

# 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 ..... 27/05/2022 19:57 (SGT)  
Date of Accident ..... 27/05/2022 12:40 (SGT)  
Exact Location of Accident ..... Sembawang Ave, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHB6217Y

### 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) +65-65508768  
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 ..... TOH YEO CHAI  
NRIC No ..... SXXXX691A

Date Of Birth .....	04/12/1957
Occupation .....	Outdoor
Date Of Driving Pass .....	08/07/1975
Driving experience .....	46 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86728575
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	670 WOODLANDS DRIVE 71 #03-23
Address complement .....	-
Postcode .....	730670
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Post
Police Station Address .....	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT: T/20220527/2069

#### 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 NOT SUITABLE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBC1043E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LOONG YI CHONG
Contact Number .....	(Phone) +65-88944082
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TOH YEO CHAI
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK INJURY
Injured person in which vehicle? .....	SHB6217Y
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

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

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5. **Any false reporting may be referred to the Police for investigation**.
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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")

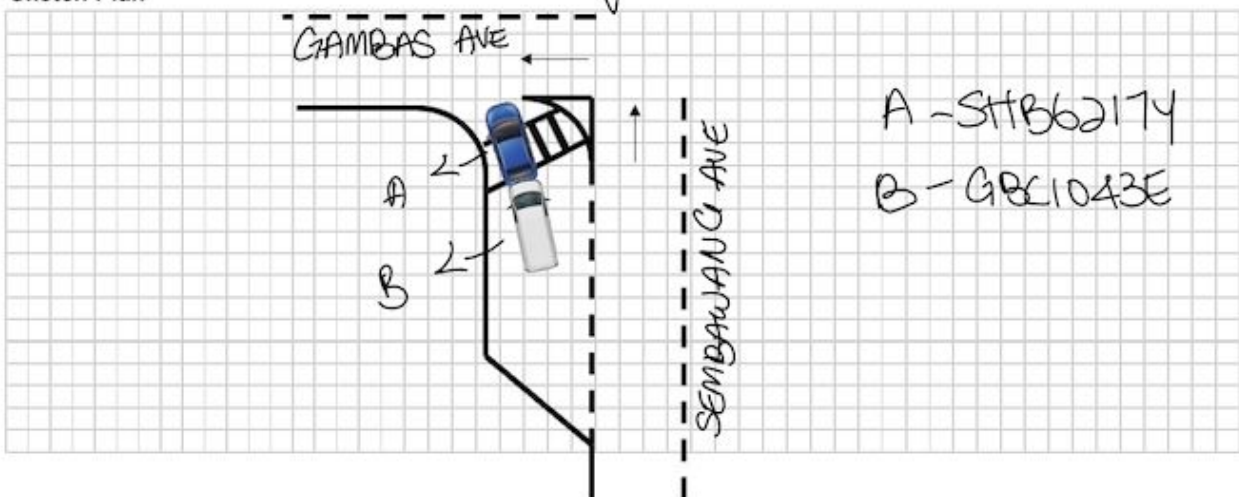
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

T/20220527/2069

**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 17:30 27.05.22

Witnessed by Reporting Centre Personnel MD NASEER

























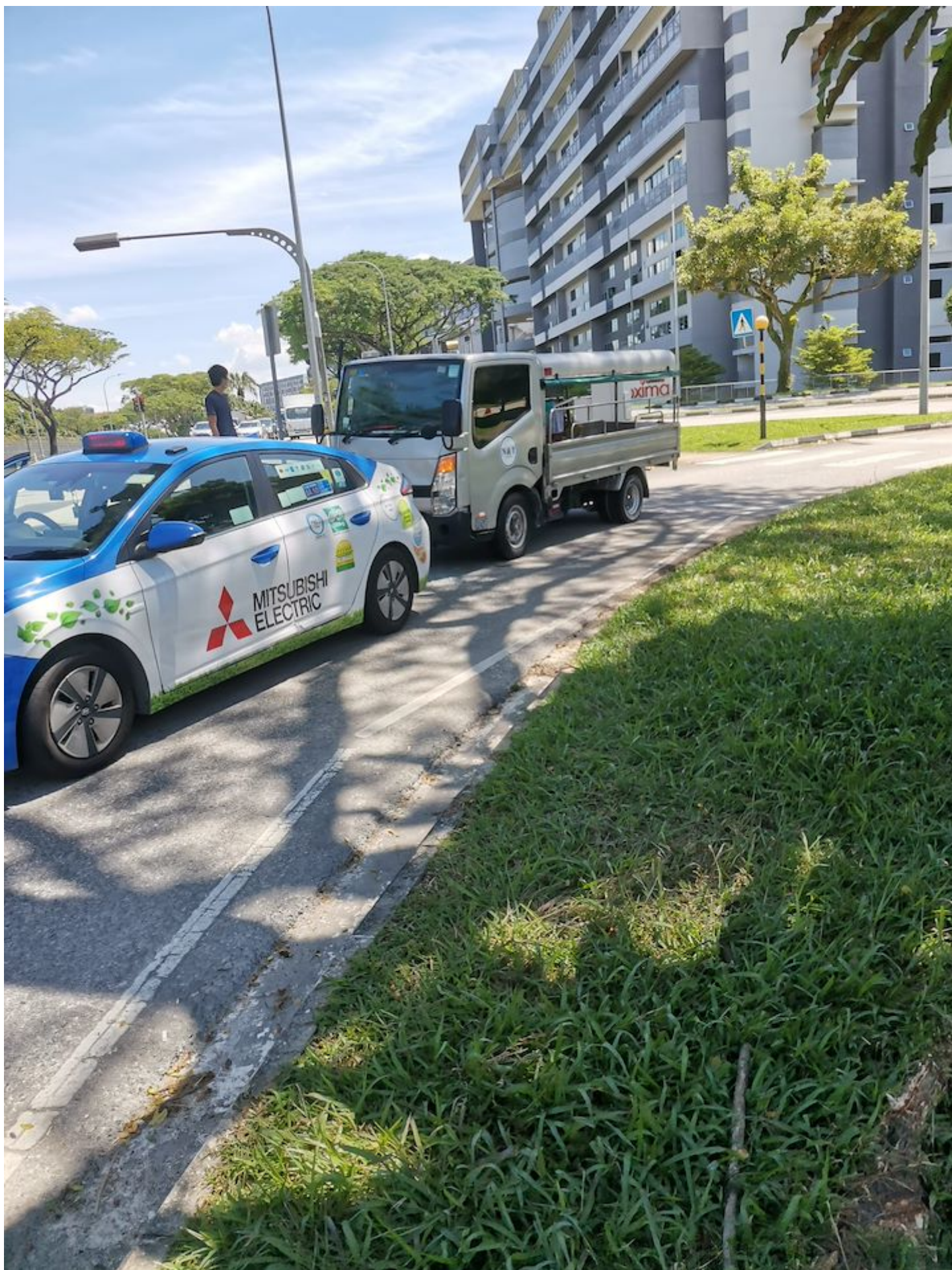















**SINGAPORE  
POLICE FORCE**


T/20220527/2069

1 of 3

Report No. T/20220527/2069

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2022 16:02	Vide Report No.: U20220527/0076	Station Diary No.: 22
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**Informant's Particulars**

Name of Informant: TOH YEO CHAI			Address: APT BLK 670 WOODLANDS DRIVE 71 #03-23 SINGAPORE 730670	
ID Type / ID No.: NRIC NO / S1274691A			Contact No.:	Mobile: 86728575
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 64	Date of Birth: 04/12/1957	Type of Informant: Driver	
Race: Chinese		Language: Chinese		Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,2,3,4,5		
		Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/05/2022 12:40	Type of Location: Filtering Lane
Location:  SEMBAWANG AVENUE				
Lamp Post Number: 108				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against stationary vehicle - Head to Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1043E	Pickup lorry	NISSAN		Silver	Slightly Damaged	0
SHB6217Y	Car	HYUNDAI		Blue	Slightly Damaged	2

**Details of Person Involved**

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




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999



T/20220527/2069

2 of 3

Report No. T/20220527/2069

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>	
Name	Loong Yi Chong	S9711161H	
Related Vehicle	GBC1043E (Pickup lorry)	Contact No.	88944082
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>		<b>ID No.</b>	
Name	TOH YEO CHAI	S1274691A	
Related Vehicle	SHB6217Y (Car)	Contact No.	86728575
Hospital/Clinic	POW FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	27/05/2022	Date Discharge	27/05/2022
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 27/05/2022 at about 1240hrs, I was driving my taxi SHB6217Y. My taxi was the first vehicle to stopped behind the dotted line of the filtering lane of Sembawang Avenue toward Gambas Avenue.

While waiting behind the dotted line at the filtering lane, a pickup lorry GBC1043E suddenly collided on the rear of my vehicle. As a result, the glass panel of my boot cover of my taxi was shattered and it hit on two of my passengers.

I then alighted from my taxi to make a check. My boot cover sustains a dent. Two of my passengers complain pain. I also felt pain as a result of collision. The driver of GBC1043E did not complain any pain.

I then asked the driver of GBC1043E to help me to call for ambulance. Shortly awhile, police and ambulance arrived. Two of my passengers then being conveyed by ambulance.

The pickup lorry GBC1043E sustains a dent on the front. There are in-car cameras in my taxi facing the front and rear however traffic police took my SD cards for investigation.

After the accident, I went to see the doctor as I felt pain on the whole upper back. I was given 4 days of medical leave from 27/05/2022 to 30/05/2022.

**SINGAPORE  
POLICE FORCE**

T/20220527/2069

3 of 3

Report No. T/20220527/2069

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

**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:

F /

Other KELVIN TAN KIM HENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/05/2022 16:02

Officer In Charge Of Case:

TP / GIT /

SGT 2 PHUA TIAK YEE

Contact No.: 65476200

Classification Of Case:

NP168



