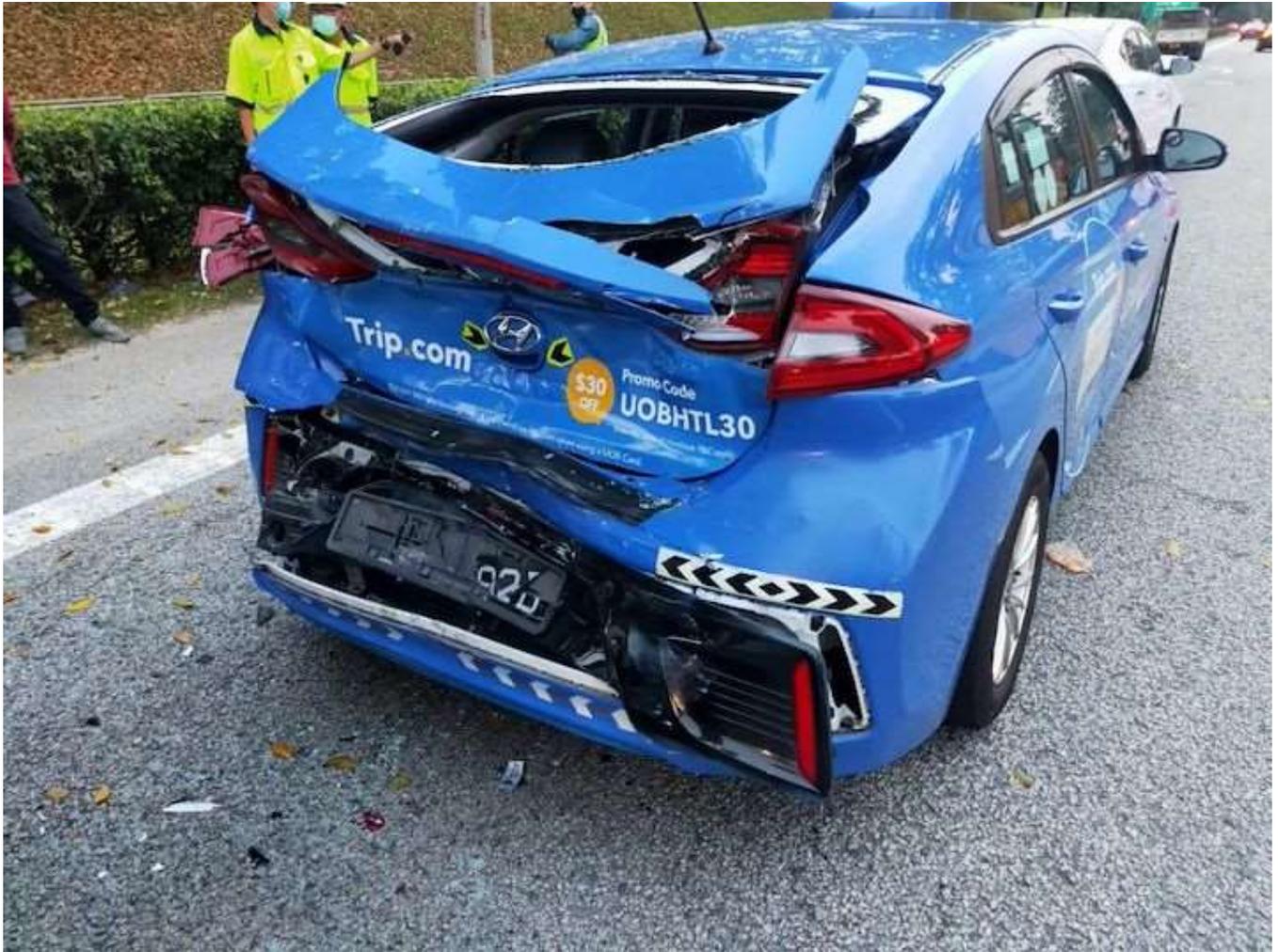
Witnessed by Reporting Centre Personnel

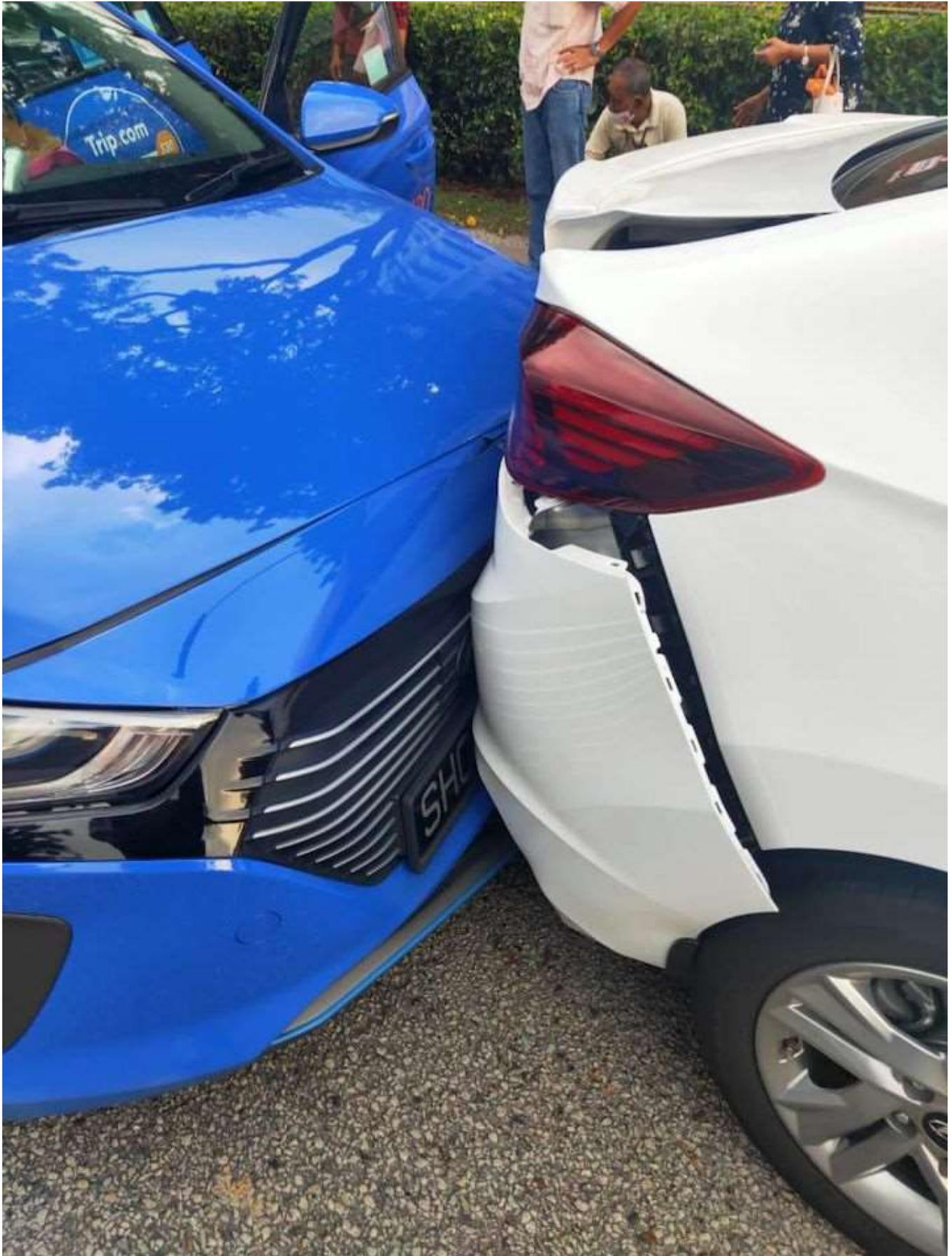


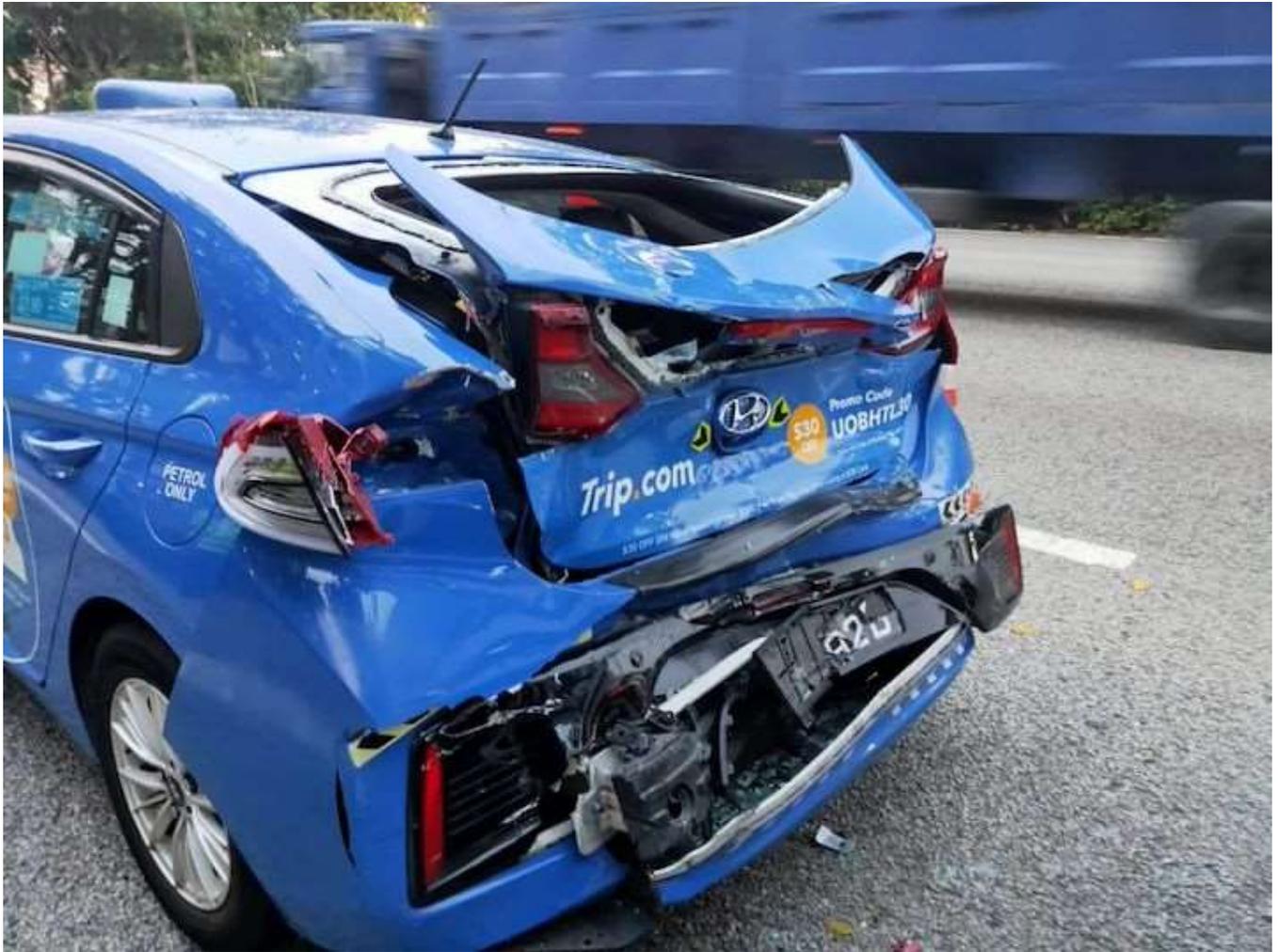


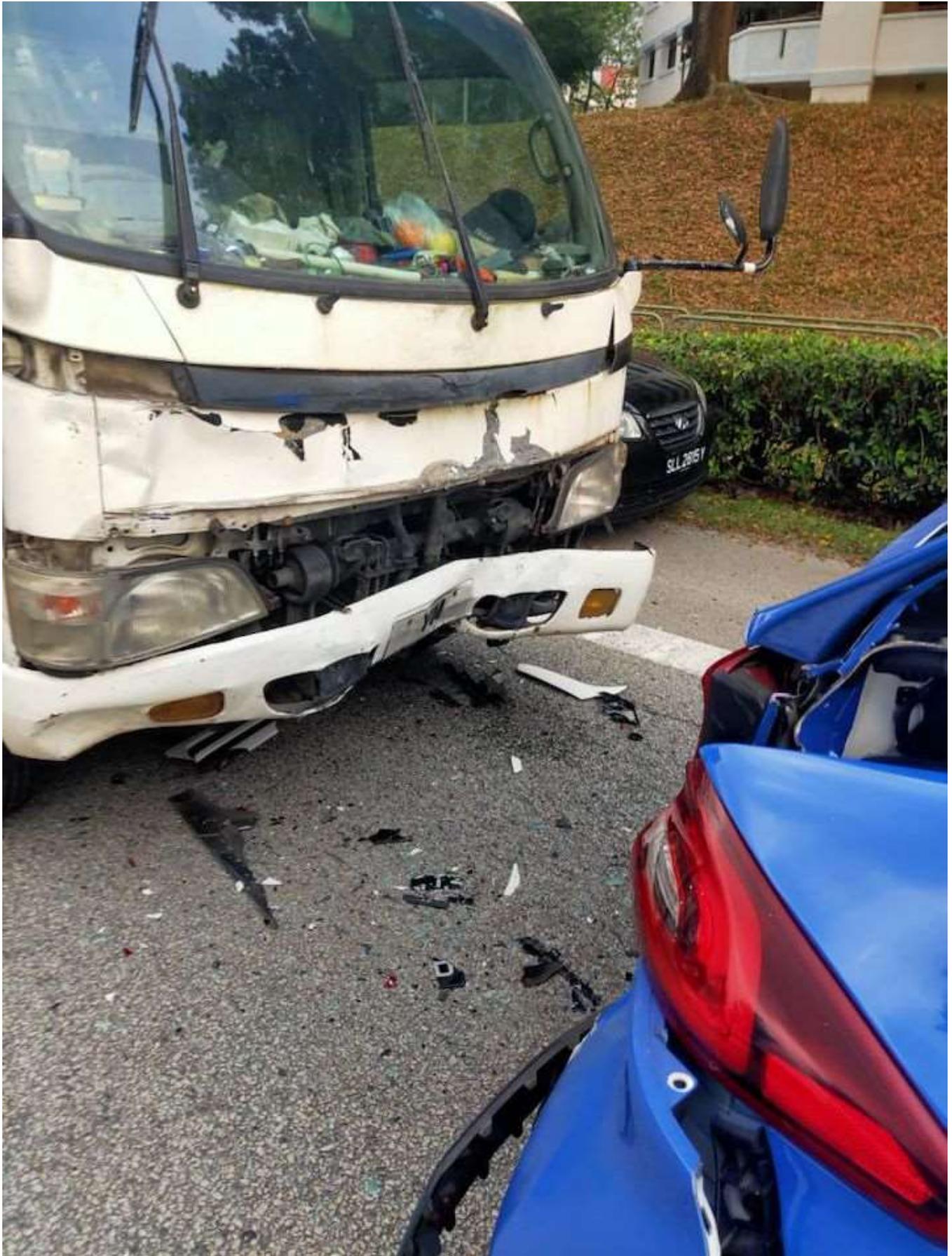

















**SINGAPORE
POLICE FORCE**


T/20210302/2041

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Report No. T/20210302/2041

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2021 13:06	Vide Report No.: J/20210301/0111	Station Diary No.: 15
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Informant's Particulars

Name of Informant: MOHMAD BIN KASSIM		Address: APT BLK 484C CHOA CHU KANG AVENUE 5 #04-60 SINGAPORE 683484	
ID Type / ID No.: NRIC NO / S1265450B		Contact No.:	Mobile: 69823187
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 01/04/1957	Type of Informant: Driver
Race: Boyanese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2021 17:50	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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	Condition	No of Passenger
SHC1392B	Car				Seriously Damaged	3
SMT9516K	Car				Seriously Damaged	2
YN1709M	Lorry				Seriously Damaged	1



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Tel No: 1800-7819999

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Report No. T/20210302/2041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHMAD BIN KASSIM	ID No.	S1265450B
Related Vehicle	SHC1392B (Car)	Contact No.	69823187
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	Chokkaiah Raja	ID No.	G5341631X
Related Vehicle	SMT9516K (Car)	Contact No.	91514217
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	Low Yew Ping	ID No.	S6973420J
Related Vehicle	YN1709M (Lorry)	Contact No.	96662431
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 1/3/21 at 1750 hrs, I was driving my vehicle, namely SHC1392B along KJE towards Brickland road with 3 passengers(2 males and 1 female). As there was heavy traffic ahead of me, I then slowed down and came to a halt. Soon after, a lorry with license plate "YN1709M" then collided into the rear of my car, with its impact causing my vehicle to go forward and hit into another vehicle, namely "SMT9516K", causing a chain collision of 4 vehicles, although I did not take down the license plate of the 4th vehicle.

The police then came to the scene to assess the situation while one of my male passenger was conveyed to hospital as he complained of heart issues. I then went to see the doctor for my shoulder injury and got



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T/20210302/2041

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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Report No. T/20210302/2041

CONTINUATION OF REPORT

a 7 days MC from 2/3/21 to 8/3/21 vide MC134958. My vehicle had sustained major damages to the rear and front of my vehicles. My in-car camera footage has already been retrieved by the police officers at scene.



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66560206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SJ0421320001 Vehicle Registration No: SHC1392B
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 : 01.03.2021 Time of Accident : 17:50HRS
Place of Accident : KJE, Singapore / BEFORE BRICKLAND EXIT
Insurance Company: AXA Insurance Singapore Pte 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:

1. Attached Police Report: T/20210302/2041

Multiple horizontal lines for additional information or amendments.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: NAZIHAH
NRIC/FIN No.:
Date: 02.03.2021

