

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 Actual 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	11/08/2022 15:31 (SGT)
Reported by	Driver
Date of Accident	11/08/2022 08:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4254H
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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) +65-84848858
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
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	JOHANA BIN JOHARI
NRIC No	SXXXX490J
Date Of Birth	15/02/1961
Occupation	Outdoor

Date Of Driving Pass	31/08/2006
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-84848858
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 443 HOUGANG AVENUE 8 #07-1581
Address complement	-
Postcode	530443
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	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	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/08/2022 AT AROUND 0840HRS I WAS DRIVING VEHICLE A (SHA4254H) ALONG ECP TOWARDS CITY. VEHICLE D (SNE4130P) SUDDENLY JAM BRAKE AND I COULD NOT AVOID THEREFORE, I REAR ENDED VEHICLE D. A CHAIN COLLISION HAPPENED. VEHICLE B (SMP4130T) REAR ENDED VEHICLE A, VEHICLE C (SNE2746B) WAS THE LAST CAR WHICH REAR ENDED VEHICLE B. PASSENGER OF VEHICLE C IS CONVEYED TO THE HOSPITAL. I WAS CONVEYED TO THE HOSPITAL AS WELL.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNE4130P
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Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TEH CHOW KOON RAYMOND
NRIC No	SXXXX870F
Contact Number	(Phone) +65-87774477
Address	61 TAMPINES CENTRAL 7 #02-20
Address complement	-
Postcode	528595
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	SMP4130T
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MALAYSIA ABADI BIN ABU BAKAR
Contact Number	(Phone) +65-96744447
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 3

Vehicle Registration Number	SNE2746B
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CAREN
Contact Number	(Phone) +65-96380596
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	JOHANA BIN JOHARI
Gender	Male
Phone No	(Phone) +65-84848858
Address	BLK 443 HOUGANG AVENUE 8 #07-1581
Address Complement	-
Post Code	530443
Approximate Age Years Old	61
Injuries Sustained	HEAD INJURY
Injured person in which vehicle?	SHA4254H

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

INJURED 2

Name of injured person UNKNOWN PASSENGER
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained HEAD INJURY
Injured person in which vehicle? SMP4130T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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.
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

11/08/2022 1115HRS

Witnessed by Reporting Centre Personnel FRO Sufiyan

Sketch Plan

ECP TOWARDS CITY	
C	B
A	D
E	F
A - SHA4254H	E - SLB9192S
B - SMP4130T	F - SMF8724G
C - SNE2746B	
D - SNE4130P	

Describe Circumstances of the Accident

ON 11/08/2022 AT AROUND 0840HRS I WAS DRIVING VEHICLE A (SHA4254H) ALONG ECP TOWARDS CITY. VEHICLE D (SNE4130P) SUDDENLY JAM BRAKE AND I COULD NOT AVOID THEREFORE, I REAR ENDED VEHICLE D. A CHAIN COLLISION HAPPENED. VEHICLE B (SMP4130T) REAR ENDED VEHICLE A, VEHICLE C (SNE2746B) WAS THE LAST CAR WHICH REAR ENDED VEHICLE B. PASSENGER OF VEHICLE C IS CONVEYED TO THE HOSPITAL. I WAS CONVEYED TO THE HOSPITAL AS WELL.

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 11/08/2022 1115HRS

Witnessed by Reporting Centre
Personnel FRO Sufiyan



SINGAPORE
POLICE FORCE

Police Station Of Origin
Changi N.P.C
9 Simlin Street 2 SINGAPORE 529614
Tel No: 1800-5872999



Report No: 2152204-1-2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
11/08/2022 15:07

Video Report No.:

Station Diary No.
29

Informant's Particulars

Name of Informant:

JOHANA BIN JOHARI

Address:

APT BLK 443 HOUGANG AVENUE 8 #07-1581 SINGAPORE
530443

ID Type / ID No.:

NRIC NO / S1491490J

Contact No.:

Home/Office:

Mobile: 84848658

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

61

Date of Birth:

15/02/1961

Type of Informant:

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

Taxi driver

Driving Licence Information:

Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury

Conveyed By Ambulance

Drink

Drive:

No

Date/Time of
Accident:

11/08/2022 09:30

Type of Location:
Straight Road

Location:

EAST COAST PARKWAY

08:30 hrs

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:

80 Km/h

Traffic Flow:

One Way

Traffic Control:

Not Controlled

Traffic Volume:

Moderate

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
SHA4254H	Car				Slightly Damaged	1
MP4130T	Car					1
NE2746B	Car					1

SNE4130P car



**SINGAPORE
POLICE FORCE**



T/20220811/2055

2 of 3

Police Station Of Origin:
Changi N.P.C
9 Simoi Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20220811/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOHANA BIN JOHARI	ID No.	S1491490J
Related Vehicle	SHA4254H (Car)	Contact No.	84848858
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2022	Date Discharge	11/08/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I was travelling along lane 1 on ECP when suddenly the cars in front of me jammed on their brakes. 3 of the cars in front of me could not stop on time and collided into each other. The car directly behind me and my car manage to stop on time to avoid the collision with the cars in front, however about 1 minute later when I was about to leave the scene I felt a bump from the back. The bump caused me to hit into the car in front of me. Soon after the ambulance came and made a check on me, I was eventually conveyed to CGH for further checks.





SINGAPORE
POLICE FORCE

Police Station Of Origin
Changi N.P.C.
8 Siroon Street 2 SINGAPORE 529914
Tel No: 1800-5872999



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 CHONG ENG SENG,
KEVIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/08/2022 15:07

Officer In Charge Of Case:
TP / GIT /
STAFF SGT YAN MINGSHENG DANIEL
Contact No.: 65476252

Classification Of Case:

