

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 04/12/2021 14:19 (SGT)
Date of Accident 03/12/2021 22:50 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA2322H

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) +65-97582108
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 CHNG WEE SENG
NRIC No S7018502D

Date Of Birth	11/04/1970
Occupation	Outdoor
Date Of Driving Pass	14/01/2002
Driving experience	19 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97582108
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	328 TAH CHING ROAD #21-08
Address complement	-
Postcode	610328
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DANIEL CLARK
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN(CHILD)
Gender	Female

PASSENGER 4

Name	UNKNOWN(CHILD)
Gender	Female

PASSENGER 5

Name	UNKNOWN(CHILD)
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20211204/2007

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 SKH9818B
 Vehicle Manufacturer Mercedes
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver OW- YANG KAI MING(OUYANG KAIMING)
 NRIC No S8134981I
 Contact Number (Phone) +65-97969818
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 4

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN5714A
 Vehicle Manufacturer Toyota
 Vehicle Model Prius
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver CHAN KOON SONG
 NRIC No S1406592Z
 Contact Number (Phone) +65-86619849
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

CHNG

04.12.2021 1150HRS

Kyri Yong

A - SHA 2322H
B - SKH 9818 B
C - SLN 5714 A

PIE / TUAS

VEH C → VEH A → VEH B

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20211204/2007

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

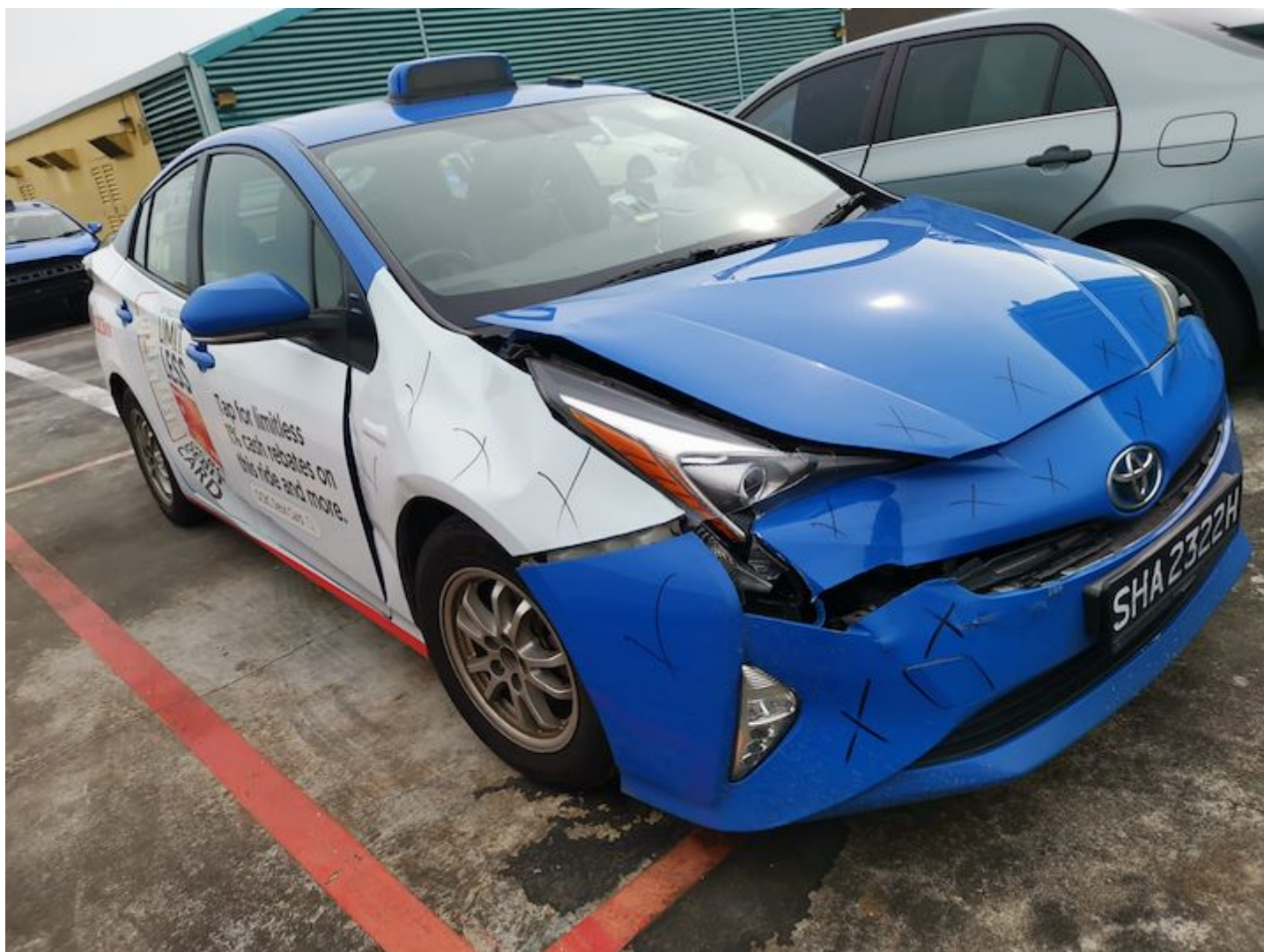
Witnessed by Reporting Centre
Personnel

Chng.

04.12.2021

1155HRS

Kym Yong





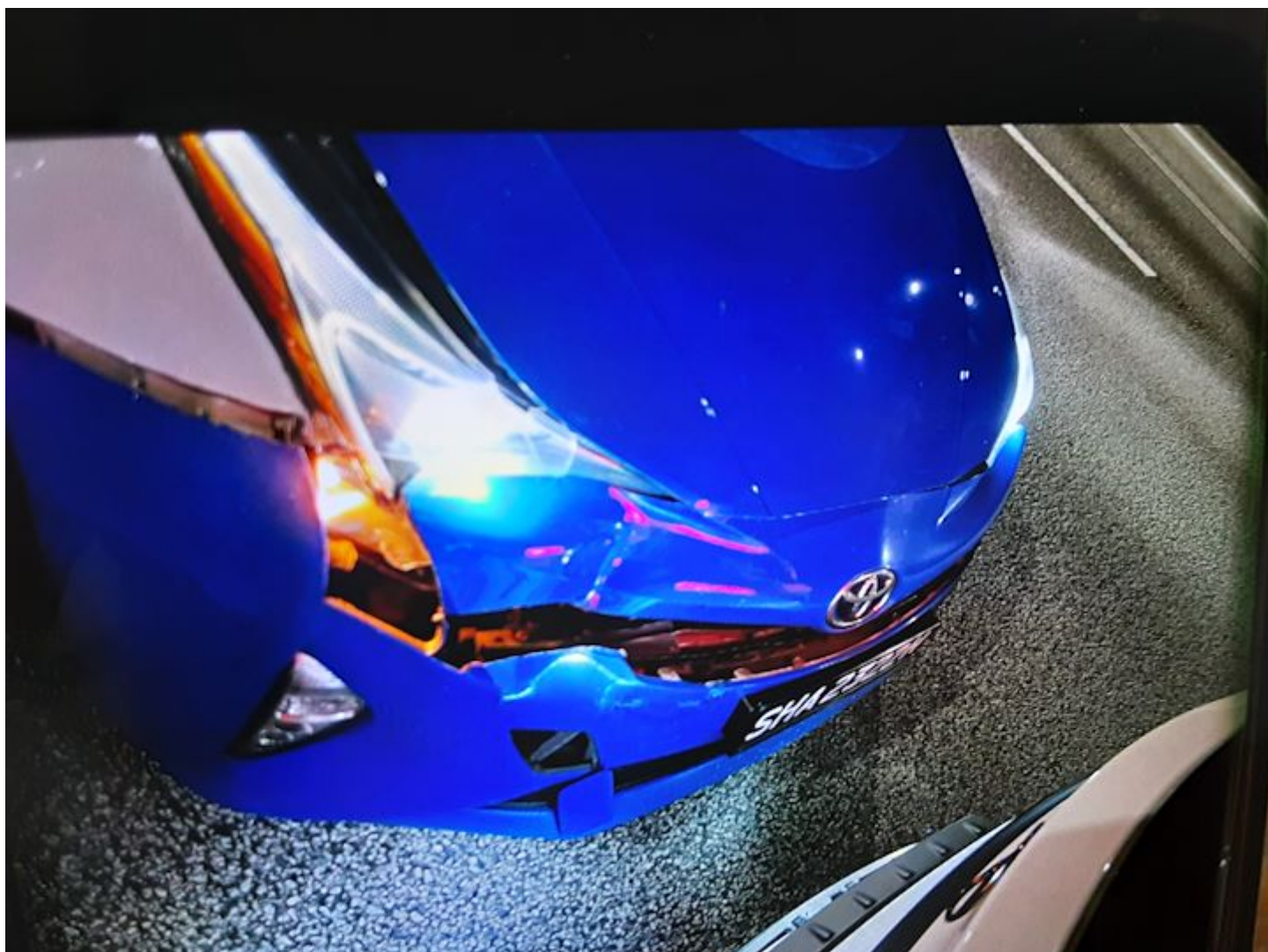


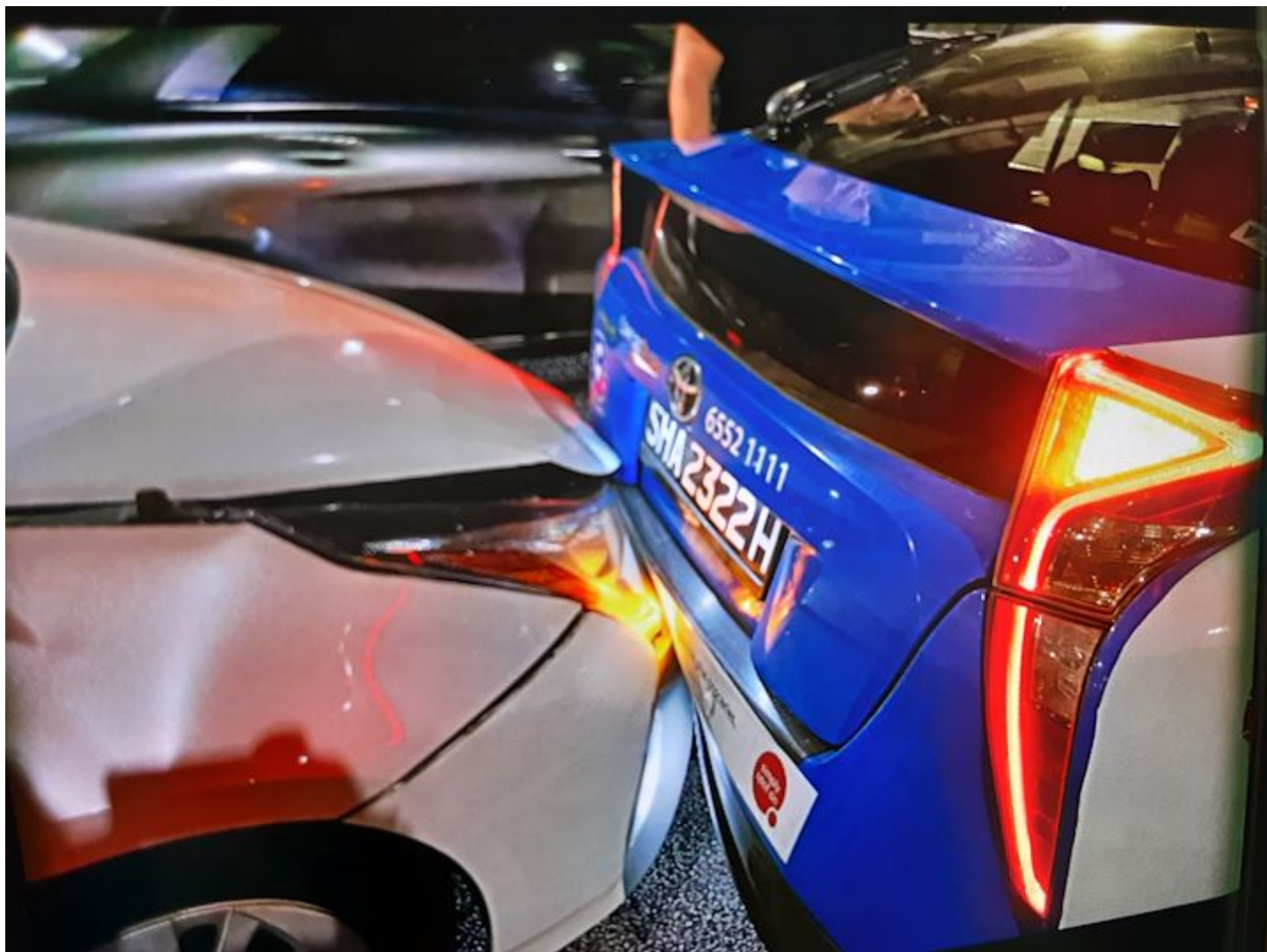




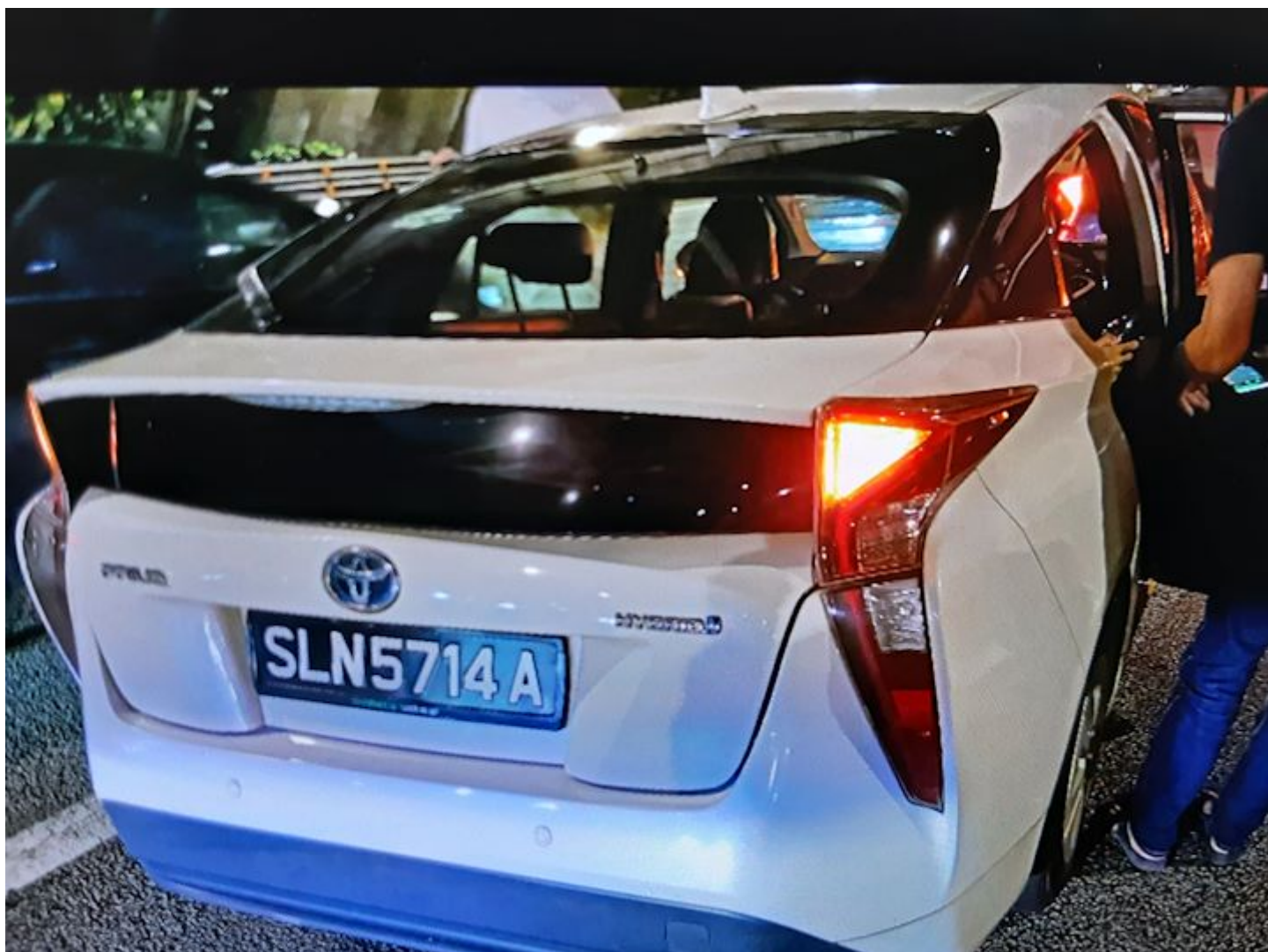













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20211204/2007

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Report No. T/20211204/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2021 00:57	Vide Report No.: J/20211203/0191	Station Diary No.: 9
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Informant's Particulars

Name of Informant: CHNG WEE SENG			Address: 328 TAH CHING ROAD #21-08 SINGAPORE 610328	
ID Type / ID No.: NRIC NO / S7018502D			Contact No.: Home/Office: Mobile: 97582108	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 11/04/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2021 22:50	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2322H	Car	TOYOTA	PRIUS	Blue	Seriously Damaged	5
SKH9818B	Car	MERCEDES BENZ	GLA200	White	Slightly Damaged	3
SLN5714A	Car	TOYOTA	PRIUS	White	Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
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T/20211204/2007

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20211204/2007

CONTINUATION OF REPORT

Driver			
Name	CHNG WEE SENG	ID No.	S7018502D
Related Vehicle	SHA2322H (Car)	Contact No.	97582108
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	OW-YANG KAI MING (OUYANG KAIMING)	ID No.	S8134981I
Related Vehicle	SKH9818B (Car)	Contact No.	97969818
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	CHAN KOON SONG	ID No.	S1406592Z
Related Vehicle	SLN5714A (Car)	Contact No.	86619849
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 03/12/2021 at about 2250hrs, I was driving my vehicle V1)SHA2322H along PIE towards Tuas. Before passing Bukit Timah Flyover, I was driving on the first lane behind a white Mercedes V2) SKH9818B. V2 suddenly made an emergency brake, as there was another vehicle (Blue Honda) on the second lane which suddenly swerved into the first lane. Resulting in a collision with V2. I immediately applied emergency braking as well, however, I was not able to stop V1 in time which resulted in V1 colliding into V2's rear. V3)SLN5714A (White Toyota Prius) who was behind V1 was unable to stop in time and collided into V1's rear as well.

Traffic Police and ambulance were at scene. No one was injured in this accident. V1 is installed with a front and rear in-car camera which was recording. V1's CCTV SD card was handed over to Traffic Police. I am unable to recall the car registration plate number which was involved in the hit & run. However it was



**SINGAPORE
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Report No. T/20211204/2007

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CONTINUATION OF REPORT

captured by V1's in-car camera.

V1's damage - Dislodged and dented front bumper. Dented rear bumper.



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700 Corporation Road SINGAPORE 649818
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Report No. T/20211204/2007

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 J / Sgt 3 THOMAS JOSEPH THONG WAI MAN	Signature Of Informant: <i>Chng.</i>
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2021 00:57
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD ZICKIE BIN AHMAD SUYUTI Contact No.: 65476904	Classification Of Case: SN 126
Signature : <i>[Signature]</i> Singapore Police Force	

