

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

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) +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 S1491490J
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?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
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
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TEH CHOW KOON RAYMOND
NRIC No	S1799870F
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**

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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' law yers/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")

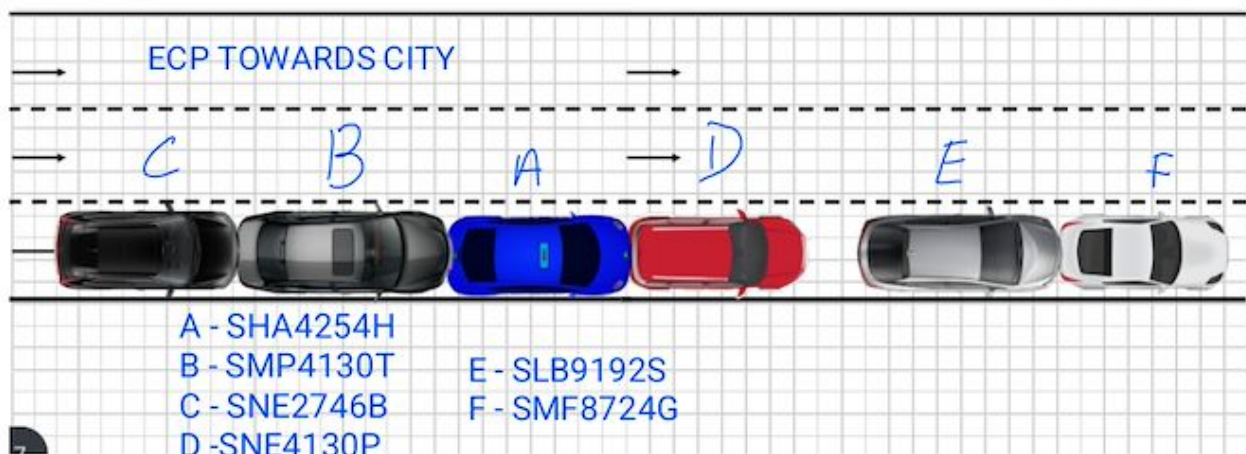
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/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

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



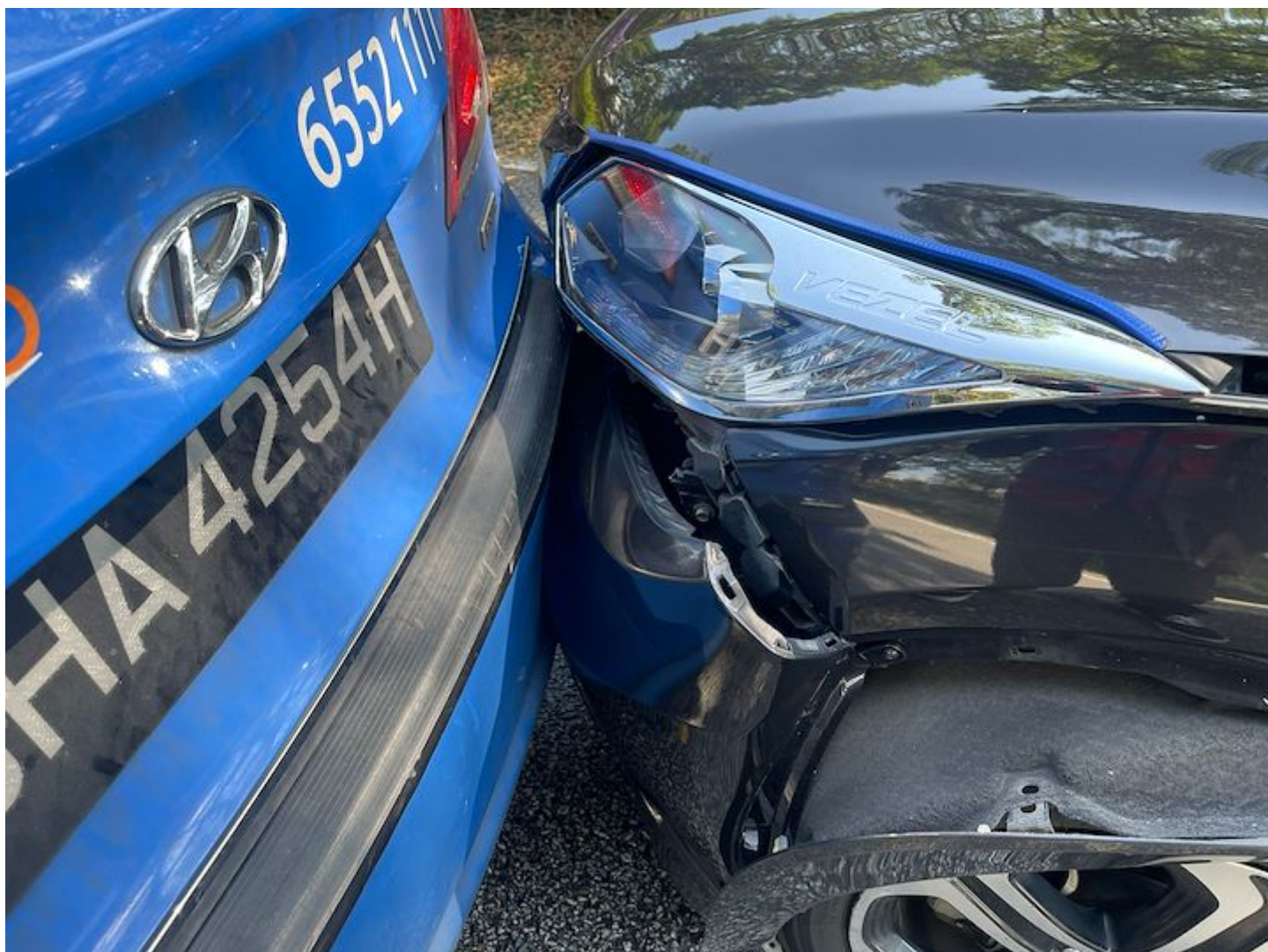
Witnessed by Reporting Centre Personnel FRO Sufiyan





















**SINGAPORE
POLICE FORCE**

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



TJ0220R11/20M

Report No: TJ0220R11/20M

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: 84848858	
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				
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	

08:30 hrs.

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4254H	Car				Slightly Damaged	1
SMP4130T	Car					1
SNE2746B	Car					1

SNE4130P car



**SINGAPORE
POLICE FORCE**

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



T/20220811/2066

2 of 3

Report No. T/20220811/2066

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

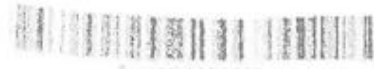
Brief Details.

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.



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POLICE FORCE**

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



Report No: SJ0G228B000F

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:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G228B000F Vehicle Registration No: SHA4254H
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 11/08/2022 Time of Accident: 08:45
 Place of Accident: ECP
 Insurance Company: AXA Insurance Singapore Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT



Policyholder / Driver's Signature
Date:

Siti

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 12.08.2022

GIARMC Addendum Form

