

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 01/01/2022 23:34 (SGT)
Date of Accident 01/01/2022 17:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8506U

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) +65-90050077
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 LIM BENG CHONG
NRIC No S1617722I

Date Of Birth	17/02/1963
Occupation	Outdoor
Date Of Driving Pass	20/06/1983
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90050077
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	59 COMMONWEALTH DRIVE #05-137
Address complement	-
Postcode	140059
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	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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Alexandra Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004739999
Alt. Police Station Phone No	(Fax) +65-64713569
Police Station Address	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 01/01/2022 AT ABOUT 1740 HOURS, I WAS DRIVING VEHICLE A (SHC8506U) ON LANE 1 INSIDE THE TUNNEL FROM CTE ENTERING TPE WHEN THERE IS AN ACCIDENT AHEAD AND A FEW UNKNOWN CARS INFRONT OF ME HAVE SLOWED DOWN TO A HALT AND I HAVE ALSO BRAKED TO SLOW DOWN AND BEFORE I COME TO A HALT, VEHICLE B (GBH2720B) WAS UNABLE TO BRAKE IN TIME AND REAR ENDED ME. NOBODY WAS INJURED.

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	GBH2720B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM RUI YONG WAYNE
Contact Number	(Phone) +65-83829208
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	LIM BENG CHONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NOT FEELING WELL
Injured person in which vehicle?	SHC8506U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. The 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.
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")

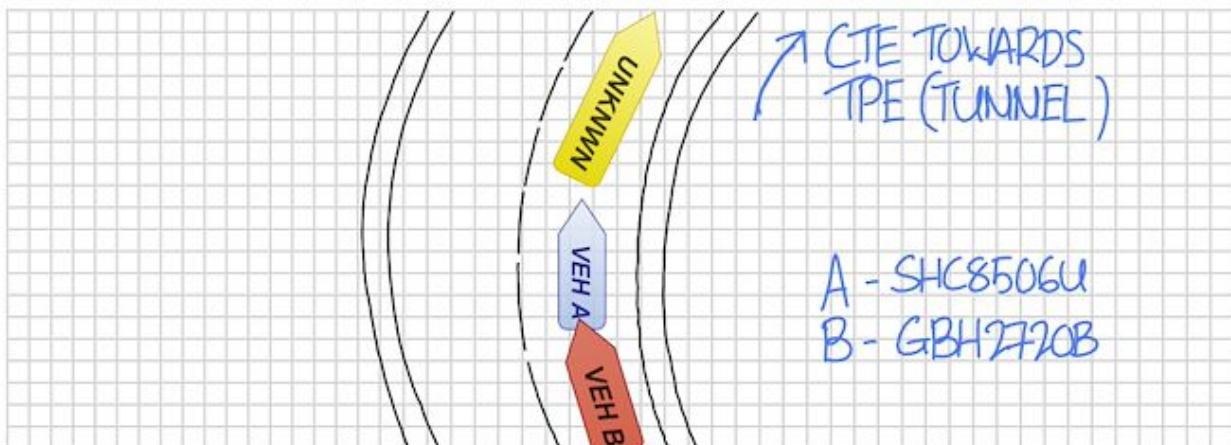
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 THE 01/01/2022 AT ABOUT 1740 HOURS, I WAS DRIVING VEHICLE A (SHC8506U) ON LANE 1 INSIDE THE TUNNEL FROM CTE ENTERING TPE WHEN THERE IS AN ACCIDENT AHEAD AND A FEW UNKNOWN CARS INFRONT OF ME HAVE SLOWED DOWN TO A HALT AND I HAVE ALSO BRAKED TO SLOW DOWN AND BEFORE I COME TO A HALT, VEHICLE B (GBH2720B) WAS UNABLE TO BRAKE IN TIME AND REAR ENDED ME. NOBODY WAS INJURED.

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

01/01/22

1930

Witnessed by Reporting Centre
Personnel





















**SINGAPORE
POLICE FORCE**



T/20220103/2072

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 3
Report No. T/20220103/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 15:40		Vide Report No.:		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: LIM BENG CHONG			Address: 59 COMMONWEALTH DRIVE #05-137 SINGAPORE 140059		
ID Type / ID No.: NRIC NO / S1617722I			Contact No.: Home/Office: Mobile: 90050077		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 17/02/1963	Type of Informant: Driver		
Race: Chinese			Language:		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: 01/01/2022 17:40	Type of Location: Bend
Location: TAMPINES EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH2720B	Van				Slightly Damaged	0
SHC8506U	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220103/2072

2 of 3

Report No. T/20220103/2072

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

CONTINUATION OF REPORT

Driver			
Name	LIM BENG CHONG	ID No.	S1617722I
Related Vehicle	SHC8506U (Car)	Contact No.	90050077
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 1/1/2022 at about 1740hrs, I am the Driver of the Comfort Delgro Taxi SHC8506U (V1). I was in the vicinity of Yio Chu Kang driving along CTE entering a tunnel towards TPE, while I was entering the tunnel towards TPE from CTE I realized that there were multiple vehicles slowing down in the tunnel and I also eventually came to a stop. When my vehicle was at a complete stop, I suddenly felt an impact at the rear of my vehicle and discovered that the front of the vehicle GBH2702B(V2) had came into contact with the rear of my vehicle. I made a check on my passenger and he inform that he was alright, I then came out of my vehicle and asked if the Driver of V2 was injured and he said that he was fine. We both then took photos of the incident and assessed the damages. Both of us then exchanged contact numbers and Names, we did not exchange our NRIC numbers. As the traffic was heavy and there were multiple vehicles behind us, we then decided to carry on our journey. I currently do not have the name and the contact number of the driver of V2 as I had written it down on a piece of paper which is in my vehicle at the workshop.

I received 5 Days Medical leave from 3/1/2022 to 7/1/2022 from Dr Choo Kay Wee from A Life Clinic Pte Ltd from 10 Sinaran Driver #09-21. I am lodging this report as advised by Comfort Delgro.



**SINGAPORE
POLICE FORCE**



T/20220103/2072

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

3 of 3
Report No. T/20220103/2072

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 D / Sgt 3 ANG KHENG HAOU, THAWAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/01/2022 15:40
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	SN 47

SINGAPORE
POLICE FORCE

SIGNATURE



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: SJ042211000G Vehicle Registration No: SHC8506U
 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: 01/01/2022 Time of Accident: 17:40HRS
 Place of Accident: CTE, 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:

- ADD POLICE REPORT



Policyholder / Driver's Signature
Date:

kavi

Reporting Centre Personnel's Signature
Name: KAVI
NRIC/FIN No.:
Date: 08.01.2022

GIARMC Addendum Form

