

## 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	29/08/2022 11:14 (SGT)
Reported by	Driver
Date of Accident	26/08/2022 19:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4558R
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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) +65-97790991
Alternative Phone No	(Office) +65-65508768

#### 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	NASIR KHAN BIN PEROSIAH
NRIC No	SXXXX684F
Date Of Birth	25/04/1958
Occupation	Outdoor

Date Of Driving Pass	22/09/1986
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97790991
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 252 YISHUN RING ROAD #01-1071
Address complement	-
Postcode	760252
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20220828/2046

#### ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1



Vehicle Registration Number	SFR96H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	NASIR KHAN BIN PEROSIAH
Gender	Male
Phone No	(Phone) +65-97790991
Address	BLK 252 YISHUN RING ROAD #01-1071
Address Complement	-
Post Code	760252
Approximate Age Years Old	-
Injuries Sustained	GIDDINESS AND BACK PAIN
Injured person in which vehicle?	SHD4558R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



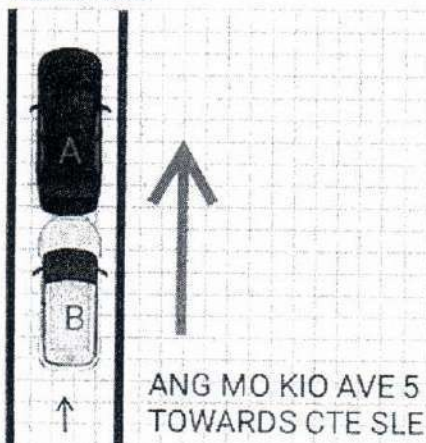
SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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  
28/08/2022 2015HRS

Witnessed by Reporting Centre Personnel  
FRO NAZREEN

Sketch Plan

A - SHD4558R

B - SFR96H

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20220828/2046

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 28/08/2022 2015HRS

Witnessed by Reporting Centre  
Personnel FRO NAZREEN



# SINGAPORE POLICE FORCE



T/20220828/2046

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20220828/2046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/08/2022 14:57		Vide Report No.: F/20220826/0169		Station Diary No.: 56	
<b>Informant's Particulars</b>					
Name of Informant: NASIR KHAN BIN PEROSIAH			Address: APT BLK 252 YISHUN RING ROAD #01-1071 SINGAPORE 760252		
ID Type / ID No.: NRIC NO / S1316684F			Contact No.: Home/Office: Mobile: 97790991		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 25/04/1958	Type of Informant: Driver		
Race: Pathan			Language: English		Institution / School Name:
Occupation: COMFORT TAXI DRIVER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/08/2022 19:30	Type of Location: Slip Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFR96H	Car					0
SHD4558R	Taxi	HYUNDAI	IONIQ	Blue	Seriously Damaged	1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220828/2046

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2 of 3

Report No. T/20220828/2046

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NASIR KHAN BIN PEROSIAH		ID No. S1316684F
Related Vehicle	SHD4558R (Taxi)		Contact No. 97790991
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	26/08/2022	Date Discharge	27/08/2022
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	NG JUN YI		ID No. -
Related Vehicle	SHD4558R (Taxi)		Contact No. -
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 26/08/2022 at about 1933hrs, I was driving my company's vehicle SHD4558R along Ang Mo Kio Avenue 5 and was turning right into CTE. I was with one male passenger at that point of time. It was a merging lane and I stopped my vehicle as the front vehicle had performed an emergency brake, so I also made an emergency brake and manage to stop in time. When my vehicle is in a complete stop, the front portion of my one vehicle SFR96H collided with the rear portion of my vehicle. After the collision, I checked with my passenger if he is okay, but he claimed that he was also injured. Subsequently, I called for Police (999). Ambulance and Traffic Police were at scene reference F/20220826/0169. I was not able to take down the particulars of the other party. There are vehicle camera installed on my vehicle. My passenger and I were being conveyed to Khoo Teck Puat hospital. I felt breathless and giddy at that point of time. I was given 4 days of Hospitalization Leave from Khoo Teck Puat Hospital.



**SINGAPORE  
POLICE FORCE**



T/20220828/2046

3 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20220828/2046

**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 /

STAFF SGT LAU JIXIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2022 14:57

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD SYAKIR BIN ADANAN

Contact No.: 65476236

Classification Of Case: