

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 18/07/2022 16:16 (SGT)
Reported by Driver
Date of Accident 16/07/2022 07:45 (SGT)
Exact Location of Accident Upper Jurong Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHA3499A

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) [REDACTED]
Alternative Phone No (Office) [REDACTED]

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
Policy Number / Cover Note Number VFX/P2419138

DRIVER

Name of Driver TAN KENG GUAN
NRIC No [REDACTED]
Date Of Birth 15/01/1963
Occupation Outdoor

Date Of Driving Pass	12/02/1981
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	750407
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	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	4
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) [REDACTED]
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT T/20220716/2029

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM9027S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
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	SJR42R
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
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	GBC5484P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
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	TAN KENG GUAN
Gender	Male
Phone No	(Phone) [REDACTED]
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUFFER INJURY ON THE LEFT KHEE
Injured person in which vehicle?	SHA3499A

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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

A-SHA3499A	
B-SMM9027S	
C-SJR42R	
D-GBC5484P	

TOWARDS SAFT M1

UPPER JURONG ROAD

Describe Circumstances of the Accident

REFER TO POLICE
REPORT
T/20220716/2029

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

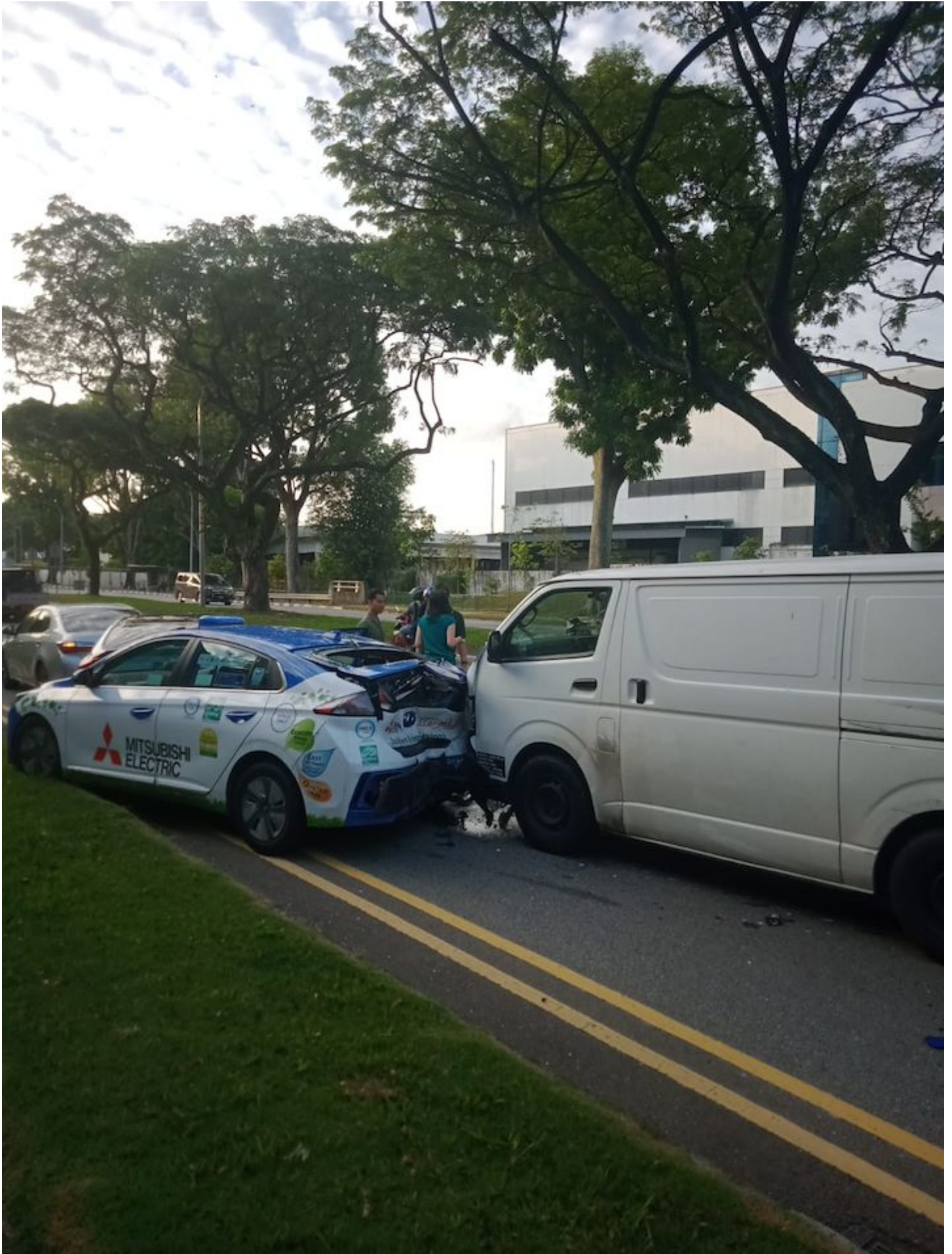
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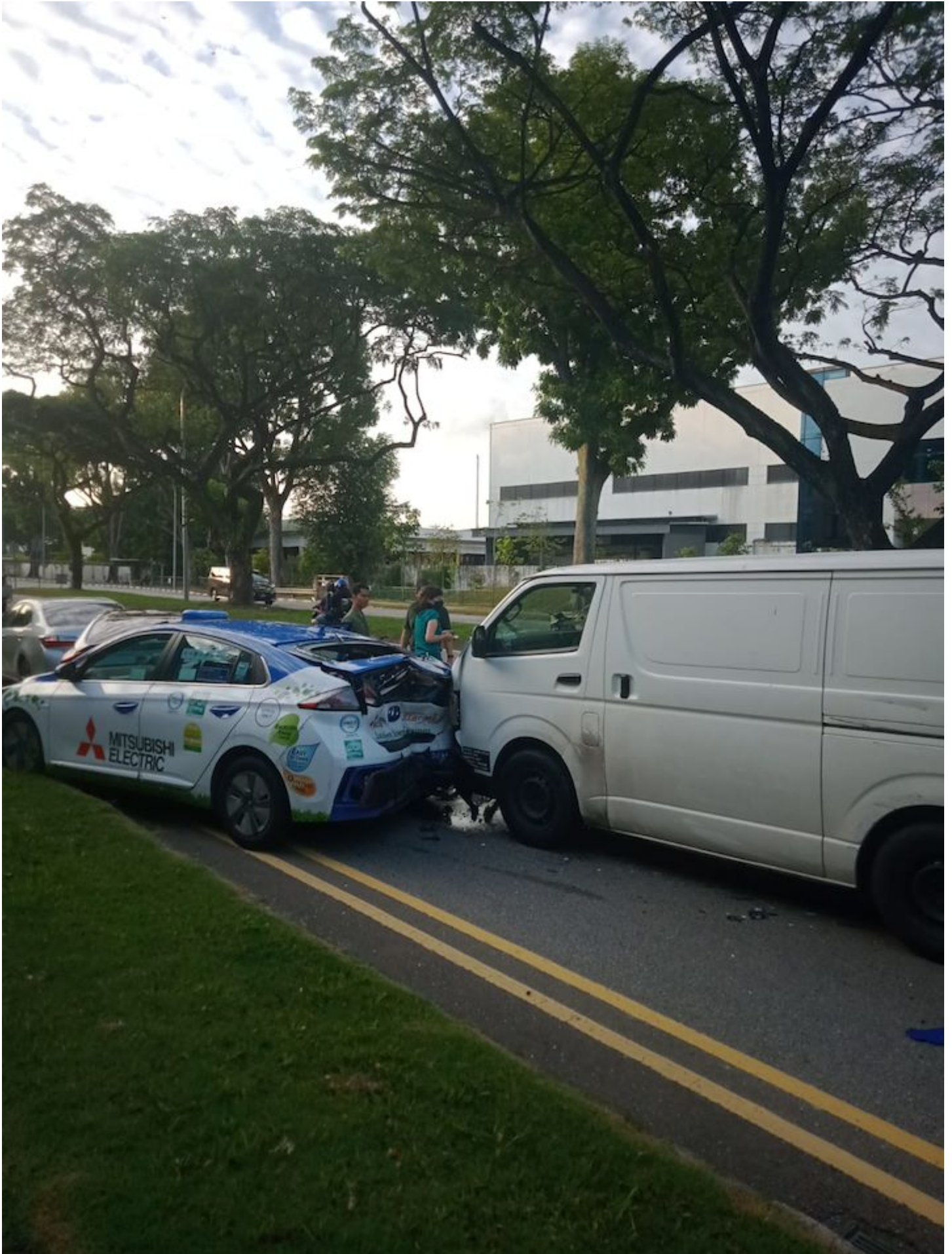
Witnessed by Reporting Centre
Personnel

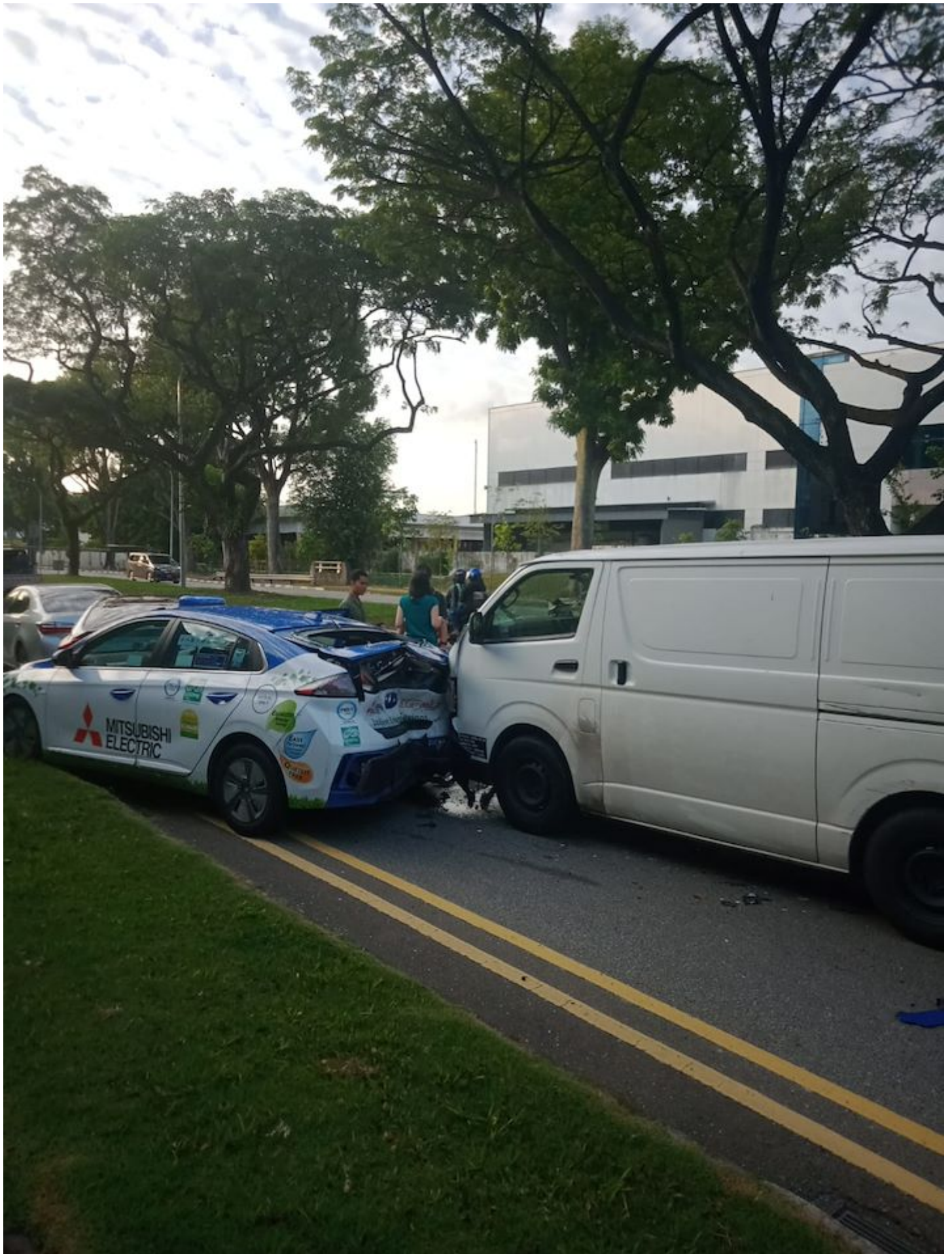

Ryan Tong





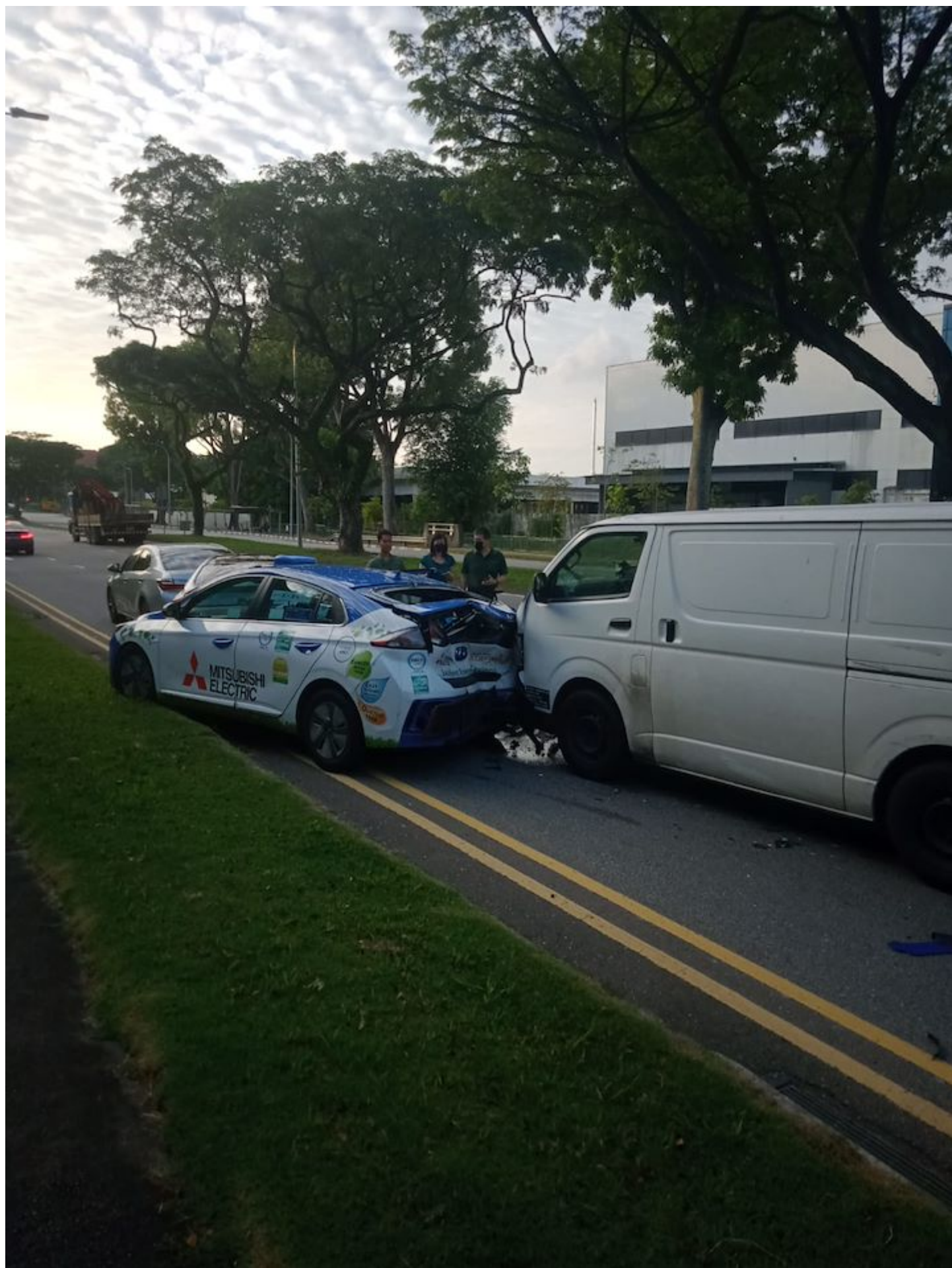


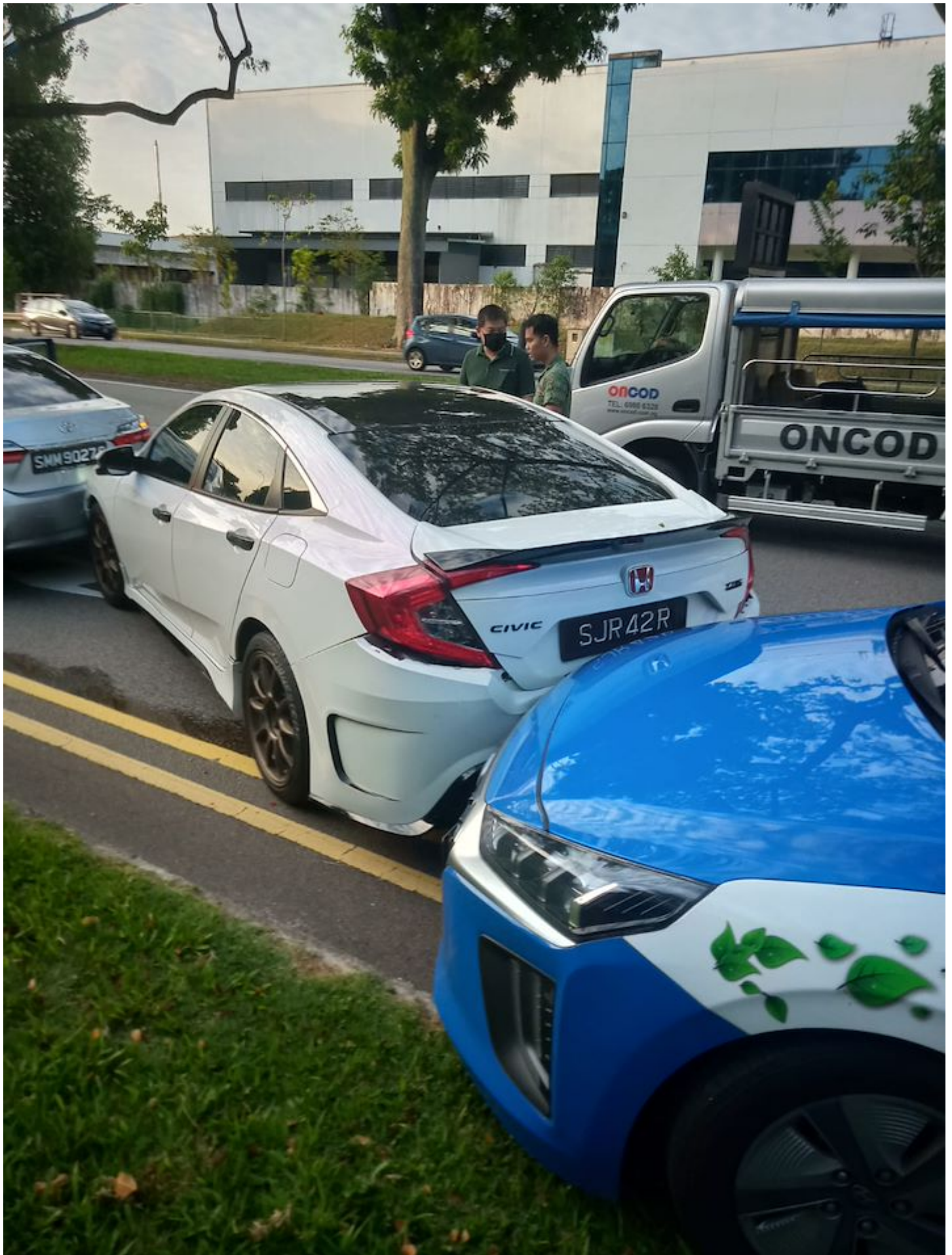
















**SINGAPORE
POLICE FORCE**



T/20220716/2029

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20220716/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2022 12:02		Vide Report No.:		Station Diary No.: 46	
Informant's Particulars					
Name of Informant: TAN KENG GUAN			Address: [REDACTED] 750407		
ID Type / ID No.: NRIC NO / [REDACTED]			Contact No.: Home/Office: Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 15/01/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi Driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2022 07:45	Type of Location: Straight Road
Location: UPPER JURONG ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
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
GBC5484P	Van	TOYOTA		White		0
SHA3499A	Car	HYUNDAI		Blue	Seriously Damaged	1
SJR42R	Car	HONDA		White		0
SMM9027S	Car	TOYOTA		Silver		0



**SINGAPORE
POLICE FORCE**



T/20220716/2029

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Report No. T/20220716/2029

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN KENG GUAN	ID No.	[REDACTED]
Related Vehicle	SHA3499A (Car)	Contact No.	[REDACTED]
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/07/2022	Date Discharge	16/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 16/07/2022 at about 0745hrs, I was driving my blue Hyundai Ioniq taxi bearing plate SHA3499A on the left most lane of Upper Jurong Road queuing to turn into SAFTI MI. At that point of time, there was a long queue of vehicle waiting to turn into SAFTI MI. Out of the sudden, I felt an impact on the rear of my vehicle which caused my vehicle to knock into the vehicle in front of me.

I went down to take a look and took some photos. A White Toyota bearing GBC5484P have rear ended my vehicle and caused my vehicle to rear end a White Honda Civic bearing plate SJR42R in front of me, it also caused the Honda Civic to rear end a Silver Toyota bearing plate SMM9027S. Shortly after, ambulance came over and conveyed me to Ng Teng Fong Hospital. I was discharged on the same day and was given 05 days of MC from 16/07/2022 to 20/07/2022. After which, I was contacted by TP to inform me that my vehicle has been towed back to TP compound and told me to lodge a traffic report regarding the accident.

I would like to state that I suffer injury such as pain on my left knee. My vehicle suffer dents on the rear boot and bumper area and dents on the front bumper area.



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T/20220716/2029

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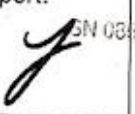
Report No. T/20220716/2029

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: L / SGT 3 WU JUNRONG  Signature:	Signature Of Informant: 
Signature Of Interpreter: Not applicable Singapore Police Force	Date/Time: 16/07/2022 12:02
Officer In Charge Of Case: TP / GIT / INSP (1) THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:

NP168