

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	12/02/2022 10:18 (SGT)
Date of Accident	11/02/2022 18:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	JURONG BEFORE CLEMENTI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD6622A
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) +65-92725630
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
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	2143

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	CHEW CHUN HAO
NRIC No	SXXXX923J

Date Of Birth	21/01/1982
Occupation	Outdoor
Date Of Driving Pass	17/07/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92725630
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	236 JURONG EAST STREET 21 #03-340
Address complement	-
Postcode	600236
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/02/2022 AT ABOUT 1845HRS I WAS DRIVING MY VEHICLE A SHD6622A ON THE 1ST LANE OF AYE /JURONG. BEFORE CLEMENTI ROAD EXIT, VEHICLE C SGY5151A WHICH WAS IN FRONT STOP. I MANAGED TO STOP IN TIME. VEHICLE B SMA9366B THEN REAR ENDED MY STATIONARY VEHICLE A. CAUSING MY VEHICLE A TO SURGE FORWARD AND REAR END VEHICLE C. GOT DOWN MY VEHICLE TO REALISE IT WAS A 4 CAR CHAIN ACCIDENT. VEHICLE C HAD REAR ENDED VEHICLE D SMC7603U. AFTER IMPACT MY 2 MALE PASSENGERS WERE HURT. ONE ON THE FACE THE OTHER ON HIS BACK. AS FOR ME, I HURT MY HAND LEG AND STOMACH.

PARTICULARS EXCHANGED

VEHICLE SEQUENCE

1. SMC7603U
2. SGY5151A
3. SHD6622A
4. SMA9366B

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	SMA9366B
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MOHAMAD SAID BIN ISMAIL
NRIC No	SXXXX619F
Contact Number	(Phone) +65-84810019
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	SGY5151A
Vehicle Manufacturer	BMW
Vehicle Model	520i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE YEW ONN JOHN
NRIC No	SXXXX614C
Contact Number	(Phone) +65-96858052
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 3

Vehicle Registration Number	SMC7603U
Vehicle Manufacturer	Audi
Vehicle Model	Q3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIU JIN
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	CHEW CHUN HAO
Gender	Male
Phone No	(Phone) +65-92725630
Address	236 JURONG EAST STREET 21 #03-340
Address Complement	-
Post Code	600236
Approximate Age Years Old	-
Injuries Sustained	RIGHT HAND, LEG AND STOMACH
Injured person in which vehicle?	SHD6622A
Were seat belts worn?	Yes
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	30
Approximate Age Years Old	30
Injuries Sustained	RIGHT SIDE FACE
Injured person in which vehicle?	SHD6622A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	PASSENGER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	30
Approximate Age Years Old	-
Injuries Sustained	SHD6622A
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

DATI

MOD

VEH

PA

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 willful 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

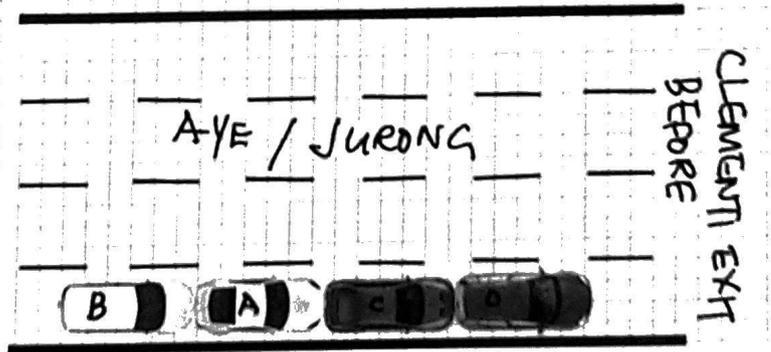
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

12-02-2022 0930 HRS

Sketch Plan

- A - SHD 6622A
- B - SMA 9306B
- C - SGY 5151A
- D - SMC 7603A



PT 2 level 1

DATE: SKETCH PLAN #2

MODEL:

VEHICLE

Describe Circumstances of the Accident

PART

ON 11/02/2022 AT ABOUT 1845HRS I WAS DRIVING MY VEHICLE A SHD6622A ON THE 1ST LANE OF AYE / JURONG. BEFORE CLEMENTI ROAD EXIT, VEHICLE C SGY5151A WHICH WAS IN FRONT STOP. I MANAGED TO STOP IN TIME. VEHICLE B SMA9366B THEN REAR ENDED MY STATIONARY VEHICLE A. CAUSING MY VEHICLE A TO SURGE FORWARD AND REAR END VEHICLE C. GOT DOWN MY VEHICLE TO REALISE IT WAS A 4 CAR CHAIN ACCIDENT. VEHICLE C HAD REAR ENDED VEHICLE D SMC7603U. AFTER IMPACT MY 2 MALE PASSENGERS WERE HURT. ONE ON THE FACE THE OTHER ON HIS BACK. AS FOR ME, I HURT MY HAND LEG AND STOMACH.

PARTICULARS EXCHANGED

VEHICLE SEQUENCE

- 1. SMC7603U
- 2. SGY5151A
- 3. SHD6622A
- 4. SMA9366B

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

12.02.2022

0950hrs

Witnessed by Reporting Centre Personnel

Kyran Yang