

# 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 ..... 25/03/2022 18:30 (SGT)  
Date of Accident ..... 25/03/2022 09:05 (SGT)  
Exact Location of Accident ..... ECP, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC3267S

### 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) +65-89002638  
Alternative Phone No ..... (Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Ae ioniq  
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 ..... 1580

### 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 ..... HENG AIK HONG (XING YIHONG)  
NRIC No ..... S7838454I

|  |                                    |
|--|------------------------------------|
| Date Of Birth .....  | 12/12/1978                         |
| Occupation .....   | Outdoor                            |
| Date Of Driving Pass .....   | 18/03/2015                         |
| Driving experience .....   | 7 YEARS                            |
| Gender .....   | Male                               |
| Mobile Number .....  | (Phone) +65-89002638               |
| Alt. Phone Number .....  | -                                  |
| Email Address .....  | fleetsafety@cdgtaxi.com.sg         |
| Address .....  | BLK 870 TAMPINES STREET 83 #02-155 |
| Address complement .....   | -                                  |
| Postcode .....   | 520870                             |
| 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? .....  | No  |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| Police Station Name .....                       | Traffic Police                   |
| Police Station Phone No .....                   | (Phone) +65-65470000             |
| Alt. Police Station Phone No .....              | (Fax) +65-65474900               |
| Police Station Address .....                    | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? ..... | No                               |
| If yes, against whom? .....                     | -                                |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T /20210715 0325/7012

#### 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 ..... | SJJ4551D |
| 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) .....     | 3           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | UNKNOWN     |
| 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 3

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SJM3988T    |
| 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) .....     | 2           |

#### DETAILS OF OTHER VEHICLE PROPERTY 4

|   |              |
|---|--------------|
| Vehicle Registration Number .....             | SMR2033T     |
| Vehicle Manufacturer .....                    | -            |
| 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) .....     | 2            |

## INJURED PERSONS DETAILS

INJURED 1

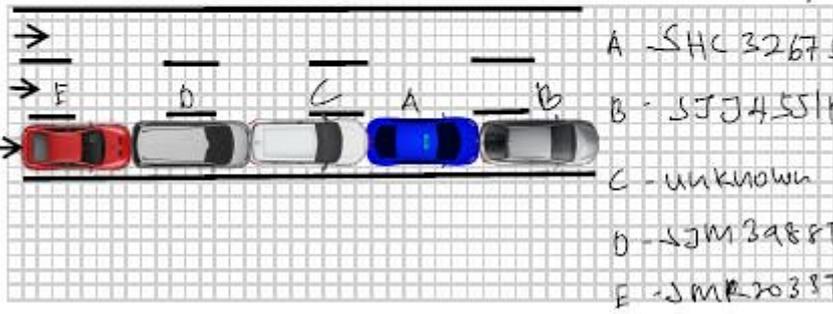
|   |                                  |
|---|----------------------------------|
| Name of injured person .....                              | HENG AIK HONG (XING YIHONG)      |
| Gender .....  | Male                             |
| Phone No .....  | (Phone) +65-89002638             |
| Address .....   | -                                |
| Address Complement .....                                  | -                                |
| Post Code .....   | -                                |
| Approximate Age Years Old .....                           | -                                |
| Injuries Sustained .....                                  | PAIN ON NECK, BACK AND 5 DAYS MC |
| Injured person in which vehicle? .....                    | SHC3267S                         |
| Were seat belts worn? .....                               | Yes                              |
| 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' law firms/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' law firms/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 law firms/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: *[Signature]* 25/3/22 @ 1530H  
 Witnessed by Reporting Centre Personnel: *[Signature]*

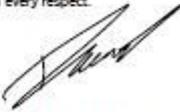
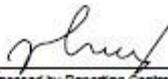
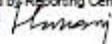


Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T /20210715 0325/7012

Declaration

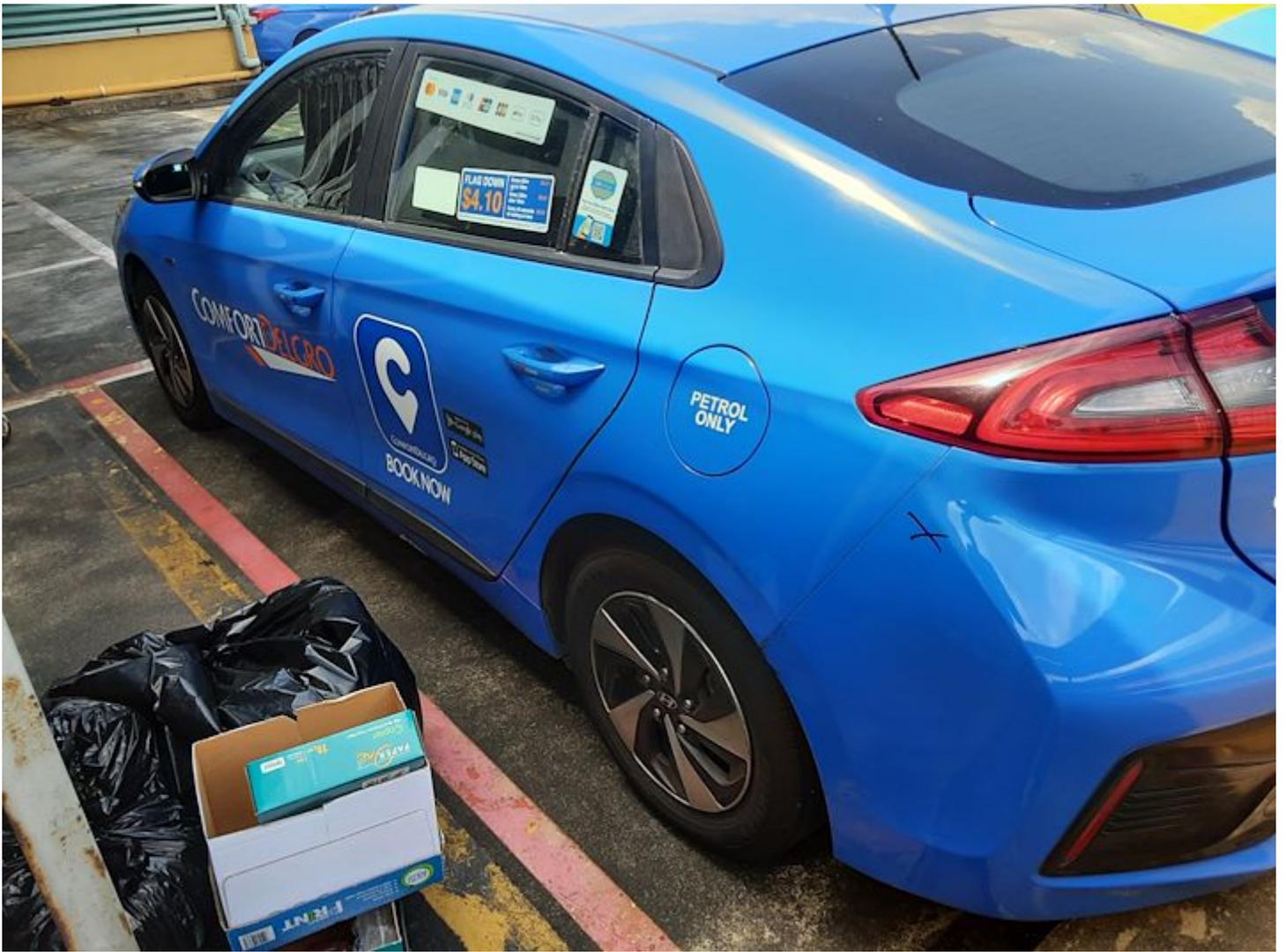
I/We declare the foregoing particulars are true in every respect.

|   |   |
|---|---|
|  |    |
| Policyholder's Signature / Date & Time  | Driver's Signature (if driver is not the policyholder) / Date & Time  |
|   | 25/3/22 - 1530H   |
|   | Witnessed by Reporting Centre Personnel  |







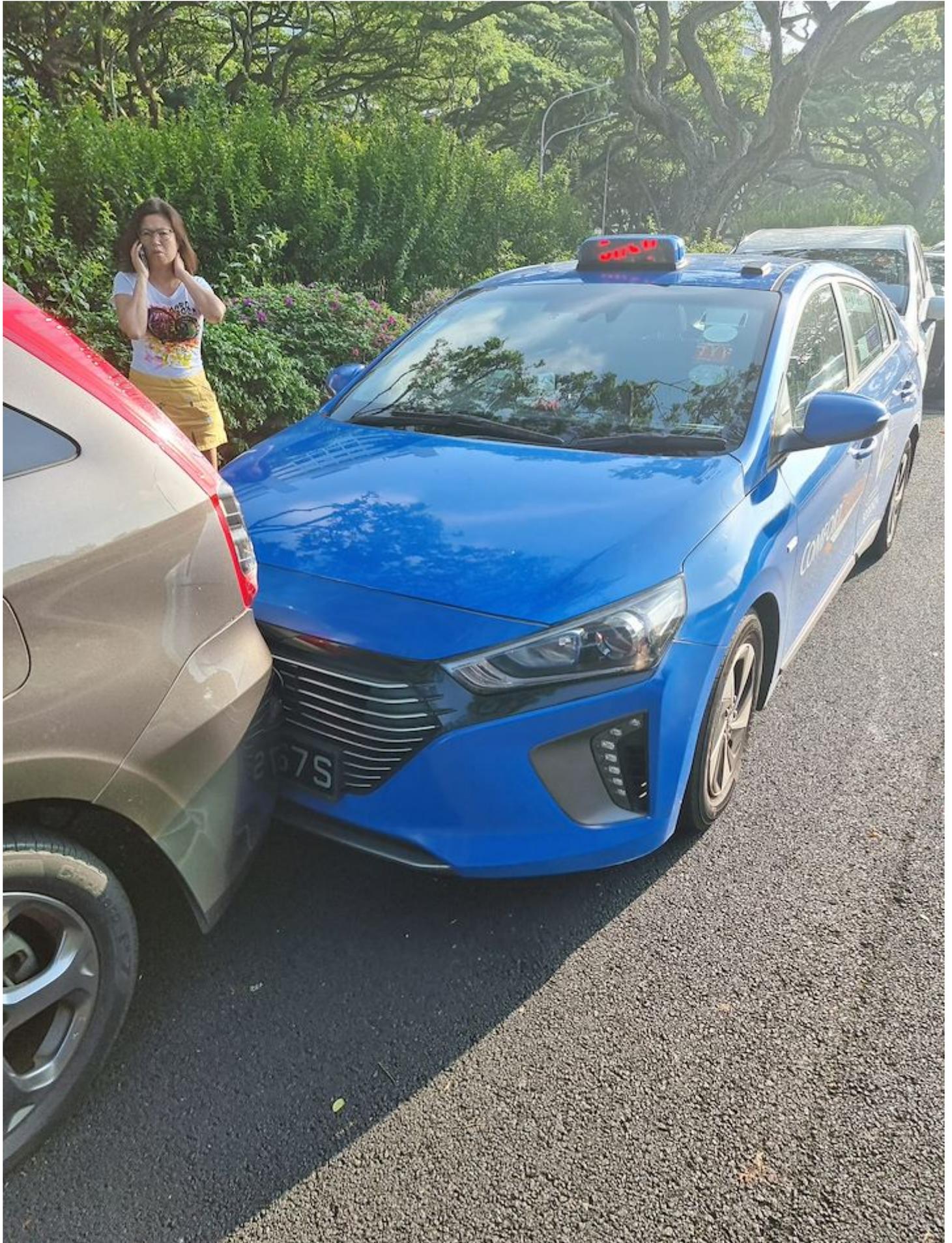


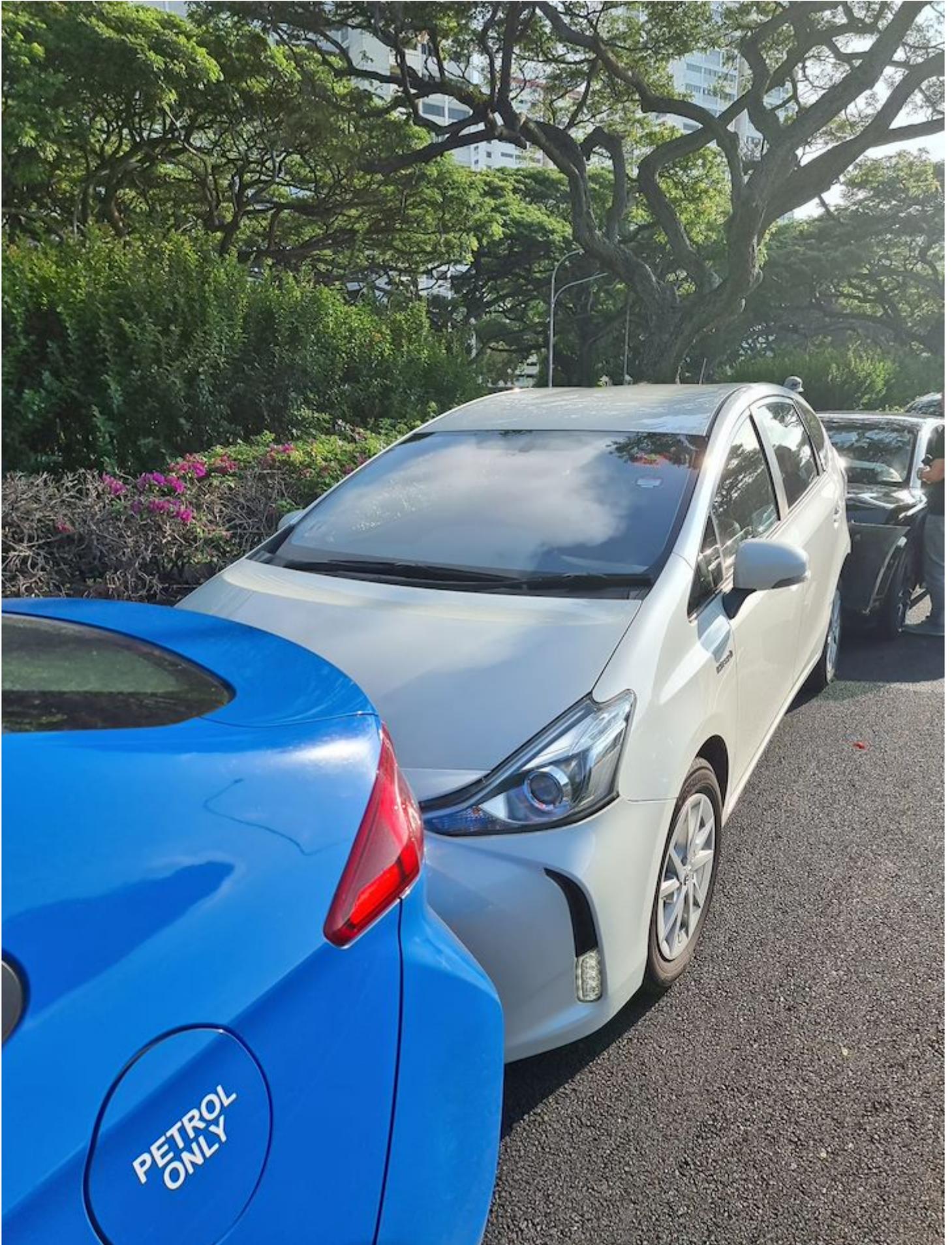


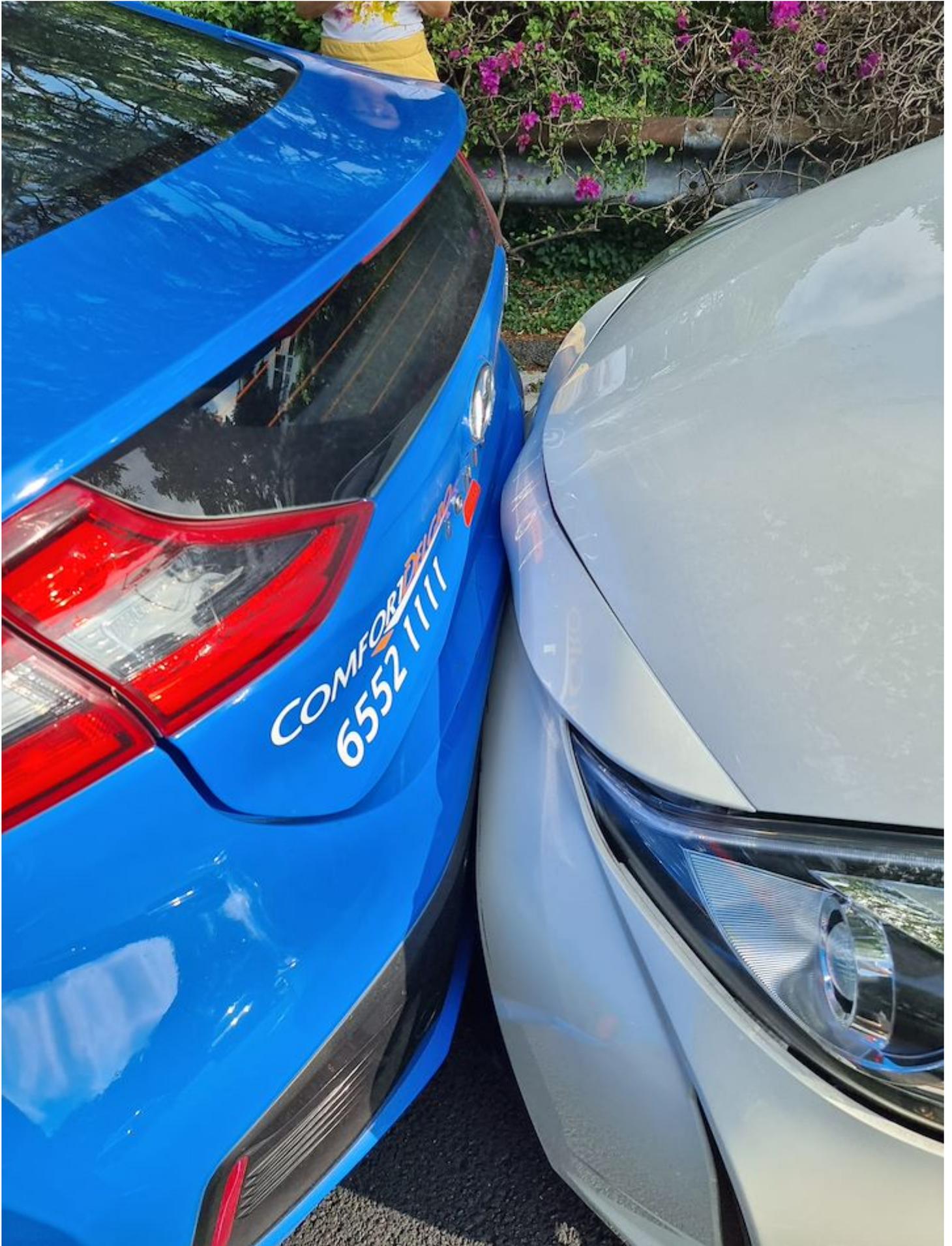


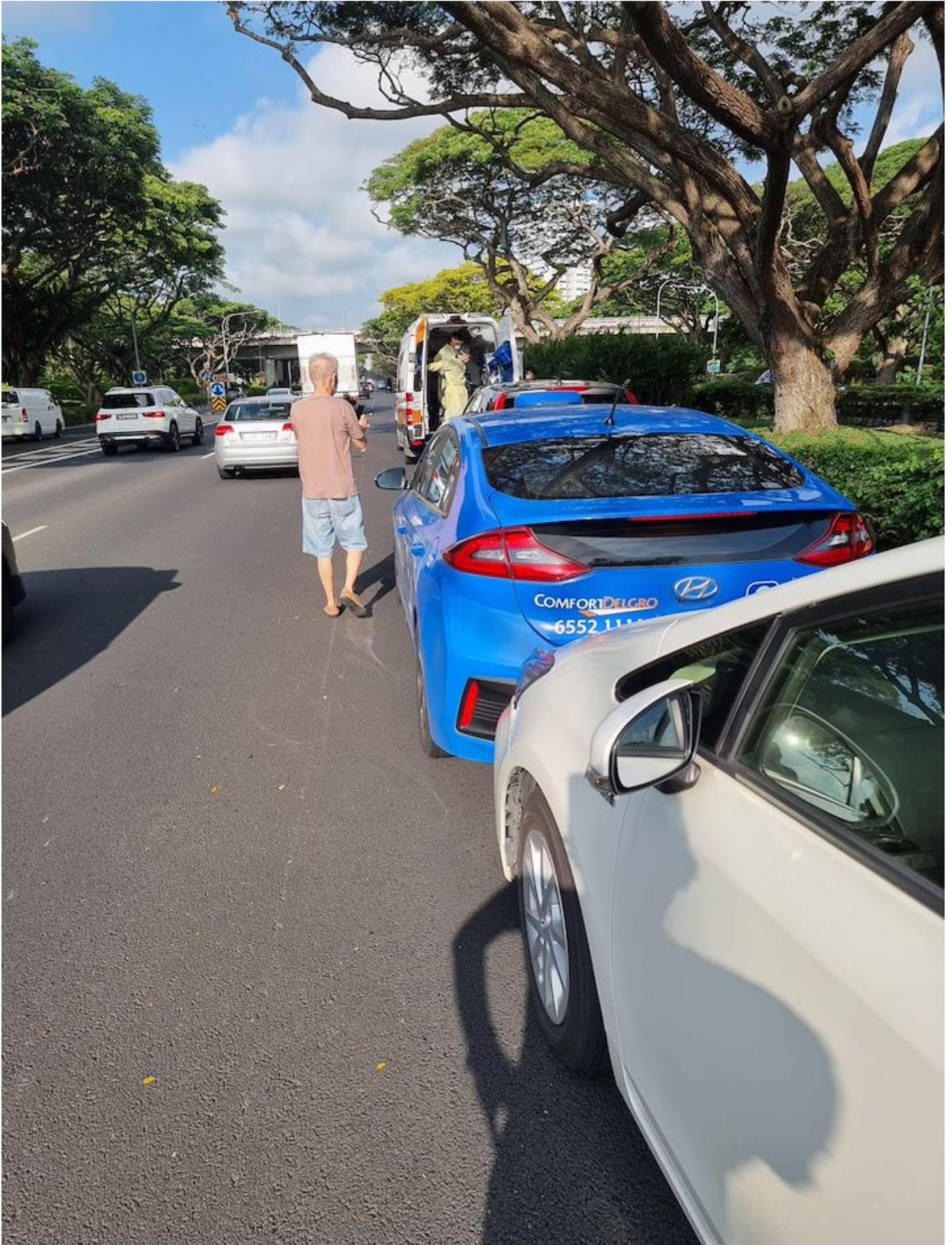






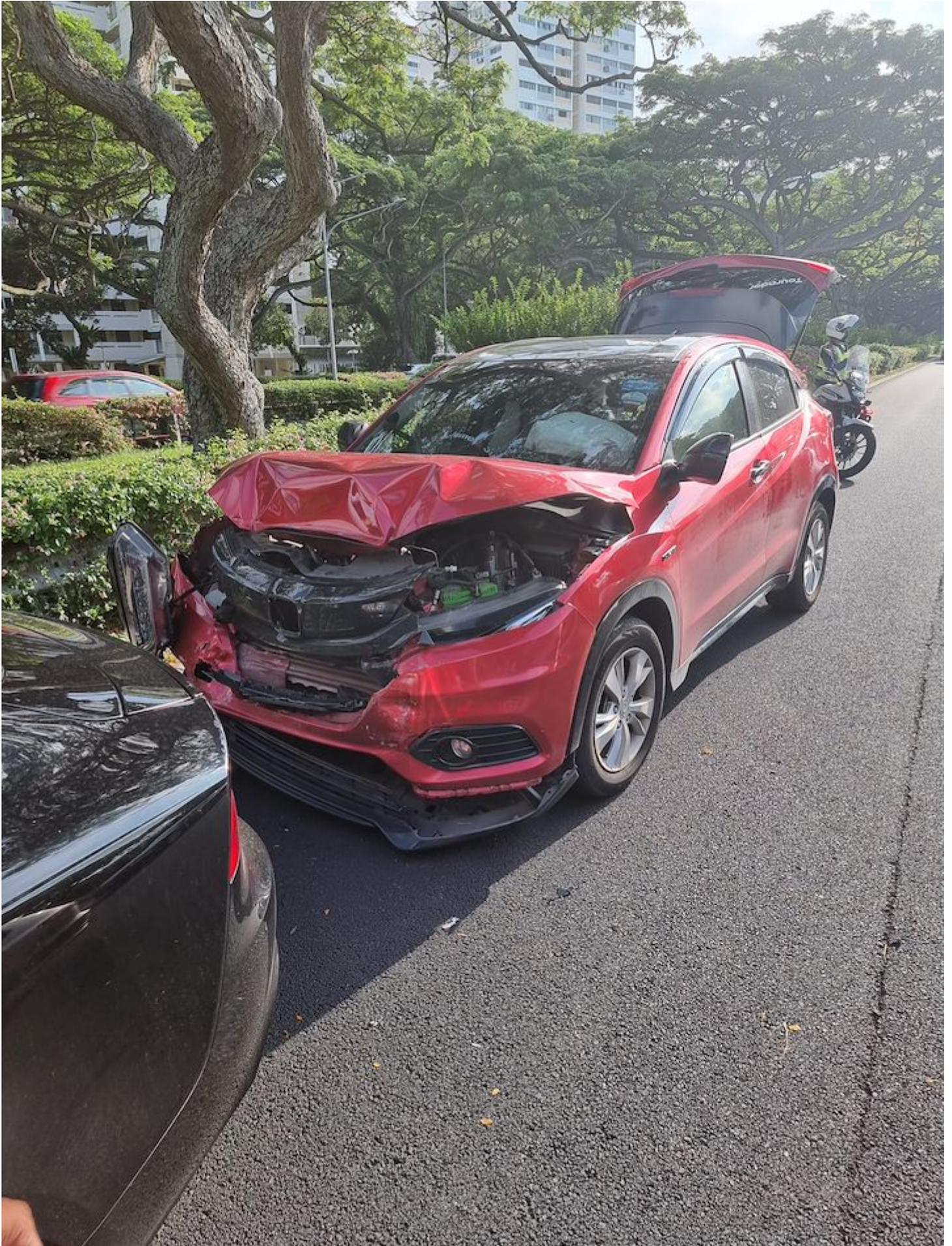






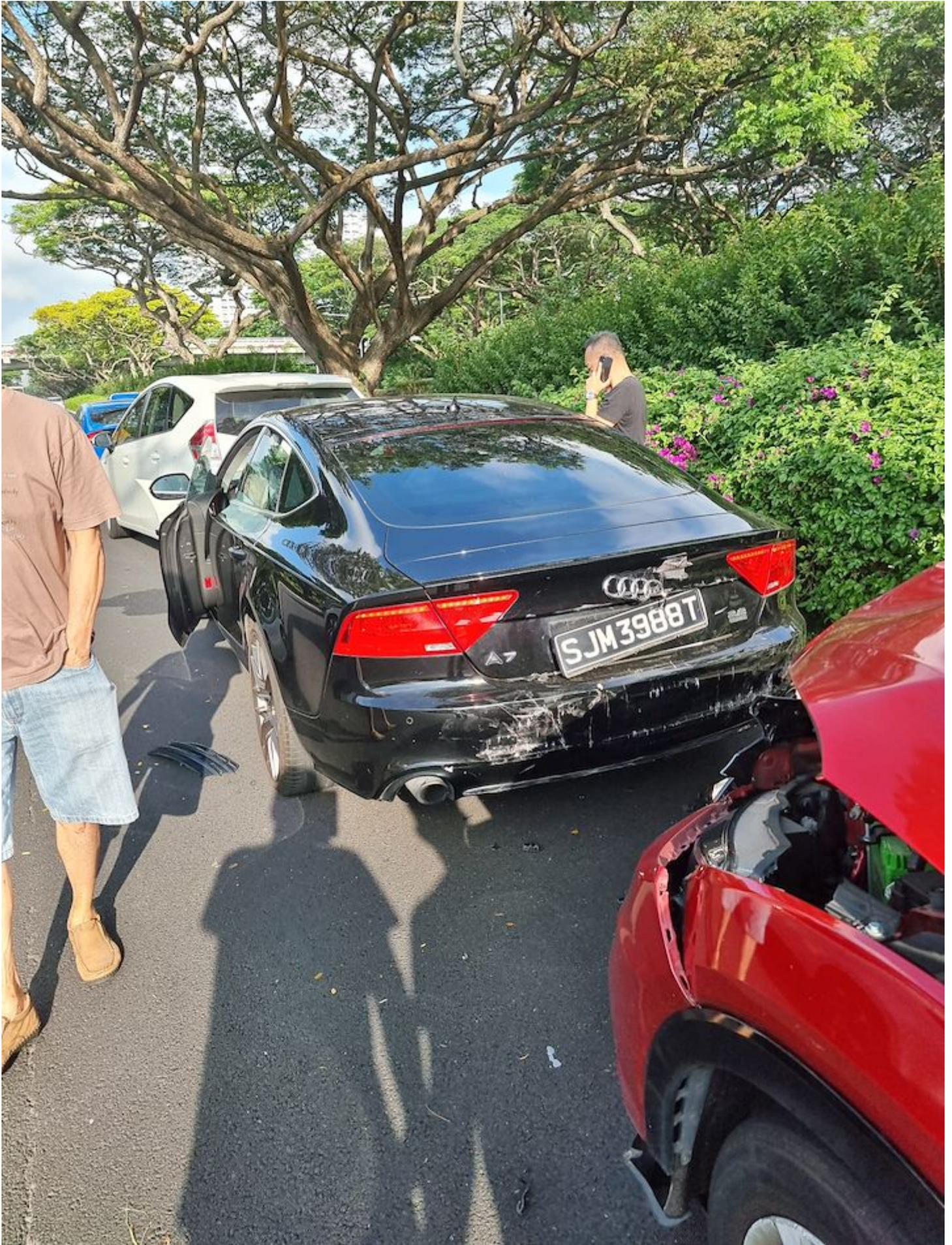


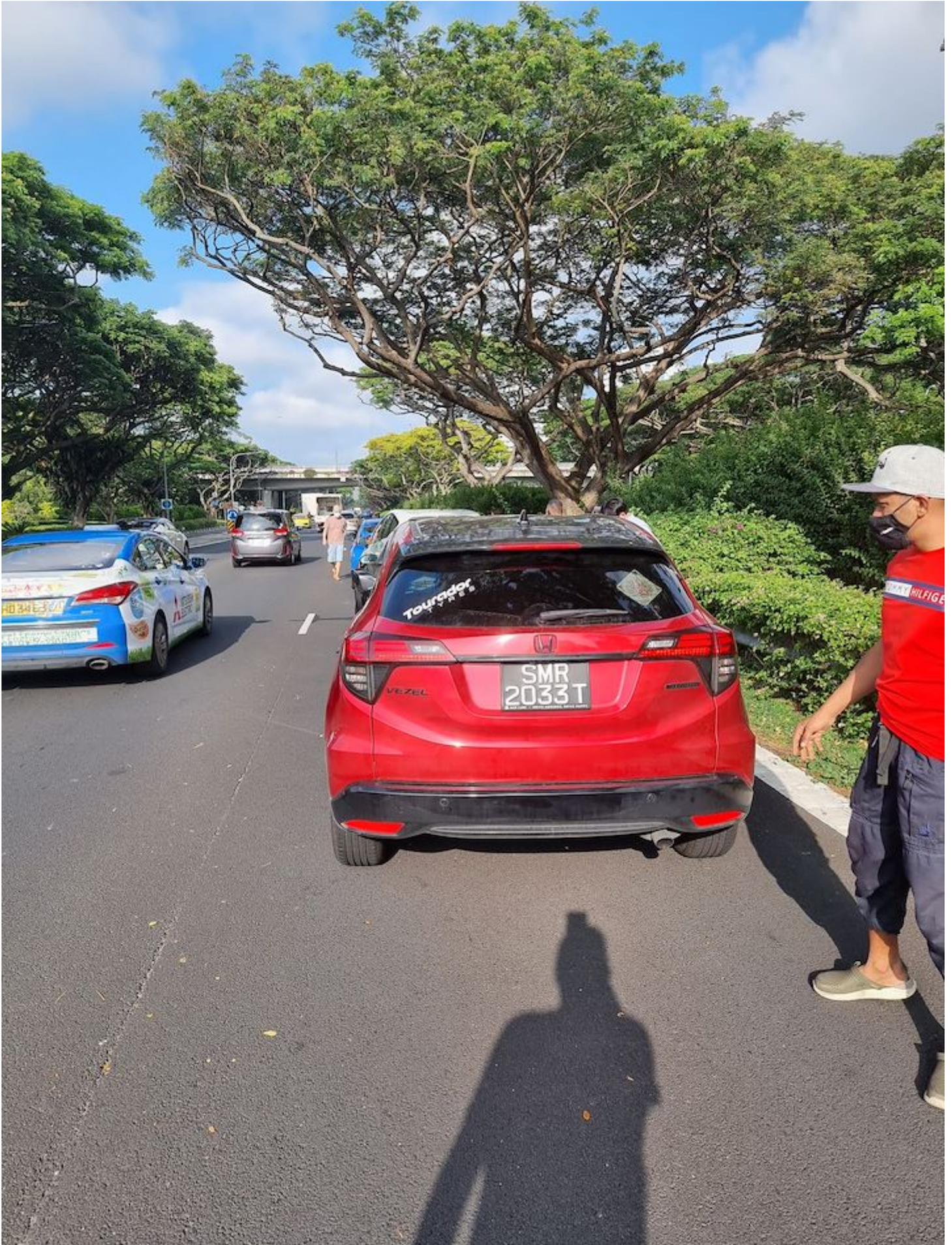


















**SINGAPORE  
POLICE FORCE**



T/20220325/7012

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3  
Report No. T/20220325/7012

## CONTINUATION OF REPORT

| Details of Vehicle Involved |      |        |       |       |                   |       |
|-----------------------------|------|--------|-------|-------|-------------------|-------|
| Vehicle No.                 | Type | Make   | Model | Color | Conditio          | No of |
| SMR2033T                    | Car  | HONDA  | VEZEL | Red   | Seriously Damaged | 0     |
| UNKNOWN                     | Car  | TOYOTA | PRIUS | White | Seriously Damaged | 0     |

| Details of Person Involved        |                         |                                   |                                 |
|-----------------------------------|-------------------------|-----------------------------------|---------------------------------|
| Any Pedestrian Involved: No       |                         |                                   |                                 |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA    |                                 |
| Driver                            |                         |                                   |                                 |
| Name                              | HENG AIK HONG           | ID No.                            | S7838454I                       |
| Related Vehicle                   | SHC3267S (Car)          | Contact No.                       | 88295251                        |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry | Class: 3<br>Date of Expiry: NIL |
| Date                              | 25/03/2022              | Date                              | 25/03/2022                      |
| No. of Days granted Medical Leave | 05                      | Degree of                         | Slight                          |

Brief Details.

On 25/3/2022 at about 0835 Hrs,i was driving my taxi SHC3267S along ECP towards MCE near Lamppost 152 with no passenger onboard.Due to heavy traffic,in front of me a vehicle SJJ4551D stopped so i follow and come to a complete stopped.Suddenly i felt a impact from behind and the impact surged my taxi forward and collided onto the said Vehicle rear portion.I alighted my taxi and discover that a vehicle(unknown number)rear ended my taxi rear portion.I also realize that is a chain collision and total 5 vehicle involved in the accident.Police and Ambulance arrived and my in car camera SD card was taken by the officer and also given me a case number as:G/20220325/0081.

My neck and back pain due to the impact of the accident so i consult doctor and was given 5 days MC.

- 1 SJJ4551D
- 2 SHC3267S
- 3 unknown number
- 4 SJM3988T
- 5 SMR2033T



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220325/7012

3 of 3

Report No. T/20220325/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable   | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>25/03/2022 12:51   |
| Officer In Charge Of Case:<br>TP / TPIB /<br>MOHAMED SUFIAN BIN MOHAMED JUNID<br>Contact No.: 65476247 | Classification Of Case:  |

NP168

