

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 01/09/2021 17:35 (SGT)
Date of Accident 01/09/2021 14:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information MOULMEIN FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA1049D

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) +65-97915595
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
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 TAN KOK ENG (CHEN GUORONG)
NRIC No S7534558E

Date Of Birth	16/11/1975
Occupation	Outdoor
Date Of Driving Pass	27/10/2003
Driving experience	17 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97915595
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 477A UPPER SERANGOON VIEW #18-558
Address complement	-
Postcode	531477
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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?	No
Was any other vehicle 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

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 01/09/2021 AT ABOUT 14:40HRS. I WAS DRIVING VEHICLE A, SHA1049D TRAVELLING ALONG CTE (MOULMEIN FLYOVER) AT THE MOST RIGHT LANE. VEHICLE C WHO WAS IN FRONT OF ME MAKE A SUDDEN BRAKE. I PRESSED ONTO MY FOOTBRAKE BUT STILL COULDN'T STOP IN TIME AND MY VEHICLE REAR ENDED VEHICLE B. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE C HAS REAR ENDED MY VEHICLE. THIS WAS A CHAIN COLLISION ACCIDENT.

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	SLN8956Z
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEW SOON LAY
Contact Number	(Phone) +65-98889391
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	SDD8278U
Vehicle Manufacturer	Audi
Vehicle Model	A6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BOON HONG MENG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KOK ENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck and Back
Injured person in which vehicle?	SHA1049D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 16:15 01-09-21

Witnessed by Reporting Centre Personnel MD NA 22 12



A - SHA1049D
C - SN89562
B - SD08278U

Describe Circumstances of the Accident

ON 01/09/2021 AT ABOUT 14:40HRS. I WAS DRIVING VEHICLE A, SHA1049D TRAVELLING ALONG CTE (MOULMEIN FLYOVER) AT THE MOST RIGHT LANE. VEHICLE C WHO WAS IN FRONT OF ME MAKE A SUDDEN BRAKE. I PRESSED ONTO MY FOOTBRAKE BUT STILL COULDN'T STOP IN TIME AND MY VEHICLE REAR ENDED VEHICLE B. SUDDENLY I FELT AN IMPACT COMING FROM MY REAR AND I REALISED VEHICLE C HAS REAR ENDED MY VEHICLE. THIS WAS A CHAIN COLLISION ACCIDENT.

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

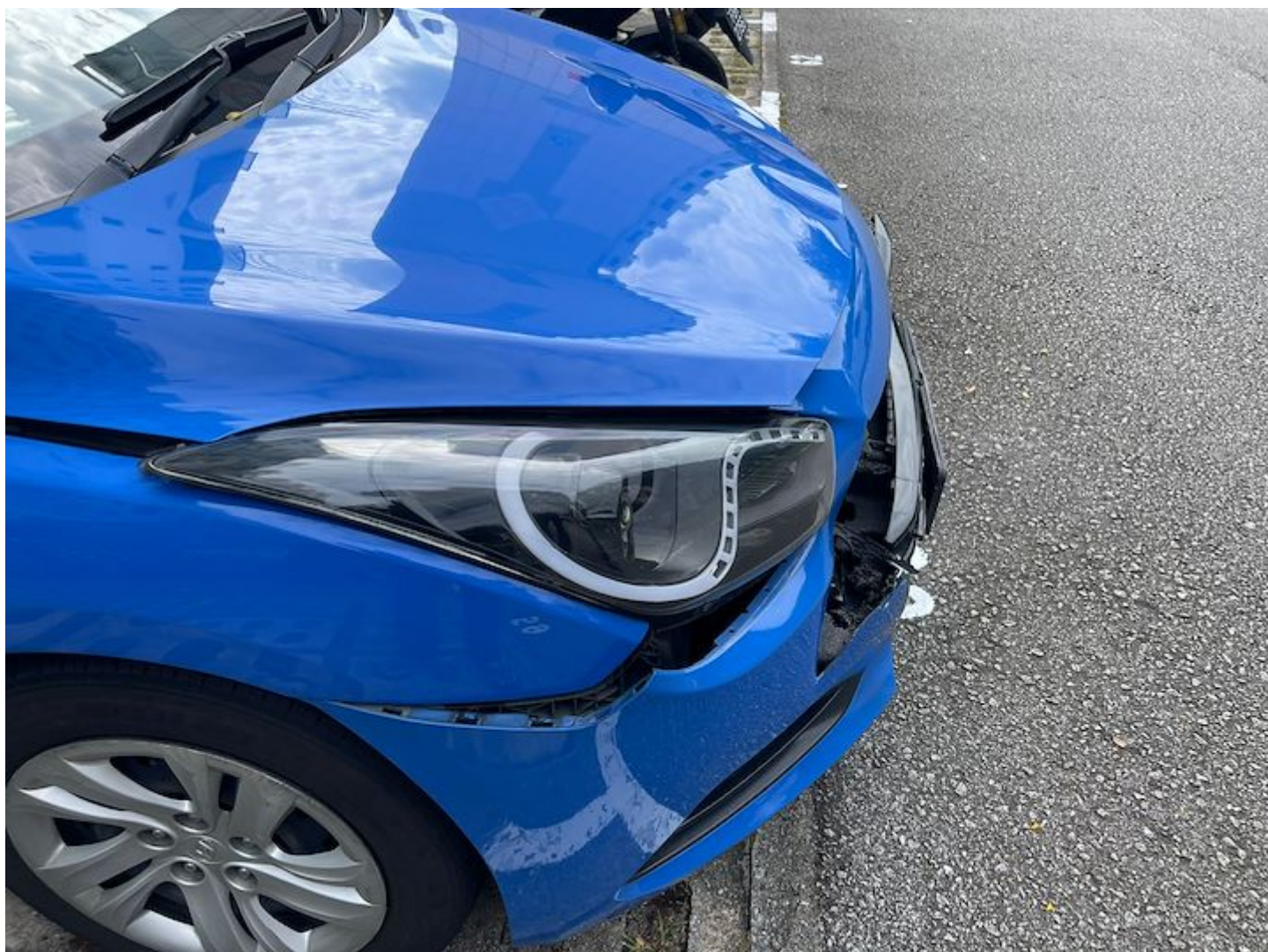
Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**


T/20210901/2105

1 of 3

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20210901/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2021 21:25	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: TAN KOK ENG			Address: APT BLK 477A UPPER SERANGOON VIEW #18-558 SINGAPORE 531477		
ID Type / ID No.: NRIC NO / S7534558E			Contact No.: Home/Office: Mobile: 97915595		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 16/11/1975	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/09/2021 14:35	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SDD8278U	Car				Slightly Damaged	0
SHA1049D	Car				Slightly Damaged	1
SLN8956Z	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210901/2105

2 of 3

Report No. T/20210901/2105

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

CONTINUATION OF REPORT**Brief Details.**

On 01/09/2021 at about 1435hrs, I was driving my taxi(SHA1049D) from a Grab Job Offer along CTE Towards Ang Mo Kio Direction on the first lane after Moulmein Road exit. Nothing was amiss. I had one passenger on board(Mr Chia, HP:96453649).

Subsequently, the vehicle in front of me(SDD8278U, S8628070A, Boon Hong Meng) slammed on the brakes and I did so too. There was a vehicle behind(SLN8956Z, S1654894D, Tew Soon Lay, HP:98889311) me and he also slammed on the brakes. However, my car behind couldn't stop on time and skidded. As such, the vehicle behind collided on to my vehicle and my vehicle collided on to the vehicle in front. I am not too sure which impact came first as I was in a state of shock.

I checked with all parties and they informed that they are feeling fine at that point of time. We exchanged particulars and all agreed on insurance claim. However, after a while, I felt tightness on the back of my neck.

My vehicle sustained dents on the front grill, bumper, bonnet and rear bumper. The first vehicle sustained dents on the rear bumper. The last vehicle sustained dents on the front bumper.

As such, I went to see the doctor and I got 3 Days Medical Certificate from 01/09/2021 to 03/09/2021.

I wish to inform there was LTA and Ambulance came to scene however nobody was injured and no conveyance required, there was no case card either.

I have an in-car CCTV but I am unsure if it has captured the incident or not. I will only be able to view it at Comfort Delgro Accident Centre on 02/09/2021 as they are closed.

No government property was damaged.

The purpose of this report is for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20210901/2105

Police Station Of Origin:
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

3 of 3

Report No. T/20210901/2105

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
F/
Sgt 2 ROYCE YEW TIAN POH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/09/2021 21:25

Officer In Charge Of Case:

TP / AEIT /
Insp. CON YEN KIAN SN 085
Contact No: 65476172

Classification Of Case:

Authentication Stamp
NP15 Signature:

Singapore Police Force



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ042191000N Vehicle Registration No: SHA1049D
 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 SEPTEMBER 2021 Time of Accident: 14:40 HRS
 Place of Accident: CTE
 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:

- Change accident claim to " Third party claim "

- Upload police report

- Driver's injury - Neck and Back.



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: LAVANYA
NRIC/FIN No.:
Date: 2/9/2021

