

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 01/08/2021 18:44 (SGT)
Date of Accident 31/07/2021 16:50 (SGT)
Exact Location of Accident Geylang Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8170D

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) +65-98245396
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 - Reporting only
Vehicle Category Taxi
Transmission Auto
CC 1685

INSURANCE COMPANY

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

DRIVER

Name of Driver HO ZI WEI
NRIC No S8241299I

Date Of Birth	30/11/1982
Occupation	Outdoor
Date Of Driving Pass	15/10/2012
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98245396
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 336C YISHUN STREET 31 #12-35
Address complement	-
Postcode	763336
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	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

ON 31/07/2021 AT AROUND 1650HRS, I WAS DRIVING MY VEHICLE (A) SHC8170D ALONG GEYLANG ROAD ON THE 3RD LANE. SUDDENLY VEHICLE (B) SMJ4051U SWERVED OUT OF HIS LANE FROM MY RIGHT INTO MY LANE AND MADE AN EMERGENCY BRAKE. I WAS NOT ABLE TO STOP MY VEHICLE ON TIME AND REAR ENDED VEHICLE B. WHEN I GOT OUT TO CHECK, VEHICLE B HAD KNOCKED DOWN AN OLD MAN ON A PERSONAL MOBILITY DEVICE. HE WAS BLEEDING ON THE HEAD AND LATER CONVEYED TO THE HOSPITAL. I HAD NO INJURIES. I SUSTAINED DAMAGE TO THE FRONT PORTION OF MY VEHICLE

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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ4051U
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91816811
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PMD
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PMD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD BLEEDING
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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")

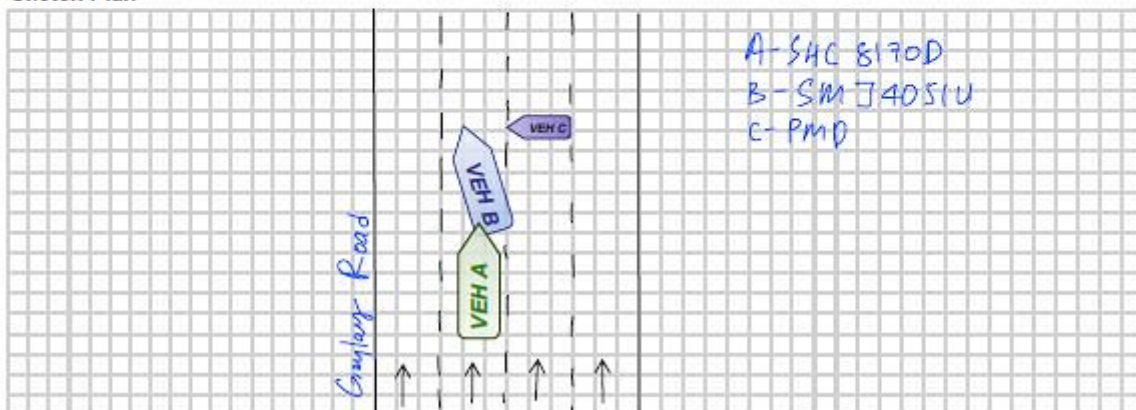
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 310721 AT AROUND 1650HRS, I WAS DRIVING MY VEHICLE A SHC8170D ALONG GEYLANG ROAD ON THE 3RD LANE. SUDDENLY VEHICLE B SMJ4051U SWERVED OUT OF HIS LANE FROM MY RIGHT INTO MY LANE AND MADE AN EMERGENCY BRAKE. I WAS NOT ABLE TO STOP MY VEHICLE ON TIME AND REAR ENDED VEHICLE B. WHEN I GOT OUT TO CHECK, VEHICLE B HAD KNOCKED DOWN AN OLD MAN ON A PERSONAL MOBILITY DEVICE. HE WAS BLEEDING ON THE HEAD AND LATER CONVEYED TO THE HOSPITAL. I HAD NO INJURIES. I SUSTAINED DAMAGE TO THE FRONT PORTION OF MY VEHICLE.

Declaration

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

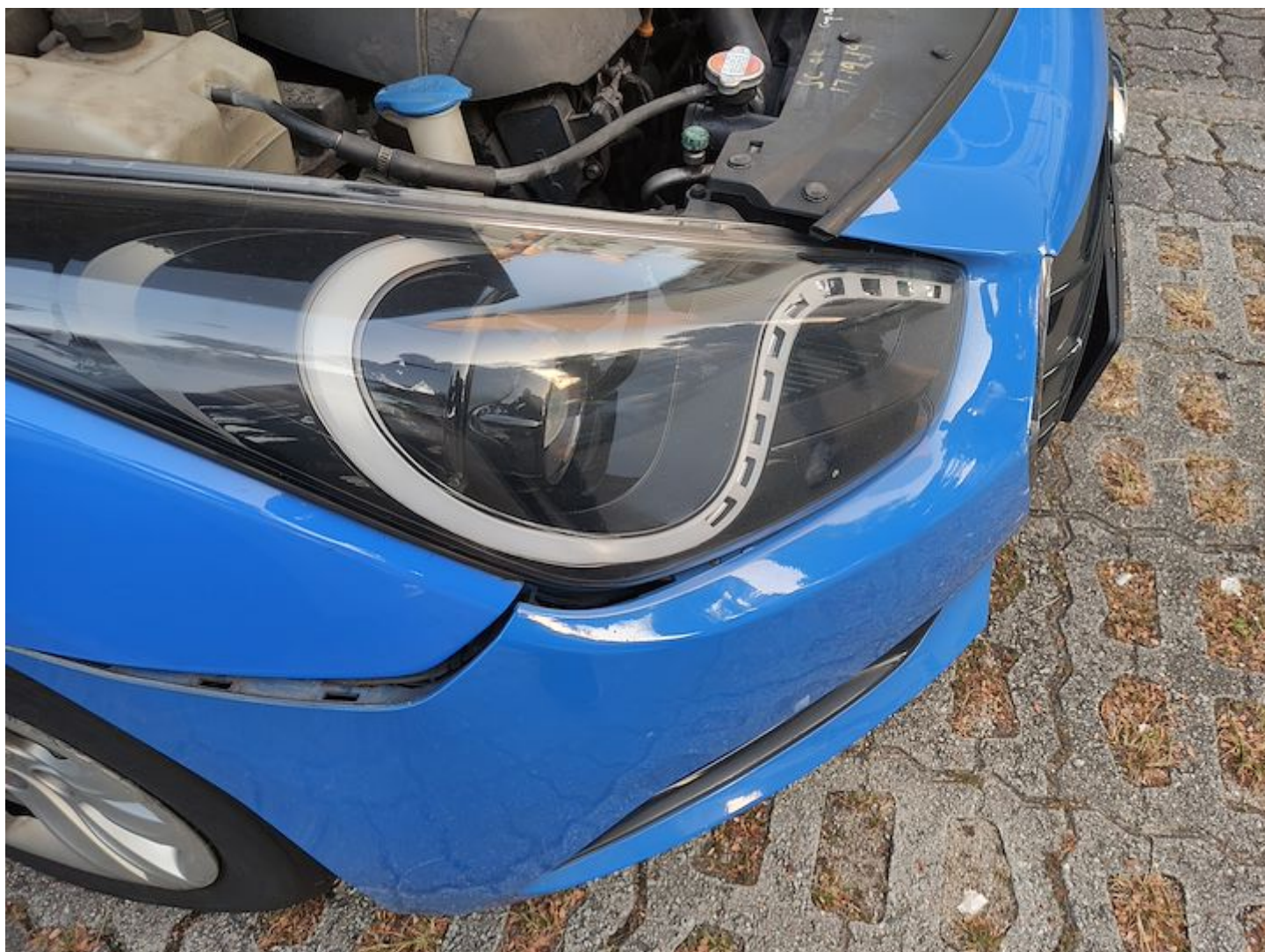
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel







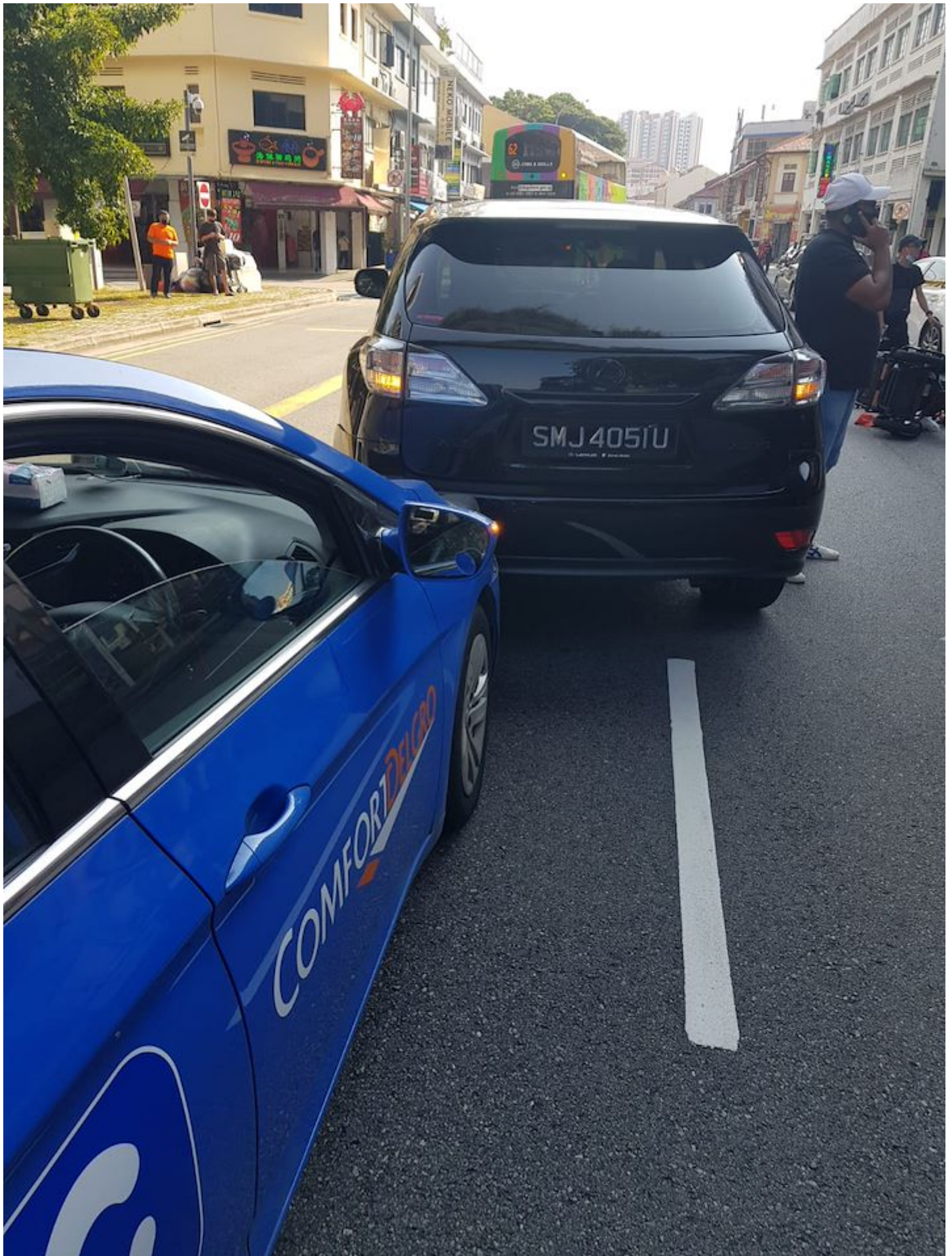


























**SINGAPORE
POLICE FORCE**



T/20210731/7037

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

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Report No. T/20210731/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2021 22:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO ZI WEI			Address: 336C YISHUN STREET 31 #12-35 SINGAPORE 763336		
ID Type / ID No.: NRIC NO / S8241299I			Contact No.: Home/Office: Mobile: 98245396		
Nationality: SINGAPORE CITIZEN			Email: DREAMERXAVIEREXE@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 30/11/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/07/2021 16:50	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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	Conditio	No of
SHC8170D	Car					0
SMJ4051U	Car			Black	Slightly Damaged	0
	Personnal Mobility Device					0



**SINGAPORE
POLICE FORCE**



T/20210731/7037

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

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Report No. T/20210731/7037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO ZI WEI	ID No.	S8241299I
Related Vehicle	SHC8170D (Car)	Contact No.	98245396
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MOHAMED BORHAN	ID No.	NIL
Related Vehicle	SMJ4051U (Car)	Contact No.	91816811
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Cyclist			
Name	UNKNOWN	ID No.	NIL
Related Vehicle	(Personnal Mobility Device)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On 31/07/2021 at around 04:50pm i was driving my Taxi SHC8170D along Geylang road on the Third Lane towards Kallang. Between lorong 18 & lorong 16 under the overhead bridge

My lane in from of me was cleared with no vehicle. Suddenly Vehicle SMJ4051U swerved out from his lane from my right into my lane and made an emergency break.

Due to the sudden swerve into my lane i was unable to brake in time and rear ended SMJ4051U. After I got out to check, i discovered a knocked down old uncle on a personnel



**SINGAPORE
POLICE FORCE**



T/20210731/7037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
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Report No. T/20210731/7037

CONTINUATION OF REPORT

mobility device.

When I approach the injured uncle there are a few passer-by already helping him to the side of the road on the right hand side. i saw that he was bleeding on the head half his face was covered in blood. He was able to sit and talk. I did not see any other injury at that point in time.

Next I turned to the driver of SMJ4051U and he was already on the phone calling the police. both of us helped to determined the location of accident.

The injured old uncle was later conveyed to the hospital via an ambulance.

The traffic police arrive by then and proceeded with their investigation.

My in car camera memory card was retained by the police officer.

I was then provided with a case card report number: G/185

I had no injuries and i sustained damage to the front portion of the vehicle.



**SINGAPORE
POLICE FORCE**



T/20210731/7037

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

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Report No. T/20210731/7037

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 31/07/2021 22:48
Officer In Charge Of Case: TP / TPIB / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp NP158	