

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 07/10/2021 18:41 (SGT)
Date of Accident 06/10/2021 18:40 (SGT)
Exact Location of Accident Bukit Batok West Ave 4, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1126D

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) +65-83890660
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 - Claiming third party
Vehicle Category Taxi
Transmission Auto
CC 1798

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 ZAINODIN BIN ISMAIL
NRIC No SXXXX426E

Date Of Birth	24/05/1962
Occupation	Outdoor
Date Of Driving Pass	21/09/1989
Driving experience	32 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83890660
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 661 WOODLANDS RING ROAD #04-144
Address complement	-
Postcode	730661
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?	No
Number of vehicles involved in the accident	2
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	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 07/ 10/ 2021 AT ABOUT 18:40HRS, I WAS DRIVING VEHICLE A (SHC1126D) ALONG BUKIT BATOK EAST AVE 4. WHILE STATIONARY DUE TO TRAFFIC, VEHICLE B (SJH5508J) COLLIDED ONTO VEHICLE A REAR BUMPER. ME AND MY PASSANGER SUSTAINED NECK AND BACK PAIN DUE TO THE IMPACT.

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	SJH5508J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-94503261
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	DRIVER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SHC1126D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SHC1126D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date & Time 7/10/21 - 12p h	Witnessed by Reporting Centre Personnel Khawwaf
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BT BATOK EAST ALK F

A - SHC 11260
B - SJH 5508J

BT BATOK EAST ALK F

Describe Circumstances of the Accident

ON 07/ 10/ 2021 AT ABOUT 18:40HRS, I WAS DRIVING VEHICLE A (SHC1126D) ALONG BUKIT BATOK EAST AVE 4. WHILE STATIONARY DUE TO TRAFFIC, VEHICLE B (SJH5508J) COLLIDED ONTO VEHICLE A REAR BUMPER. ME AND MY PASSANGER SUSTAINED NECK AND BACK PAIN DUE TO THE IMPACT.

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

7/10/21 - 1840H

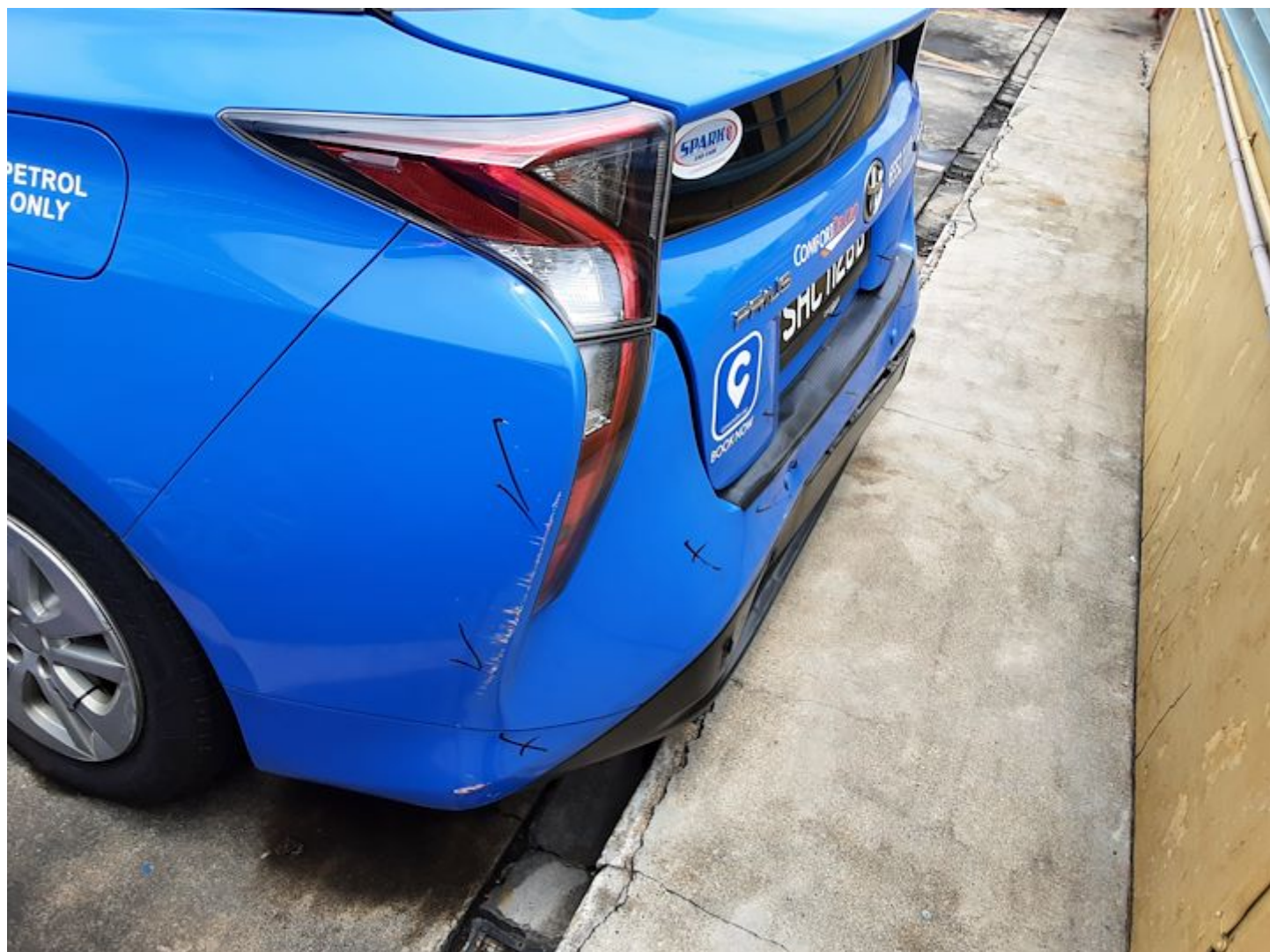
Shammy







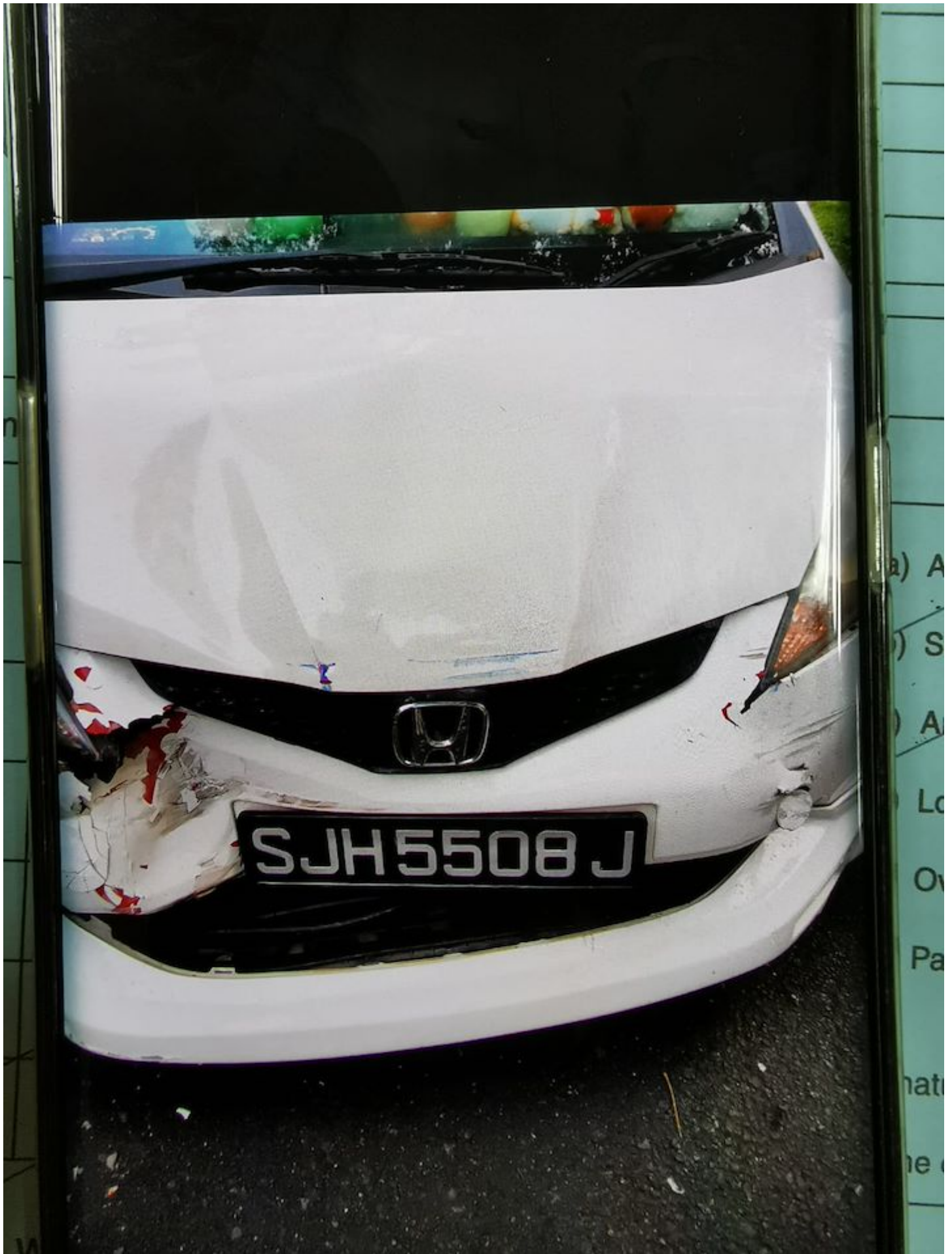


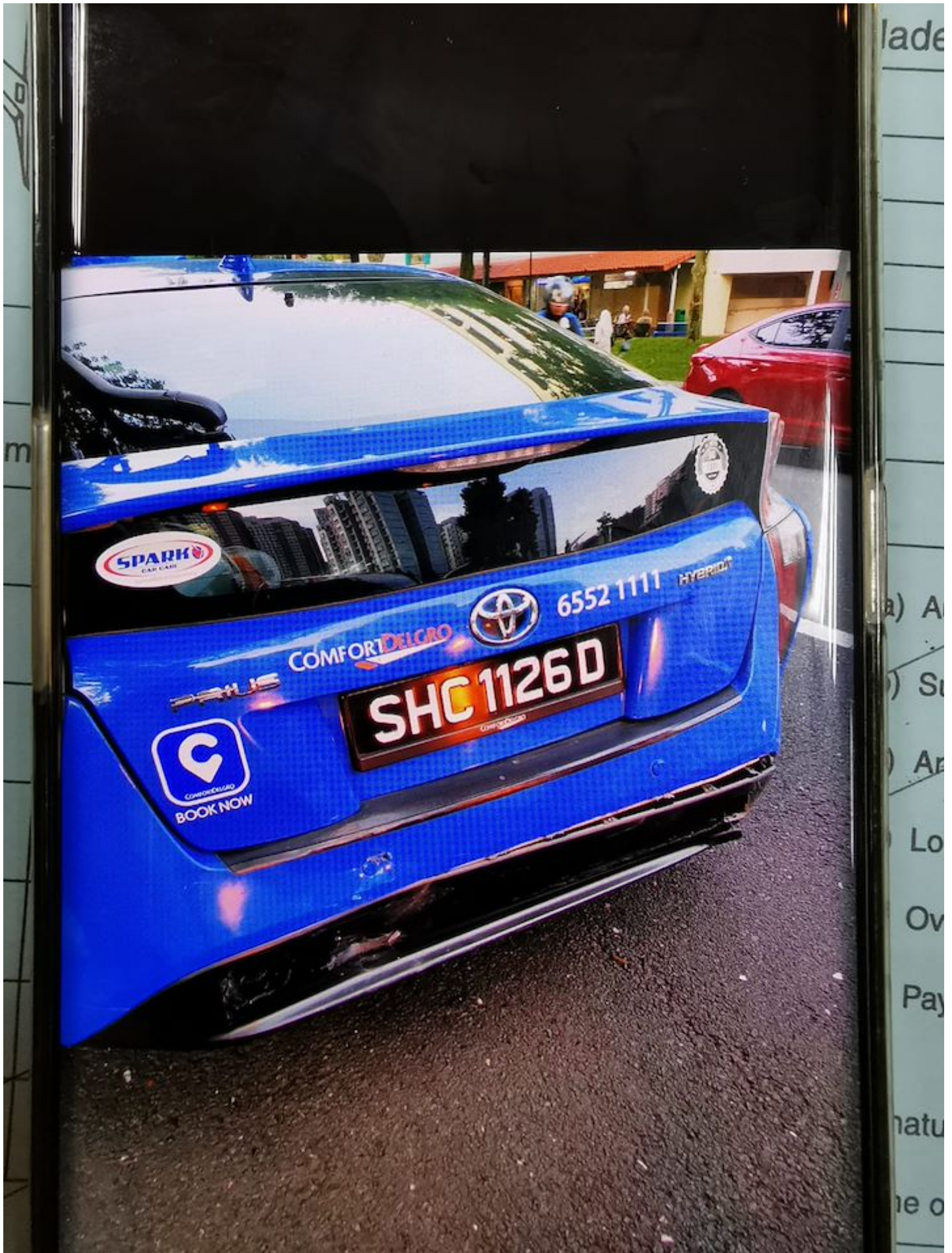


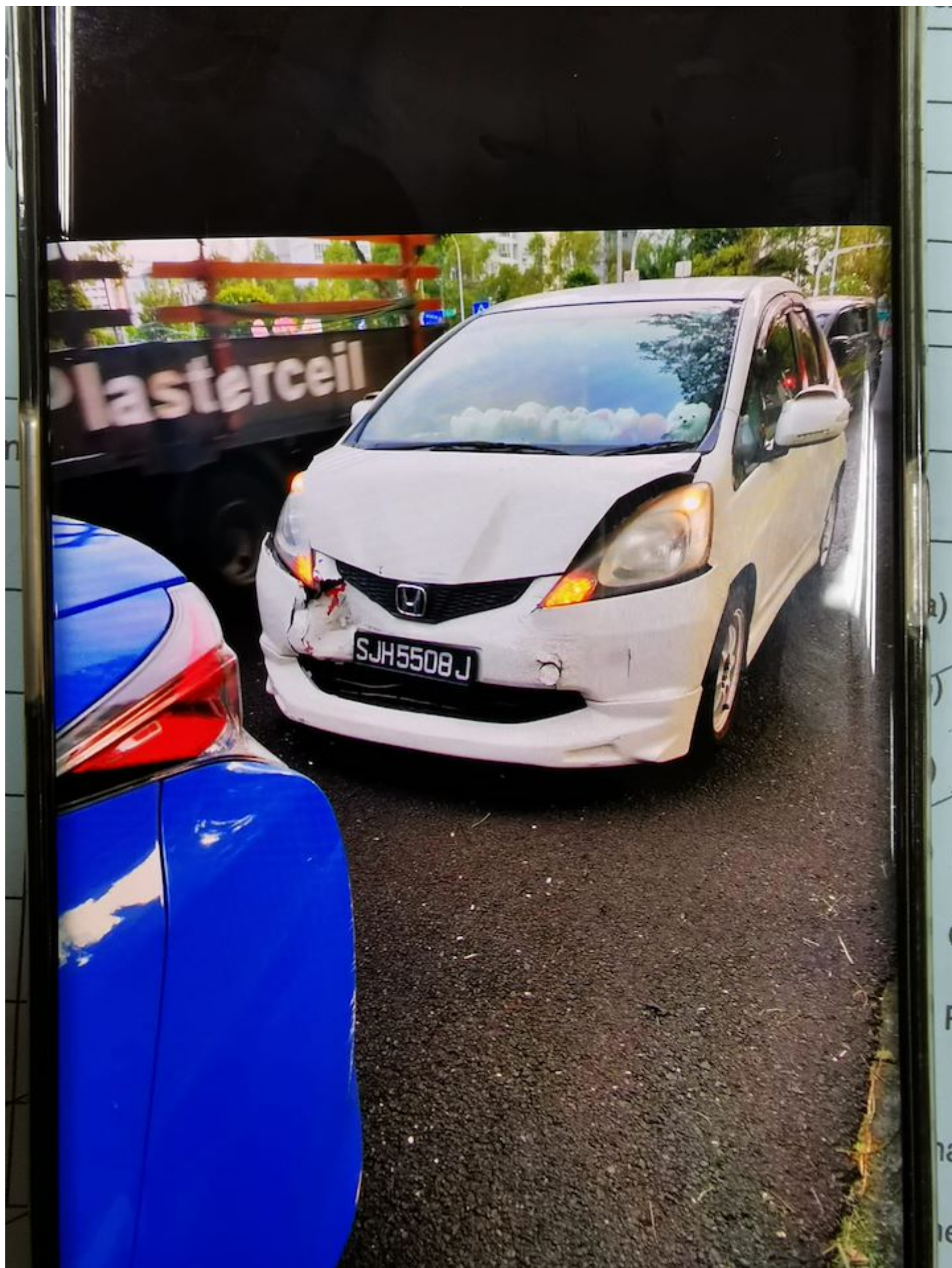


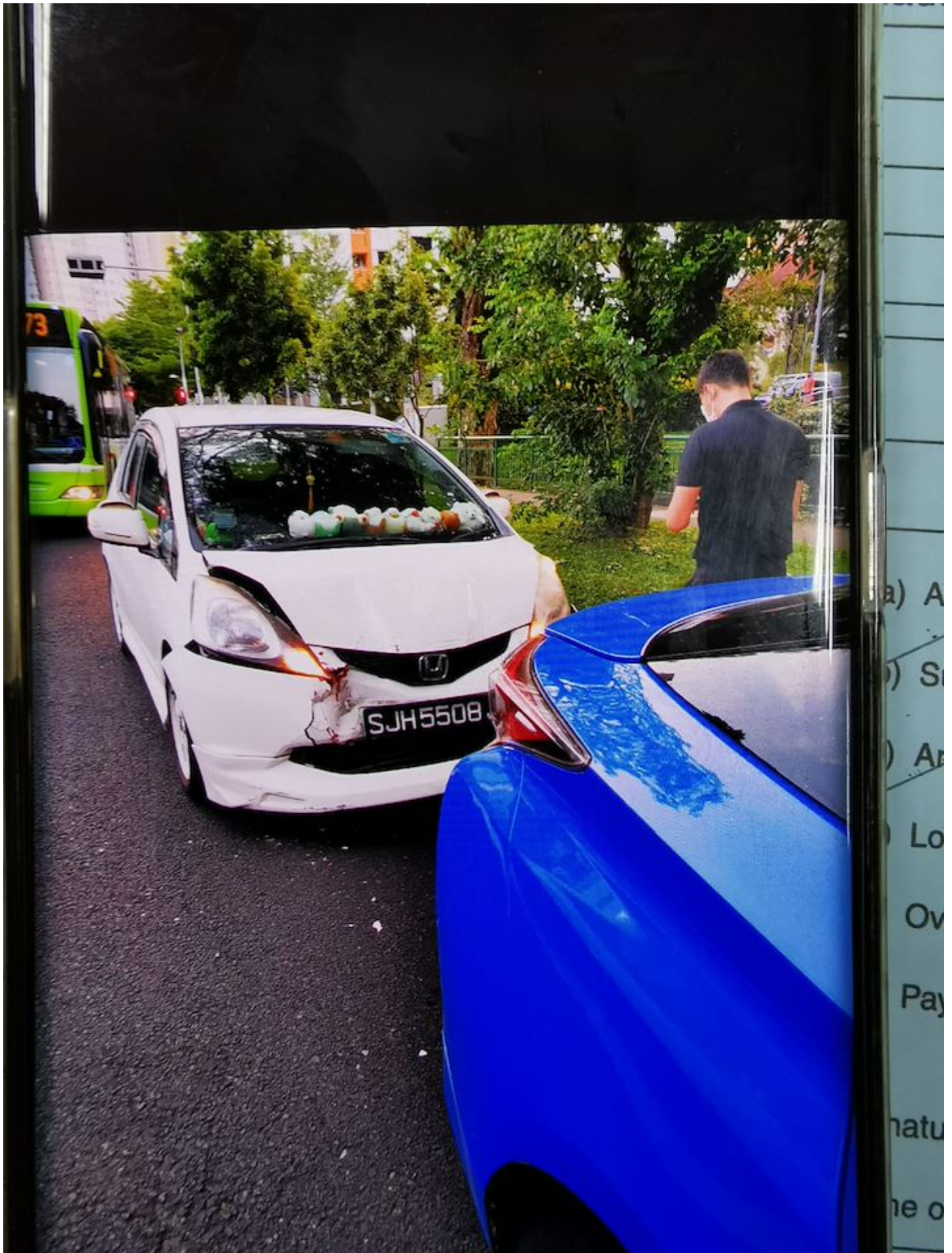














**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



1/20211007/2085

1 of 1

Report No: 1/20211007/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2021 18:05	Video Report No.:	Station Diary No.: 97
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Informant's Particulars

Name of Informant: ZAINODIN BIN ISMAIL			Address: APT BLK 661 WOODLANDS RING ROAD #04-144 SINGAPORE 730661	
ID Type / ID No.: NRIC NO / S1564426E			Contact No.: Home/Office: Mobile: 83890660	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 24/05/1962	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2021 18:45	Type of Location: Straight Road
Location: BUKIT BATOK EAST AVENUE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
SHC1126D	Car	TOYOTA	PRIUS	Blue	Slightly Damaged	1
SJH5508J	Car	HONDA	FIT	White	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20211007/2086

CONTINUATION OF REPORT

Passenger			
Name	DE GUZMAN LITA OPAGUE		ID No. S7280013C
Related Vehicle	SHC1126D (Car)		Contact No. 83005260
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 Slight
Driver			
Name	ZAINODIN BIN ISMAIL		ID No. S1564426E
Related Vehicle	SHC1126D (Car)		Contact No. 83890660
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	07/10/2021		Date Discharge 07/10/2021
No. of Days granted Medical Leave	05		Degree of Injury Slight
Driver			
Name	ZHANG WEIQIANG, KENNETH		ID No. S8902937F
Related Vehicle	SJH5508J (Car)		Contact No. 94503261
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 06/10/2021 at about 1845hrs, I was driving my vehicle (SHC1126D) along Bukit Batok East Avenue 4. While stationary due to traffic, a vehicle behind me (SJH5508J) collided onto my vehicle rear bumper. Me and my passenger sustained neck and back pain due to the impact. I went to seek medical treatment and was given 5 days of MC.


**SINGAPORE
POLICE FORCE**
 Station Of Origin:
 Woodlands East N.P.C.
 Woodlands Drive 63 SINGAPORE 737890
 Tel No: 1800-7679999



T/20211007/2086

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Report No. T/20211007/2086

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
 L /
 Sr Staff Sgt MUHAMMAD FADHIL
 BIN MASROM

Signature Of Informant:

Date/Time:
 07/10/2021 18:05

Signature Of Interpreter:
 Not applicable

Officer In Charge Of Case:
 TP / AEIT /
 SSI TAY CHUN KEEN
 Contact No.: 65476436

Classification Of Case:
 SN 130

Authentication Stamp
 NP168

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: SJ0421A7000M Vehicle Registration No: SHC1126D
 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: 06/10/2021 Time of Accident: 18:40HRS
 Place of Accident: Bukit Batok West Ave 4, Singapore
 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:

- ATTACH POLICE REPORT & AMEND GENDER



 Policyholder / Driver's Signature
 Date:

Kavi

 Reporting Centre Personnel's Signature
 Name: KAVI
 NRIC/FIN No.:
 Date: 12.10.2021

GIARHC Addendum Form

