

## 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 ..... 21/09/2022 18:17 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/09/2022 15:45 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA7803D

#### 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) +65-96861730  
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 ..... HAH LEE KUAN  
NRIC No ..... S0141802E  
Date Of Birth ..... 05/02/1949  
Occupation ..... Outdoor

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass .....   | 17/12/1969                     |
| Driving experience .....   | 52 YEARS AND 9 MONTHS          |
| Gender .....   | Male                           |
| Mobile Number .....  | (Phone) +65-96861730           |
| Alt. Phone Number .....  | -                              |
| Email Address .....  | fleetsafety@cdgtaxi.com.sg     |
| Address .....  | BLK 55 CHAI CHEE DRIVE #08-210 |
| Address complement .....   | -                              |
| Postcode .....   | 460055                         |
| 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 .....   | 5   |
| 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 .....                       | Bedok South Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18002448999                 |
| Alt. Police Station Phone No .....              | (Fax) +65-62446558                      |
| Police Station Address .....                    | 20 Chai Chee Drive Singapore 469045     |
| Was notice of intended Prosecution given? ..... | No                                      |
| If yes, against whom? .....                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REOORT NO T/20220921/2001

#### 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 .....             | SJB8560T    |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | UNKNOWN     |
| 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 .....             | PA7172X     |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | UNKNOWN     |
| 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 .....             | PA7172X     |
| Vehicle Manufacturer .....                    | -           |
| Vehicle Model .....                           | -           |
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | UNKNOWN     |
| 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 4

|                                   |              |
|-----------------------------------|--------------|
| Vehicle Registration Number ..... | SNB3577G     |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | NA / Unknown |
| Name of Driver .....              | UNKNOWN      |
| 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 5

|   |            |
|---|------------|
| Vehicle Registration Number .....             | UNKNOWN    |
| Vehicle Manufacturer .....                    | -          |
| Vehicle Model .....                           | -          |
| Vehicle Variant .....                         | -          |
| Vehicle Colour .....                          | -          |
| Vehicle Category .....                        | Motorcycle |
| Name of Driver .....                          | UNKNOWN    |
| 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 .....                              | UNKNOWN  |
| Gender .....  | Male     |
| Phone No .....  | -        |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | SNB3577G |
| Were seat belts worn? .....                               | -        |
| Was this injured conveyed to hospital by ambulance? ..... | Yes      |

##### INJURED 2

|   |                                |
|---|--------------------------------|
| Name of injured person .....                              | HAH LEE KUAN                   |
| Gender .....  | Male                           |
| Phone No .....  | (Phone) +65-96861730           |
| Address .....   | BLK 55 CHAI CHEE DRIVE #08-210 |
| Address Complement .....                                  | -                              |
| Post Code .....   | 460055                         |
| Approximate Age Years Old .....                           | 73                             |
| Injuries Sustained .....                                  | NECK AND LOWER BACK PAIN       |
| Injured person in which vehicle? .....                    | SHA7803D                       |
| Were seat belts worn? .....                               | Yes                            |
| Was this injured conveyed to hospital by ambulance? ..... | No                             |

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

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.



**FLASH ACCIDENT  
REPORTING OFFICER**

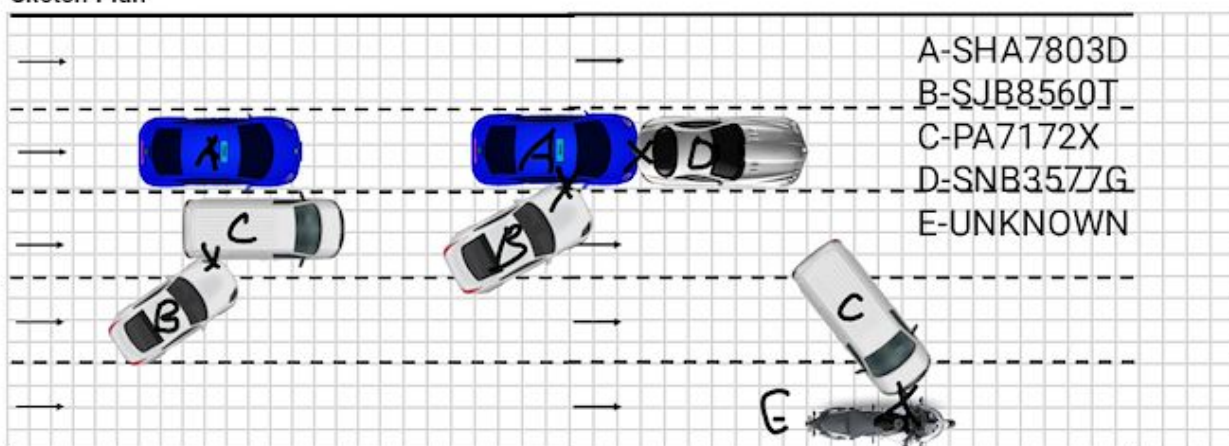
FRO ZIKRUL



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
21/09/22 1700HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**


Describe Circumstances of the Accident

REFER TO POLICE REPORT NO T/20220921/2001

**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  
  
 21/09/22 1700HRS

**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO ZIKRUL



Witnessed by Reporting Centre Personnel

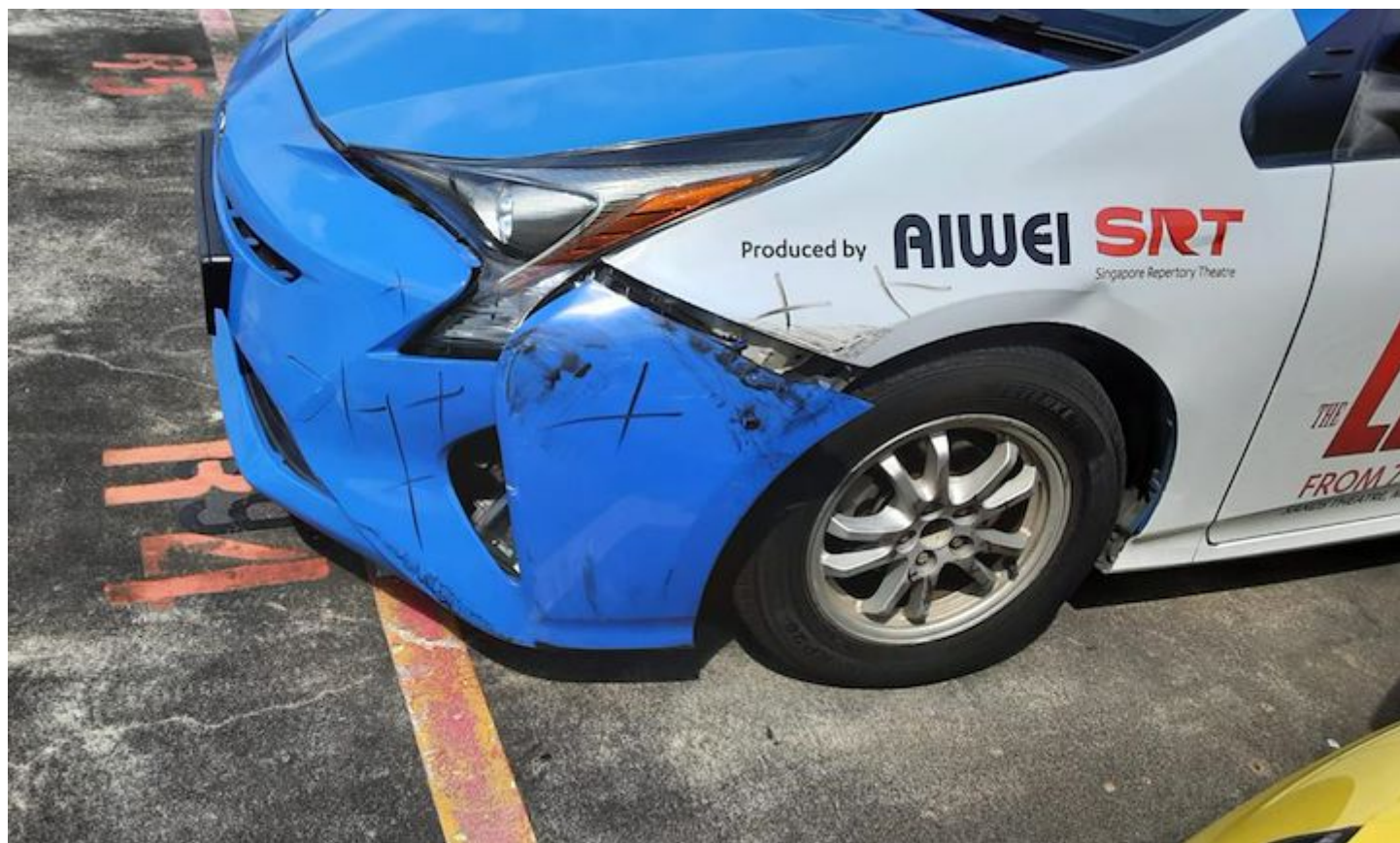


























**SINGAPORE  
POLICE FORCE**



T/20220921/2001

1 of 1

Report No. T/20220921/2001

- Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                      |                          |
|--|--------------------------------------|--------------------------|
| Date/Time Report Made:<br>21/09/2022 00:49 | Video Report No.:<br>G/20220920/0125 | Station Diary No.:<br>21 |
|--|--------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |                            |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>HAH LEE KUAN       |            |                              | Address:<br>APT BLK 55 CHAI CHEE DRIVE #08-210 SINGAPORE<br>460055 |                            |
| ID Type / ID No.:<br>NRIC NO / S0141802E |            |                              | Contact No.:<br>Home/Office: Mobile: 95861730                      |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |                            |
| Sex:<br>Male                             | Age:<br>73 | Date of Birth:<br>05/02/1949 | Type of Informant:<br>Driver                                       |                            |
| Race:<br>Chinese                         |            |                              | Language:  | Institution / School Name: |
| Occupation:<br>Taxi driver               |            |                              | Driving Licence Information:<br>Class:                             | Date of Expiry:            |

**General Information of the Accident**

|   |                           |                   |   |                                   |
|---|---------------------------|-------------------|---|-----------------------------------|
| Type of Accident:   | Injury Attended by Police | Drink Drive: No   | Date/Time of Accident: 20/09/2022 15:45 | Type of Location: Expressway      |
| Location:<br><br>PAN-ISLAND EXPRESSWAY                    |                           |                   |   |                                   |
| Weather: Clear  |                           | Road Surface: Dry |   | Road Speed Limit:                 |
| Traffic Flow:   |                           | Traffic Control:  |   | Traffic Volume: Moderate          |
| Type of Collision: Between Moving Vehicles - Head To Side |                           |                   |   | Anyone conveyed by ambulance: Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition         | No of Passenger |
|-------------|------|------|-------|-------|-------------------|-----------------|
| ✓ PA7172X   | Van  |      |       |       | Slightly Damaged  | 0               |
| SHA7803D    | Car  |      |       |       | Slightly Damaged  | 1               |
| SJB8560T    | Car  |      |       |       | Seriously Damaged | 0               |
| SNB3577G    | Car  |      |       |       | Slightly Damaged  | 0               |



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



1/20220921/2001

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Report No: T/20220921/2001

**CONTINUATION OF REPORT**

| Details of Person Involved        |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                         | Use of Pedestrian Crossing: NA         |                                   |
| No. of Pedestrians Injured: NIL   |                         |  |                                   |
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | LIM TIAN SOO            | ID No.                                 | S0603297D                         |
| Related Vehicle                   | PA7172X (Van)           | Contact No.                            | 82255622                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | HAH LEE KUAN            | ID No.                                 | S0141802E                         |
| Related Vehicle                   | SHA7803D (Car)          | Contact No.                            | 96861730                          |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 20/09/2022              | Date Discharge                         | 20/09/2022                        |
| No. of Days granted Medical Leave | 06                      | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | SIVAKUMAR S/O ASOKAN    | ID No.                                 | S8740791H                         |
| Related Vehicle                   | SJB8580T (Car)          | Contact No.                            | 83825889                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |





**SINGAPORE  
POLICE FORCE**



T/20220921/2001

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Report No. T/20220921/2001

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**CONTINUATION OF REPORT**

|                                   |                |  |                                   |
|-----------------------------------|----------------|--|-----------------------------------|
| Driver Name                       | AU CHIN GOA    | ID No.                                 | S0007982J                         |
| Related Vehicle                   | SNB3577G (Car) | Contact No.                            | 97738318                          |
| Hospital/Clinic                   | NIL            | Class of Driving Licence & Expiry Date | Class: NIL<br>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 20 Sept 2022 at about 1545 hrs, I was travelling on the 4th lane of PIE towards Tuas opposite the Singapore Power building where the accident occurred. There was a car (SJB8560T) travelling on the 3rd lane and had collided onto a van (PA7172X) causing the the van to swerve towards the first lane colliding onto a motorcyclist. The car then swerved into my lane and collided onto me causing me to collide onto a car (SNB3577G) at the front.

Traffic police was at scene and I had surrendered my In-Car camera footage. A motorcyclist had also been conveyed via ambulance due to the accident. Subsequently I sought medical attention and was given 6 days MC. My wife who was also with me in the vehicle was given 4 days MC.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999



T/20220921/2001

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
Report No. T/20220921/2001

**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:<br>G /<br>SR STAFF SGT<br>SHAHARALAMIN BIN ABDUL<br>RAZAK         | Signature Of Informant:<br> |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>21/09/2022 00:49   |
| Officer In Charge Of Case:<br>TP / GIT /<br>STAFF SGT ROIZMAN BIN MOHAMED<br>POSARI<br>Contact No.: 65476131 | Classification Of Case:  |

NP168