

# 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 .....	25/08/2022 14:13 (SGT)
Reported by .....	Driver
Date of Accident .....	24/08/2022 14:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	BEFORE ADAM ROAD FLYOVER
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC8279A
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### 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) +65-96731332
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 .....	NG WILLIAM
NRIC No .....	S1794974H
Date Of Birth .....	02/11/1967
Occupation .....	Outdoor

Date Of Driving Pass .....	08/05/1993
Driving experience .....	29 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96731332
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 445B CLEMENTI AVENUE 3 #05-361
Address complement .....	-
Postcode .....	122445
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) .....	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 .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO. T/20220825/2146

#### 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 NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMR2529E
Vehicle Manufacturer .....	Tesla
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOH HONG MENG
NRIC No .....	S9033505G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLH484C
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SKX1529D
Vehicle Manufacturer .....	BMW
Vehicle Model .....	X3
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 .....	NG WILLIAM
Gender .....	Male
Phone No .....	(Phone) +65-96731332

Address .....	BLK 445B CLEMENTI AVENUE 3 #05-361
Address Complement .....	-
Post Code .....	122445
Approximate Age Years Old .....	54
Injuries Sustained .....	-
Injured person in which vehicle? .....	SHC8279A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

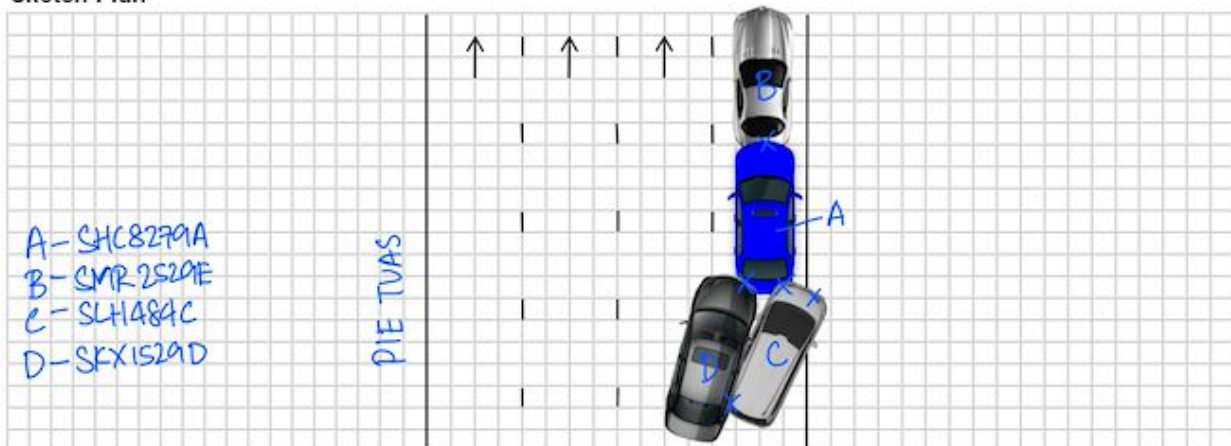
**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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 &amp; Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT NO. T/20220825/2146

## Declaration

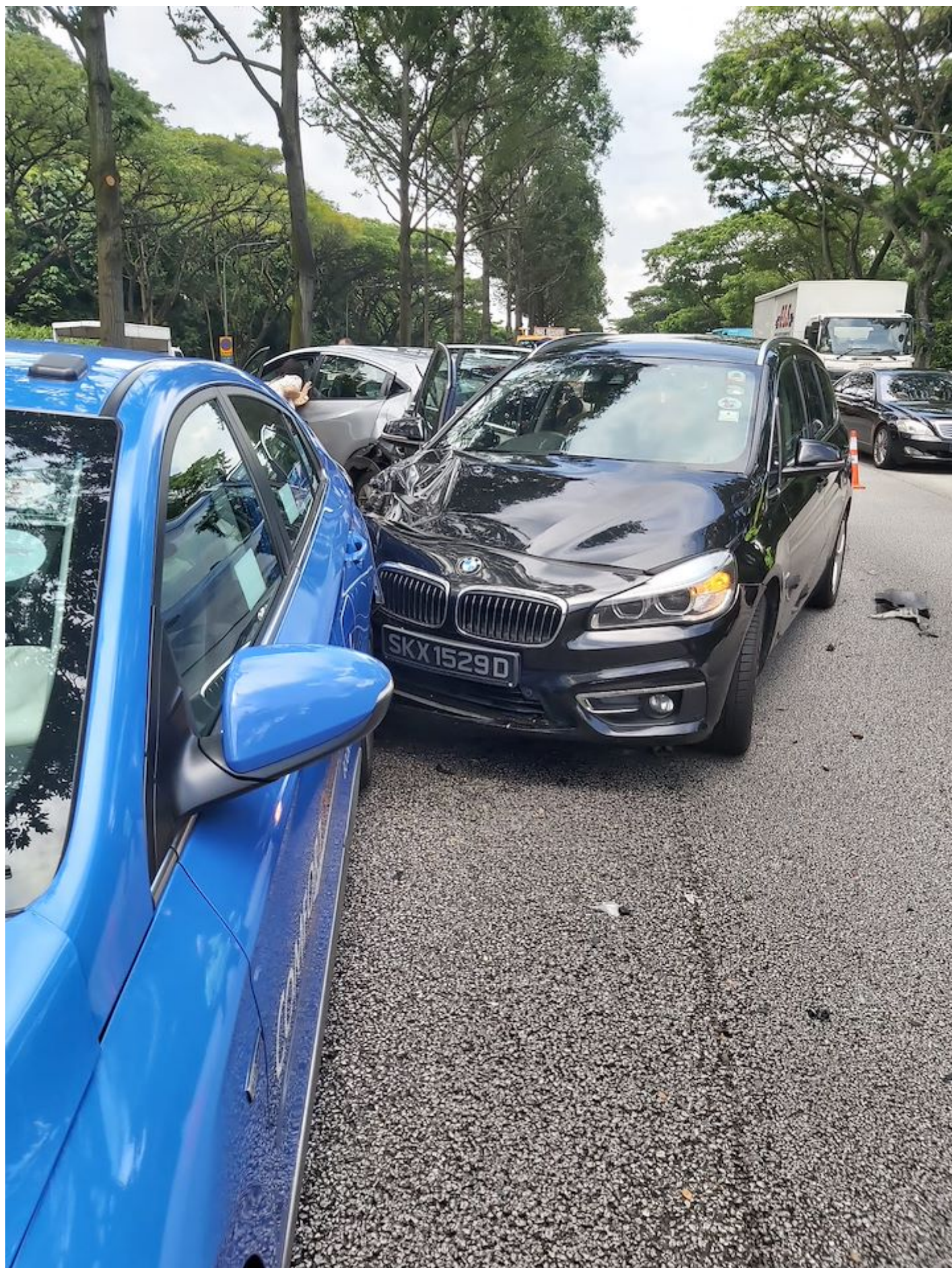
I/We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

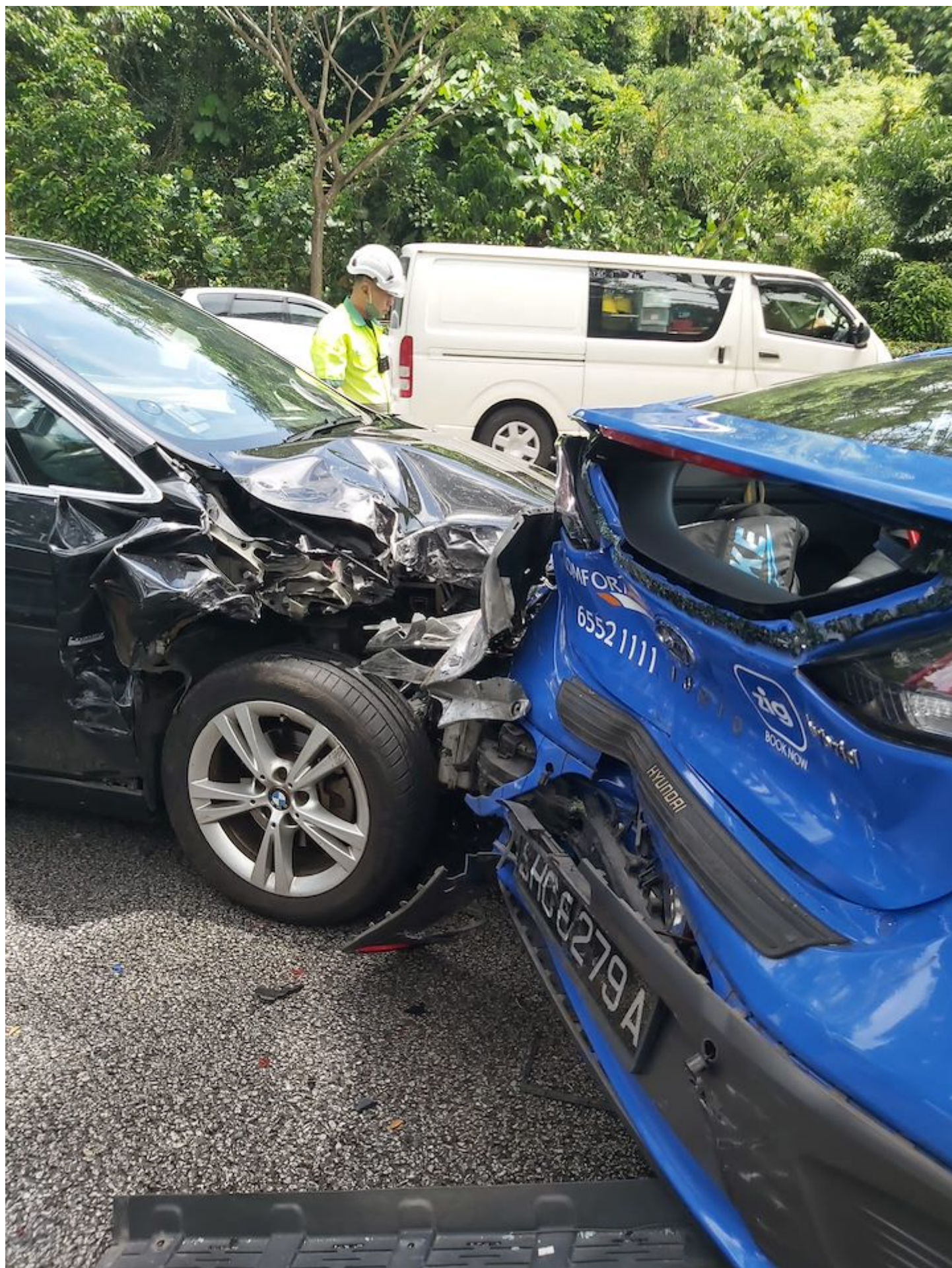
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 25/08/22 1130

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel Amin





























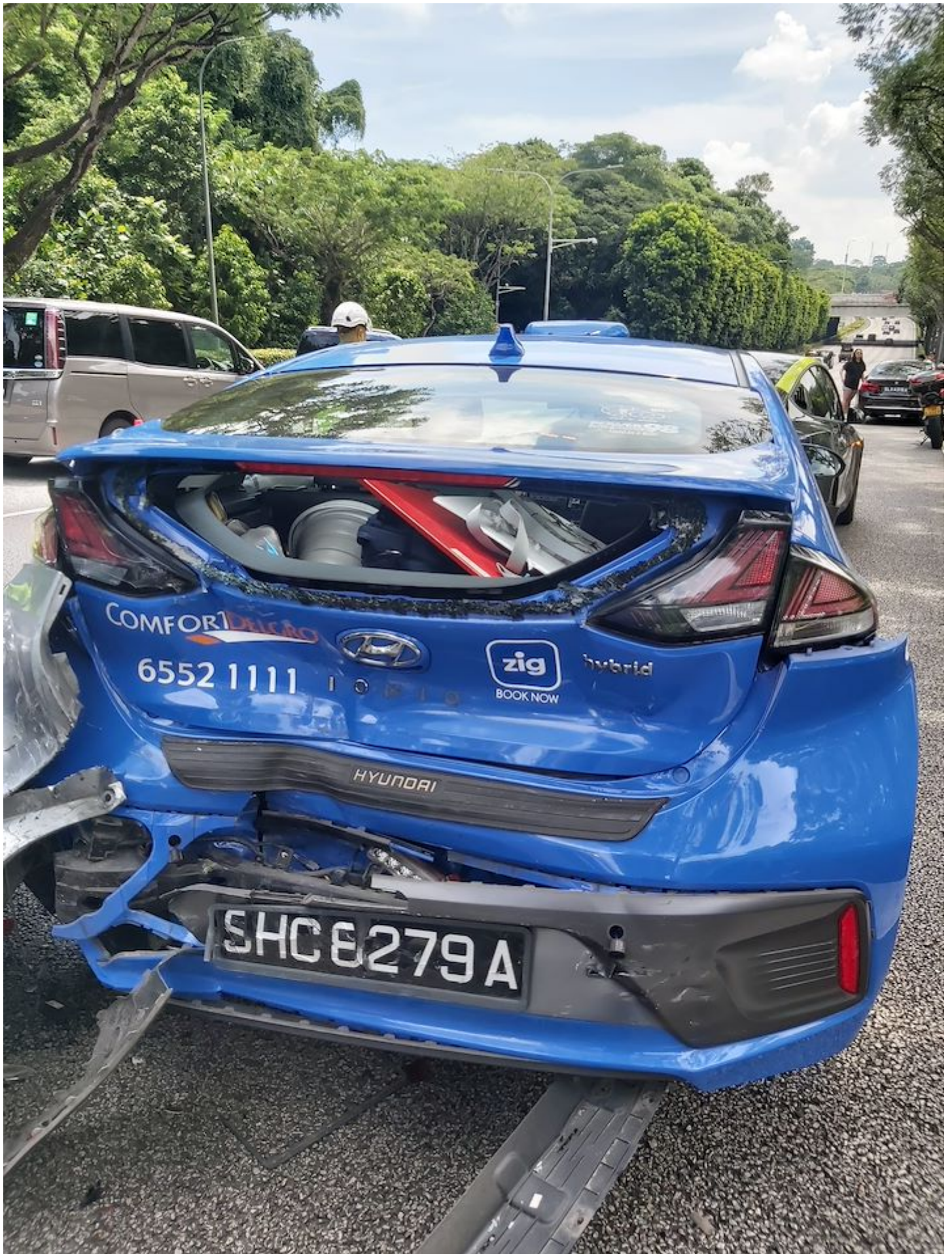
















# SINGAPORE POLICE FORCE



T/20220825/2146

1 of 4

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20220825/2146

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2022 09:37	Vide Report No.: E/20220824/0081	Station Diary No.: 33
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### Informant's Particulars

Name of Informant: NG WILLIAM			Address: APT BLK 445B CLEMENTI AVENUE 3 #05-361 SINGAPORE 122445	
ID Type / ID No.: NRIC NO / S1794974H			Contact No.: Home/Office:	Mobile: 96731332
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 54	Date of Birth: 02/11/1967	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 24/08/2022 12:05	Type of Location: Straight Road
Location:  PAN-ISLAND 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

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8279A	Car				Seriously Damaged	2
SKX1529D	Car				Seriously Damaged	1
SLH484C	Car				Seriously Damaged	0
SMR2529E	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220825/2146

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20220825/2146

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG WILLIAM	ID No.	S1794974H
Related Vehicle	SHC8279A (Car)	Contact No.	96731332
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
<b>Driver</b>			
Name	Toh Hong Meng	ID No.	S9033505G
Related Vehicle	SMR2529E (Car)	Contact No.	NIL
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 the above mentioned date, time and location, a Tesla car (SMR2529E) stopped in front of me as there was an accident in front. I stopped behind the car. Suddenly another car (SLH484C) which was not able to stop in time collided into the back of my vehicle and then collided onto the right highway divider. Then another vehicle (SKX1529D) turned into my lane collided with the rear left of my vehicle.

Both impacts on my car were quite forceful and my passengers informed that they did not need to go to the hospital.

My vehicle had a camera which was recording at that point in time. My SD card was seized by Traffic Police. The incident location is along PIE just before Adam Road Flyover. Traffic Police and ambulance attended to my scene. I believe someone was conveyed to hospital but I am unsure who. I only have the particulars of the Tesla Driver (SMR2529E).

I am lodging this report as the Traffic Police Officer informed me to do so.

I also have some pain in my neck, left and right arm and was given 5 day MC by Tan Tock Seng Hospital.



**SINGAPORE  
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T/20220825/2146

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20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20220825/2146

**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:  
D /  
SCCPL LIM YANSHEN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/08/2022 09:37

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**



T/20220825/2146

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

4 of 4

Report No. T/20220825/2146

**CONTINUATION OF REPORT**

**Sketch Plan**

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D /

SCCPL LIM YANSHEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/08/2022 09:37

Officer In Charge Of Case:

TP / GIT /

STAFF SGT MOHAMED SUFIAN BIN

MOHAMED JUNID

Contact No.: 65476247

Classification Of Case:

NP168