

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 30/11/2021 10:13 (SGT)
Date of Accident 29/11/2021 08:30 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information JURONG BEFORE CLEMENTI ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD3606S

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) +65-90466698
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 - Reporting only
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 CHONG KUM SENG
NRIC No S1563377H

Date Of Birth	23/06/1962
Occupation	Outdoor
Date Of Driving Pass	11/12/1981
Driving experience	39 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90466698
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLOCK 308 YISHUN RING ROAD
Address complement	#06-1256
Postcode	760308
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	5
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 29/11/2021 AT ABOUT 0830HRS I WAS DRIVING MY VEHICLE A SHD3606S ON THE 3RD LANE OF PIE/TUAS. BEFORE THE CLEMENTI ROAD EXIT, VEHICLE B UNKNOWN WHICH WAS IN FRONT REAR ENDED VEHICLE C. I IMMEDIATELY SWERVED RIGHT TO AVOID COLLISION WITH VEHICLE B. BUT UPON IMPACT VEHICLE B RIGHT REAR SWERVED INTO 2ND LANE HENCE MY VEHICLE A LEFT FRONT COLLIDED ONTO VEHICLE B RIGHT REAR. GOT DOWN MY VEHICLE TO REALISE IT WAS A 5 CAR CHAIN. MY MALE PASSENGER HURT HIS HEAD AND WAS CONVEYED. TRAFFIC POLICE SEIZED MY SD CARD. MANY TOUTERS ON SCENE.
NO PHOTOS TAKEN. NO PARTICULARS EXCHANGED

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 NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH7998J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMN5211Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKU6913K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RIGHT SIDE HEAD BLEEDING
Injured person in which vehicle?	SHD3606S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

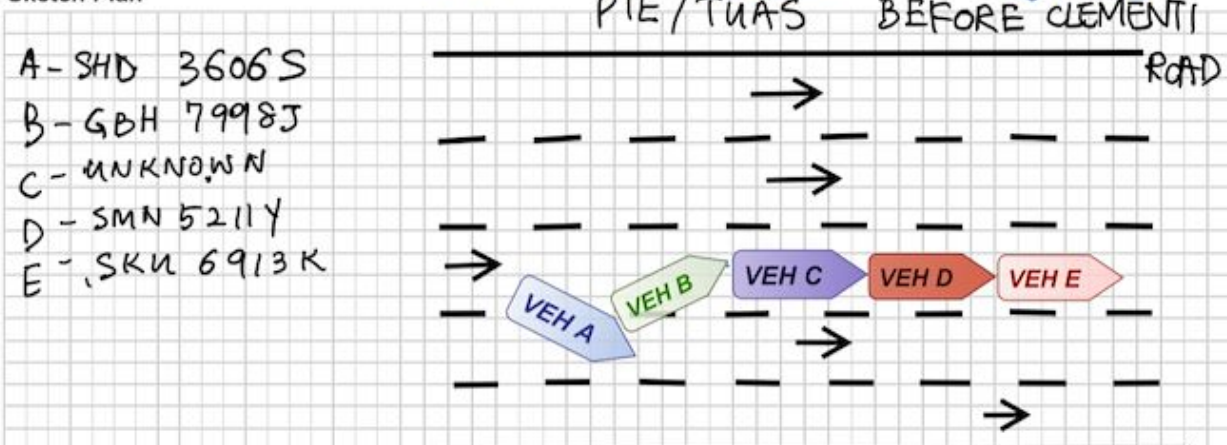
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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 29/11/2021 AT ABOUT 0830HRS I WAS DRIVING MY VEHICLE A SHD3606S ON THE 3RD LANE OF PIE/TUAS. BEFORE THE CLEMENTI ROAD EXIT, VEHICLE B UNKNOWN WHICH WAS IN FRONT REAR ENDED VEHICLE C. I IMMEDIATELY SWERVED RIGHT TO AVOID COLLISION WITH VEHICLE B. BUT UPON IMPACT VEHICLE B RIGHT REAR SWERVED INTO 2ND LANE HENCE MY VEHICLE A LEFT FRONT COLLIDED ONTO VEHICLE B RIGHT REAR. GOT DOWN MY VEHICLE TO REALISE IT WAS A 5 CAR CHAIN. MY MALE PASSENGER HURT HIS HEAD AND WAS CONVEYED. TRAFFIC POLICE SEIZED MY SD CARD. MANY TOUTERS ON SCENE. NO PHOTOS TAKEN. NO PARTICULARS EXCHANGED

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

29.11.2021

1415HRS

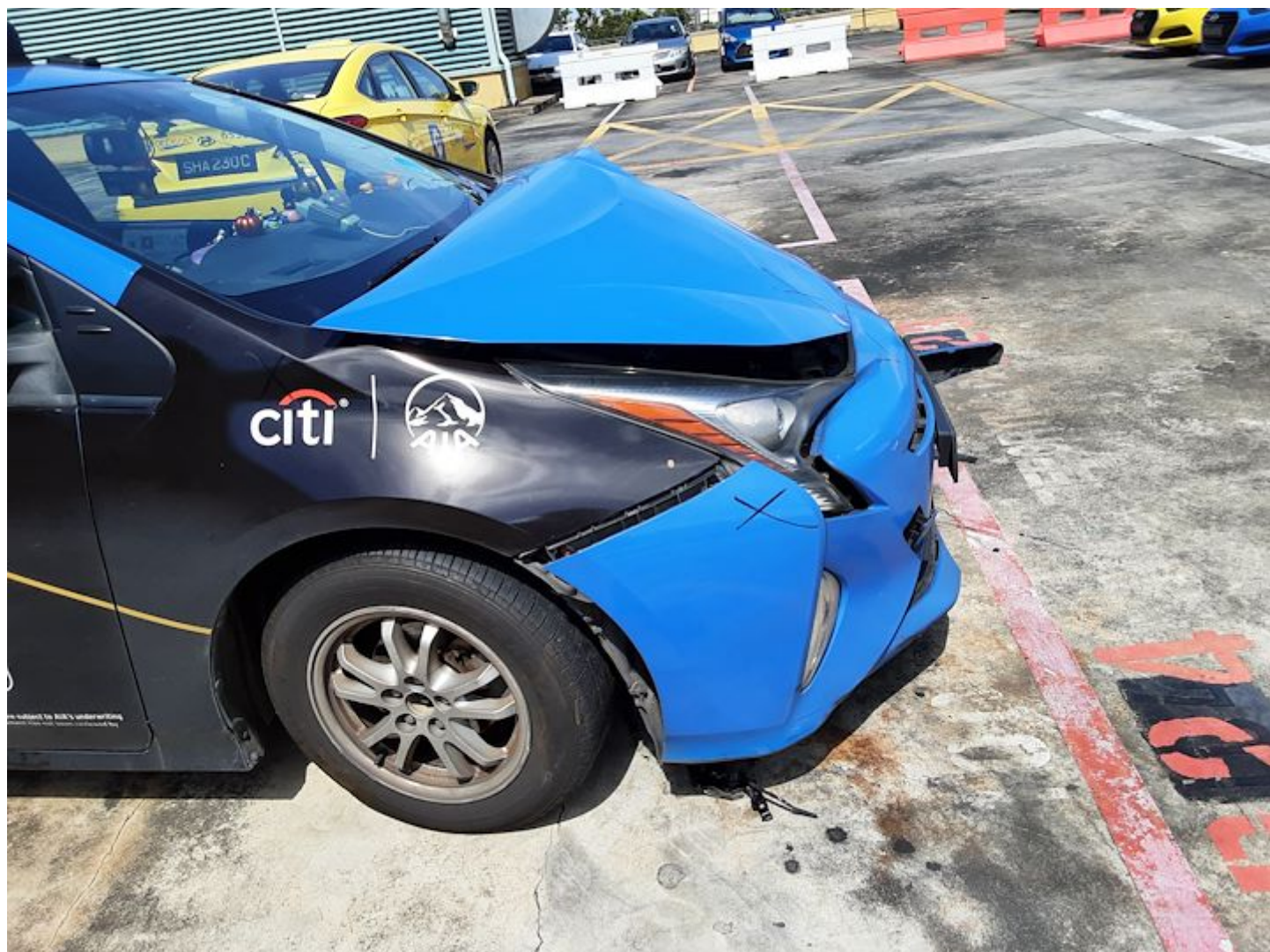
Witnessed by Reporting Centre Personnel

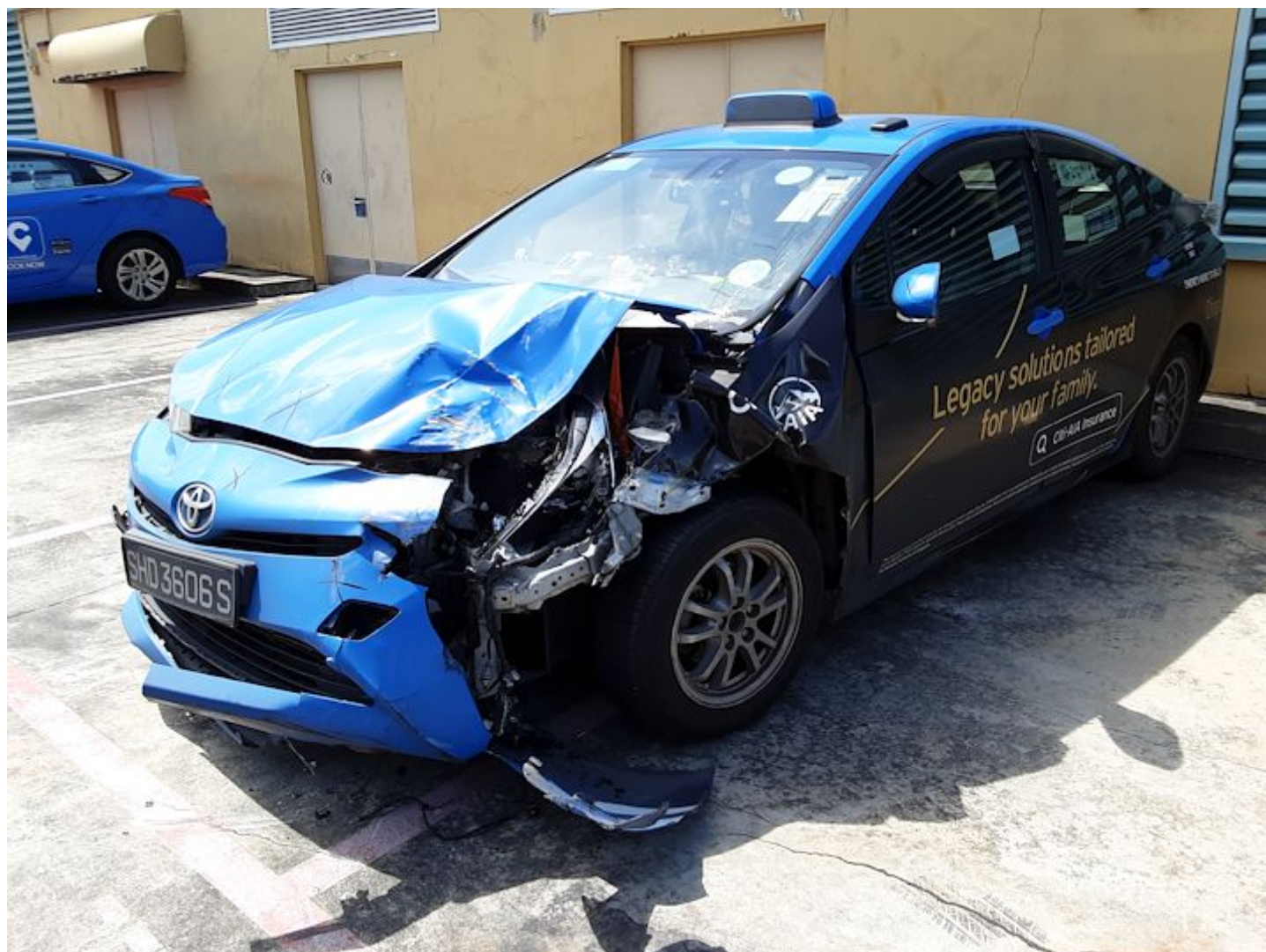


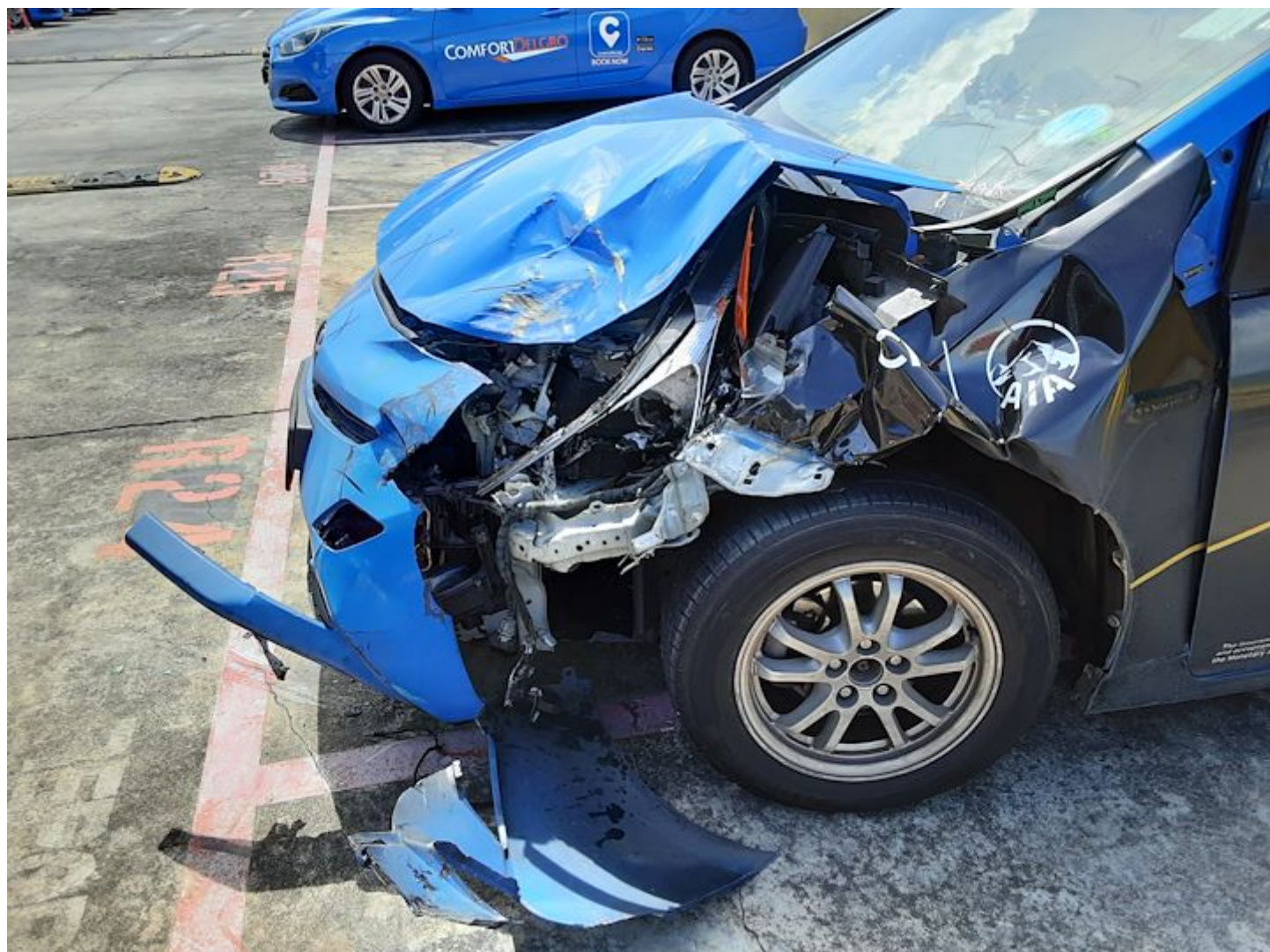
Kyoni Yong



















SINGAPORE POLICE FORCE

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20211129/2091

1 of 3

Report No. T/20211129/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2021 16:58		Vide Report No.: J/20211129/0047		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: CHONG KUM SENG			Address: APT BLK 308 YISHUN RING ROAD #06-1256 SINGAPORE 760308		
ID Type / ID No.: NRIC NO / S1563377H			Contact No.: Home/Office: Mobile: 90466698		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 23/06/1962	Type of Informant: Driver		
Race: Chinese			Language: English		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: 29/11/2021 08:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH7998J	Van					0
SHD3606S	Car				Seriously Damaged	1
SKU6913K	Car					0
SMN5211Y						0

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20211129/2091

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Report No. T/20211129/2091

CONTINUATION OF REPORT

Brief Details.

On 29/11/2021 at about 0845hrs, I was driving my taxi along the PIE on the third lane. There was a van bearing plate no: GBH7998J in front of me. I suddenly realized that the said van had collided onto the vehicle in front as such, I had attempted to slow down however I was less than one car length away from the said van that had crashed. I quickly swerved to the second lane however the van had also went into the second lane upon collision. As such, the left side of my vehicle had also collided onto the van.

The left front side of my vehicle was severely damaged. My passenger who was seated at the back, a male Indian in his forties, was conveyed to the hospital as he had bleeding on the right side of his forehead.

There were other vehicles involved in the accident but I am not sure what happened to them. There is an in-car camera in my taxi and the Traffic police had taken over the memory card. I did not sustain any injuries.

I am lodging this report as requested by Traffic police.

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20211129/2091

3 of 3

Report No. T/20211129/2091

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 /

Sgt 2 NUR RAUDHA BINTE
SHEIKH ABDUL NAZIR

Signature Of Informant.

Signature Of Interpreter:

Not applicable

Date/Time:

29/11/2021 16:58

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

N°105

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