

# 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	13/08/2022 16:57 (SGT)
Reported by	Driver
Date of Accident	12/08/2022 13:45 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS AYE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA2049Y

### 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) +65-88003656
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	TAN KIAMG SAN
NRIC No	SXXXX694B
Date Of Birth	21/09/1971
Occupation	Outdoor

Date Of Driving Pass	27/11/2007
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88003656
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 93 COMMONWEALTH DRIVE #10-734
Address complement	-
Postcode	140093
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)	3
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

#### PASSENGER 2

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 12/08/2022 AT ABOUT 1345HRS, I WAS DRIVING IN VEHICLE A ON THE RIGHT MOST LANE ALONG CTE TOWARDS AYE JUST AFTER BALESTIER ROAD EXIT. AS I WAS TRAVELLING STRAIGHT, VEHICLE C APPLIED JAM BRAKES, CAUSING VEHICLE A TO REACT AND EMERGENCY BRAKES. VEHICLE A MANAGED TO STOP IN TIME BUT MOMENTS LATER, VEHICLE B REAR ENDED VEHICLE A AND CAUSED VEHICLE A TO REAR END VEHICLE C. VEHICLE A DRIVER AND PASSENGER WAS CONVEYED BY AMBULANCE. VEHICLE C DRIVER WAS ALSO CONVEYED. NOBODY ELSE WAS INJURED AT THE TIME OF ACCIDENT.

## 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 ..... SMV7575S  
 Vehicle Manufacturer ..... Mercedes  
 Vehicle Model ..... Glc200  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... DANIELE  
 Contact Number ..... (Phone) +65-90683800  
 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 ..... EC68E  
 Vehicle Manufacturer ..... Porsche  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... DANIELE  
 Contact Number ..... (Phone) +65-91862086  
 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 KIAMG SAN  
 Gender ..... Male  
 Phone No ..... (Phone) +65-88003656  
 Address ..... BLK 93 COMMONWEALTH DRIVE #10-734  
 Address Complement ..... -  
 Post Code ..... 140093  
 Approximate Age Years Old ..... 50  
 Injuries Sustained ..... NECK AND HIPS  
 Injured person in which vehicle? ..... SHA2049Y  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

## INJURED 2

Name of injured person ..... PASSENGER  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND HIPS
Injured person in which vehicle? .....	SHA2049Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 3

Name of injured person .....	PASSENGER
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	HAND AND BACK
Injured person in which vehicle? .....	SHA2049Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes



Describe Circumstances of the Accident

ON 12/08/2022 AT ABOUT 1345HRS, I WAS DRIVING IN VEHICLE A ON THE RIGHT MOST LANE ALONG CTE TOWARDS AYE JUST AFTER BALESTIER ROAD EXIT. AS I WAS TRAVELLING STRAIGHT, VEHICLE C APPLIED JAM BRAKES, CAUSING VEHICLE A TO REACT AND EMERGENCY BRAKES. VEHICLE A MANAGED TO STOP IN TIME BUT MOMENTS LATER, VEHICLE B REAR ENDED VEHICLE A AND CAUSED VEHICLE A TO REAR END VEHICLE C. VEHICLE A DRIVER AND PASSENGER WAS CONVEYED BY AMBULANCE. VEHICLE C DRIVER WAS ALSO CONVEYED. NOBODY ELSE WAS INJURED AT THE TIME OF ACCIDENT.

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 12/08/2022. 2130HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO LATIFF   
\_\_\_\_\_  
Witnessed by Reporting Centre  
Officer