

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 07/06/2022 10:14 (SGT)
Date of Accident 06/06/2022 09:25 (SGT)
Exact Location of Accident Havelock Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC1187C

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) +65-92402739
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 NG CHAI TIAM
NRIC No SXXXX366I

Date Of Birth	18/12/1956
Occupation	Outdoor
Date Of Driving Pass	18/12/1997
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92402739
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	408C NORTSHORE DRIVE #05-220
Address complement	-
Postcode	823408
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?	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	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999
Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20220606/2040

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	SMY7971R
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Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE JIAN KUN
NRIC No	SXXXX126G
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	SLU2646X
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AZMAN
NRIC No	SXXXX936A
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 3

Vehicle Registration Number	SH6033Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	-

Injured person in which vehicle?	SLU2646X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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

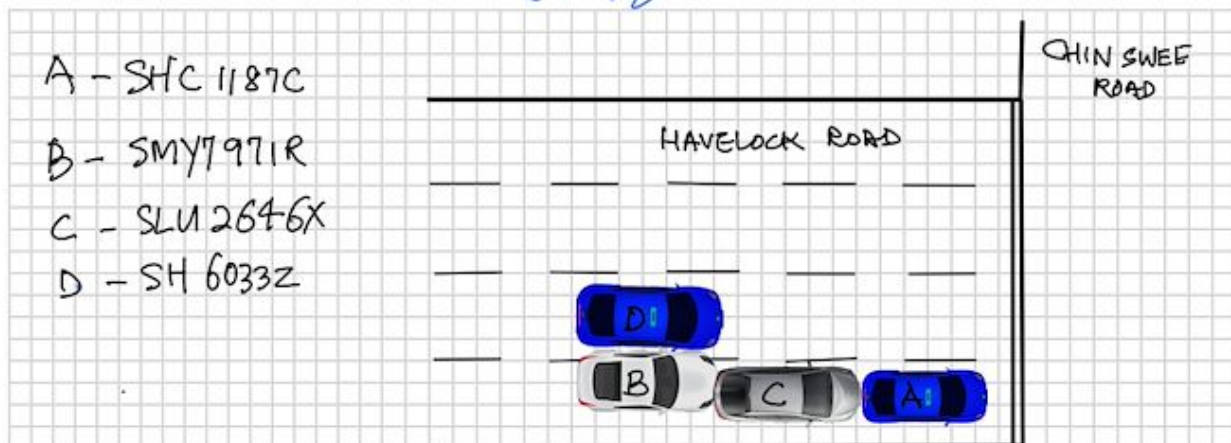
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

06.06.2022 1620HRS

Witnessed by Reporting Centre Personnel

Kyran Yong



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20220606/2040

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

06.06.2022 1625HRS

Kyomi Yung





















**SINGAPORE
POLICE FORCE**



T/20220606/2040

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 4
Report No. T/20220606/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2022 13:08	Vide Report No.: A/20220606/0051	Station Diary No.: 16
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Informant's Particulars

Name of Informant: NG CHAI TIAM			Address: APT BLK 408C NORTHSHORE DRIVE #05-220 SINGAPORE 823408	
ID Type / ID No.: NRIC NO / S21693661			Contact No.: Home/Office: Mobile: 92402739	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 18/12/1956	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:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2022 09:25	Type of Location: Bottom of overhead place
Location: HAVELOCK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Heavy
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
SH6033Z	Car	HYUNDAI	i40	Blue	Slightly Damaged	0
SHC1187C	Car	HYUNDAI	AE IONIQ HEV 1.6 DCT	Blue	Slightly Damaged	1
SLU2646X	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Blue	Seriously Damaged	1
SMY7971R	Car	HONDA	VIC 1.6 VTIS AT	Brown	Seriously Damaged	1



**SINGAPORE
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T/20220606/2040

Police Station Of Origin:
River Valley NPP
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Report No. T/20220606/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG CHAI TIAM	ID No.	S2169366I
Related Vehicle	SHC1187C (Car)	Contact No.	92402739
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	AZMAN BIN ISMAIL	ID No.	S1488936A
Related Vehicle	SLU2646X (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE JIAN KUN	ID No.	S8414126G
Related Vehicle	SMY7971R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/06/2022, at about 0923hrs I was driving my Blue Comfort Hyudai IONIA bearing SHC1187C on the first lane of an four lane road travelling along Havelock towards City near Rive place condo before Chin Swee road I stopped my vehicle at the traffic light junction suddenly I felt a huge bang at the rear of my vehicle.

After which I went down I made a check and discovered that this Blue Mazda 3 bearing SLU2646X bang into my rear and causes of his vehicle to surge forwards is because this Brown Honda Civic bearing



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Report No. T/20220606/2040

CONTINUATION OF REPORT

SMY7971R bang into his vehicle which causes the accident to happen.

During the collision another Blue Comfort taxi bearing SH6033Z was involved i not sure how he got into this Collision as the was at the left side of the road.

After which the police and paramedic had came and the police had requested the in car cam which I provided my SD card to them.

Damages to my vehicle
Rear side hazard light cover slightly crack
Bottom bumper slight came off
Crack on the rear car plate

Damages to 2nd vehicle
Rear car boot dented

Damages to 3rd vehicle
Front bumper came off



**SINGAPORE
POLICE FORCE**



T/20220606/2040

Police Station Of Origin:
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Report No. T/20220606/2040

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:

E/
SGT 2 LUI CHONGLU

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/06/2022 13:08

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT JOFILIANO BIN MOHAMED
ALI
Contact No.: 65476960

Classification Of Case:

NP168

SINGAPORE
POLICE

SN 069

