

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 05/05/2022 16:00 (SGT)
Date of Accident 04/05/2022 11:25 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH8061D

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) +65-97992689
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 HO SHENG HEE
NRIC No S1152294G

Date Of Birth	03/09/1956
Occupation	Outdoor
Date Of Driving Pass	03/05/1976
Driving experience	46 YEARS
Gender	Male
Mobile Number	(Phone) +65-97992689
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	APT BLK 125 BEDOK RESERVOIR ROAD #08-1085
Address complement	-
Postcode	470125
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?	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	JAMIE OW
Gender	Female

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

REFER TO POLICE REPORT T/20220504/2098

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	GBK5854M
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Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Commercial vehicle
Name of Driver	TAN YIA NGUNG
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 2

Vehicle Registration Number	GZ6682Y
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PULIMOOTTIL VARKEY RAJOMOD
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO SHENG HEE
Gender	Male
Phone No	(Phone) +65-97992689
Address	APT BLK 125 BEDOK RESERVOIR ROAD #08-1085
Address Complement	-
Post Code	470125
Approximate Age Years Old	66
Injuries Sustained	PAIN ON RIGHT SHOULDER AREA, BACK OF MY NECK AND LOWER BACK- GIVEN 5 DAYS MC BY A LIFE CLINIC PTE LTD
Injured person in which vehicle?	SH8061D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 2

Name of injured person	PASSENGER -JAMIE OW
Gender	Female
Phone No	(Phone) +65-96470159
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN IN NECK AND LOWER BACK
Injured person in which vehicle?	SH8061D
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.

<p>Policyholder's Signature / Date & Time</p> <p>_____</p>	<p>Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p><i>[Signature]</i> 05.05.2022 1020HRS</p>	<p>Witnessed by Reporting Centre Personnel</p> <p><i>[Signature]</i> Kyngi Yang</p>
<p>Sketch Plan</p> <div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <p>A - SH 8061D</p> <p>B - GBK 5859 M</p> <p>C - GZ 6682Y</p> </div> <div style="flex: 2; text-align: center;">  <p>CTE/CITY BEFORE BRADDELL EXIT</p> </div> </div>		

Describe Circumstances of the Accident

REFER TO POLICE
T/20220504/2098

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

[Signature]

05-05-2022 1030HRS

[Signature]

Kyran Yang























SINGAPORE POLICE FORCE



T/20220504/2098

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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/20220504/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2022 17:11		Vide Report No.:		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: HO SHENG HEE			Address: APT BLK 125 BEDOK RESERVOIR ROAD #08-1085 SINGAPORE 470125		
ID Type / ID No.: NRIC NO / S1152294G			Contact No.: Home/Office: Mobile: 97992689		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 03/09/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2022 11:25	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBK5854M	Van	NISSAN	NV200 1.6 (MT) PETROL	Black	Slightly Damaged	0
GZ6682Y	Lorry	TOYOTA	DYNA 150 D	Silver	Slightly Damaged	3
SH8061D	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



**SINGAPORE
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



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Report No. T/20220504/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YIA NGUNG	ID No.	NIL
Related Vehicle	GBK5854M (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
Driver			
Name	PULIMOOTTIL VARKEY RAJOMOD	ID No.	NIL
Related Vehicle	GZ6682Y (Lorry)	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
Passenger			
Name	JAMIE OW	ID No.	NIL
Related Vehicle	SH8061D (Car)	Contact No.	96470159
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	Slight



**SINGAPORE
POLICE FORCE**



T/20220504/2098

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

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Report No. T/20220504/2098

CONTINUATION OF REPORT

Driver			
Name	HO SHENG HEE	ID No.	S1152294G
Related Vehicle	SH8061D (Car)	Contact No.	97992689
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/05/2022	Date Discharge	04/05/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/05/2022 at around 11.25am, I was driving along CTE towards City on the extreme left lane. During that point in time, I have a passenger with me sitting. As the traffic were slow moving a lorry from my rear suddenly collided into my taxi. Due to the impact, my taxi pushed forward and the front of my taxi collided into the rear van in front me. It was a chain collision. Due to the impact, my passenger had pain in her neck and lower back. I also suffered pain on my right shoulder area, ~~back of my neck and lower back.~~

The rear boot/bumper area of my taxi has dents and some scratches. The lorry has some damages on the front bumper area.

Myself, the lorry driver and van driver then alighted to make a check and exchanged contact details.

No ambulance or police was at scene.

I have incar CCTV, both on the front and rear.

Only myself and my passenger were injured. No one else was injured.

I also went to consult a doctor and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20220504/2098

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Report No. T/20220504/2098

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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 /

Other JOEL NATHANIEL ZAI
JUNJIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:

04/05/2022 17:11

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168

