

# 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 ..... 30/04/2022 10:09 (SGT)  
Date of Accident ..... 28/04/2022 08:35 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... AFTER ENG NEO EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB4111G

### 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) +65-98590125  
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 ..... HARIZAN BIN RAWI  
NRIC No ..... S1372904B

Date Of Birth .....	23/09/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	12/05/2003
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98590125
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	668 JALAN DAMAI #04-75
Address complement .....	-
Postcode .....	410668
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? .....	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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### AS PER POLICE REPORT

#### 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 .....	PC7592G
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TAN-STARISLAND TRAVEL
Contact Number .....	(Phone) +65-91695569
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 .....	PC8821P
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) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	STUDENT
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	PC7592G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	PASSENGER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN
Injured person in which vehicle? .....	SHB4111G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

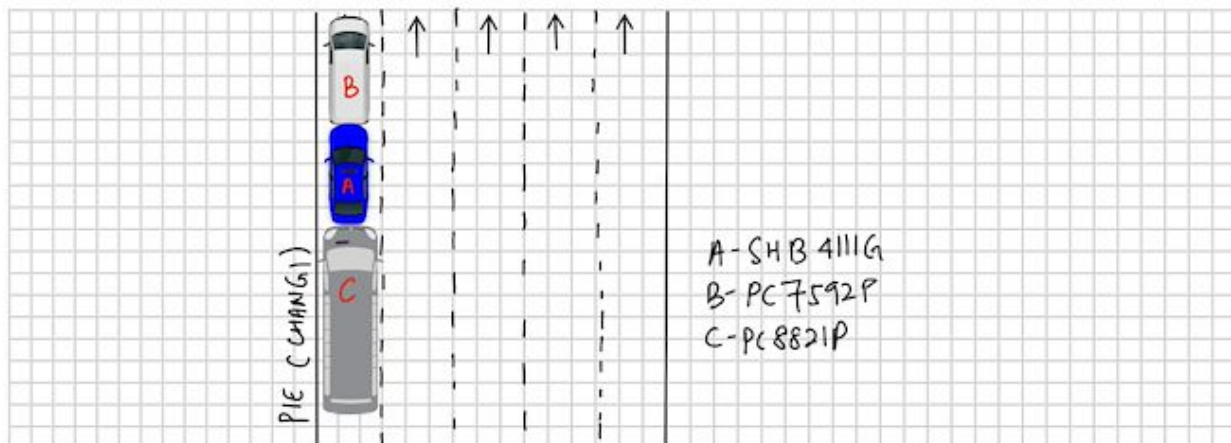
**SKETCH PLAN****IMPORTANT NOTICE**

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**

## Describe Circumstances of the Accident

ON 28/04/2022 I RECEIVED A CALL FROM FLASH ACCIDENT REPORTING INFORMING ME THAT I WAS INVOLVED IN AN ACCIDENT AT PIE(CHANGI) ON 05/03/2022 AT 1020HRS. I AM NOT AWARE OF ANY ACCIDENT AND I WAS NOT INVOLVED IN ANY ACCIDENT. MY VEHICLE HAD NOT SUSTAINED ANY DAMAGE. THAT IS ALL.

## 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 28/4/22 1315

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel KHA/PCU













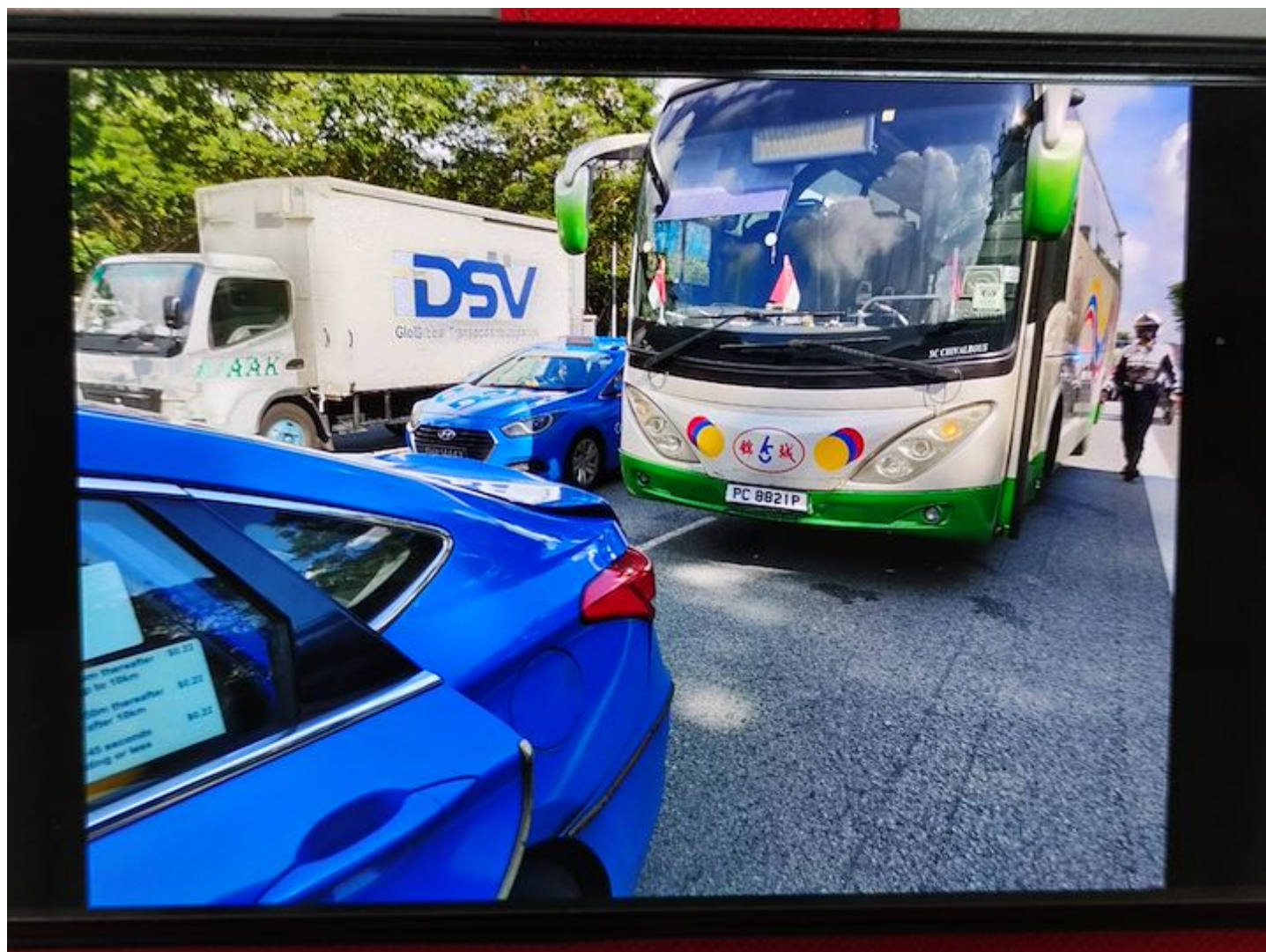


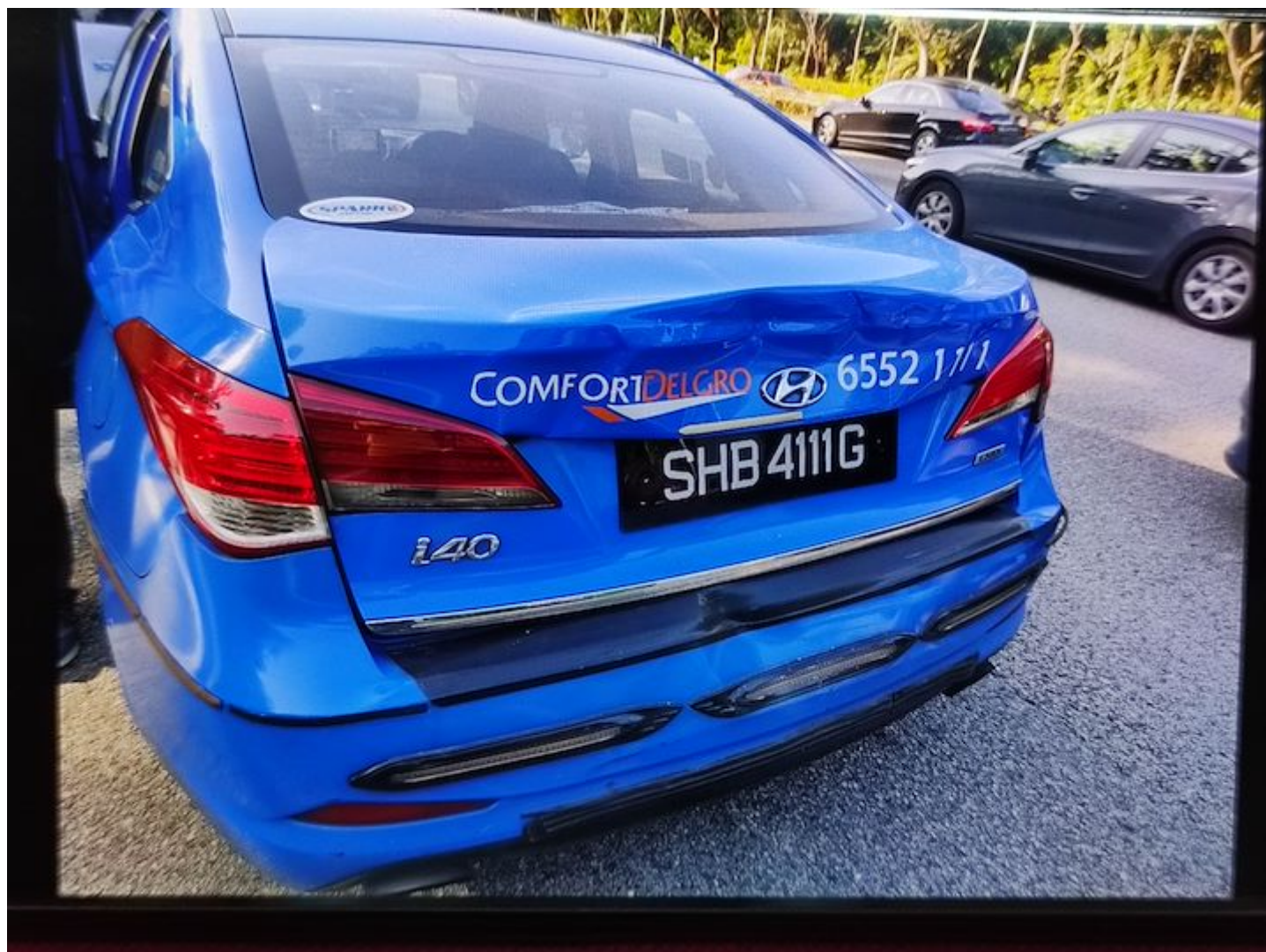

























**SINGAPORE  
POLICE FORCE**


T/20220428/2028

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20220428/2028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/04/2022 11:30		Vide Report No.: E/20220428/0046	Station Diary No.: 13
<b>Informant's Particulars</b>			
Name of Informant: HARIZAN BIN RAWI		Address: APT BLK 668 JALAN DAMAI #04-75 SINGAPORE 410668	
ID Type / ID No.: NRIC NO / S1372904B		Contact No.: Home/Office: Mobile: 98590125	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 62	Date of Birth: 23/09/1959	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2022 08:35	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7592G	Van				Slightly Damaged	2
PC8821P	Bus/Coach/Mi nibus				Slightly Damaged	0
SHB4111G	Car				Slightly Damaged	1

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220428/2028

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No: T/20220428/2028

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN CHON KIAK		ID No. S2168946G
Related Vehicle	PC7592G (Van)		Contact No. NIL
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
<b>Driver</b>			
Name	HARIZAN BIN RAWI		ID No. S1372904B
Related Vehicle	SHB4111G (Car)		Contact No. 98590125
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 above date and time, I was the driver of comfort delgro taxi bearing registration number, SHB4111G with one male passenger seated at the rear seat. The passenger is known as Robert, phone number is 81383795.

While I was travelling along PIE after Eng Neo Exit towards Changi Airport, a mini van (PC7459G) which was in front of me slowed down. I also slowed down and both vehicle come to a complete stop. Few seconds later, a felt an impact from the rear. The impact caused my taxi to move forward and collided onto the mini bus in front. I then realized that a Private bus (PC841P) had made contact into the rear of my vehicle.

I then alight from the vehicle and made a check on the situation. My passenger told me that he was injured. He felt pain on the neck and was later conveyed by the ambulance. I then exchange particulars with the mini van driver. The bus driver at the rear did not gave me his particulars. He mentioned that he will give it to the traffic police instead.

The incident was attended by Traffic Police. I have the footage captured on my in-car camera. The SD was given to the police officer. I am not sure if any one else got injured.

**SINGAPORE  
POLICE FORCE**

T/20220428/2028

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20220428/2028

**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:

G /  
SGT 3 MUHAMMAD IQBAL BIN  
JUNAIDI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/04/2022 11:30

Officer In Charge Of Case:

TP / GIT /  
SGT 3 MUHAMMAD SYAKIR BIN ADANAN  
Contact No.: 65476236

Classification Of Case:

NP168



T/20220429/2053

1 of 2

Report No. T/20220429/2053

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 1

Report Number T/20220429/2053

Vide Report Number T/20220428/2028

Date/Time of Report Made 29/04/2022 14:19

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant HARIZAN BIN RAWI

ID Type / ID No. NRIC NO / S1372904B

Home/Office

Mobile 98590125

Email HARIZANRAWI1@GMAIL.COM

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 28/04/2022 08:35

Accident Location PAN-ISLAND EXPRESSWAY

**Brief Facts.**

The correct vehicle number involved in the brief details of the accident report should be PC8821P and PC7592G





T/20220429/2053

2 of 2

Report No. T/20220429/2053

Continuation of CSF For NP168

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD SYAKIR BIN ADANAN
Classification of Case	1) INJURY / ATTENDED BY POLICE

