

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 05/12/2022 13:32 (SGT)
Reported by Driver
Date of Accident 04/12/2022 05:45 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH6829U

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) +65-97836011
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 TOK MUI HUA
NRIC No SXXXX056F
Date Of Birth 11/06/1958
Occupation Outdoor

Date Of Driving Pass	07/07/1978
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97836011
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 257A COMPASSVALE ROAD # 11 - 503
Address complement	-
Postcode	541257
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T 20221204 / 2042

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	SJJ328J
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	FRONT AND RIGHT
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SH9052Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	KOH AH CHWEE
NRIC No	SXXXX597C
Contact Number	(Phone) +65-96262795
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	RIGHT SIDE
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TOK MUI HUA
Gender	Male
Phone No	(Phone) +65-97836011
Address	BLK 257A COMPASSVALE ROAD # 11 - 503
Address Complement	-
Post Code	541257
Approximate Age Years Old	64
Injuries Sustained	NECK, HEAD, BACK AND HAND
Injured person in which vehicle?	SH6829U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	BENJAMIN
Gender	Male
Phone No	(Phone) +65-97874630
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	28
Injuries Sustained	WAIST
Injured person in which vehicle?	SH6829U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

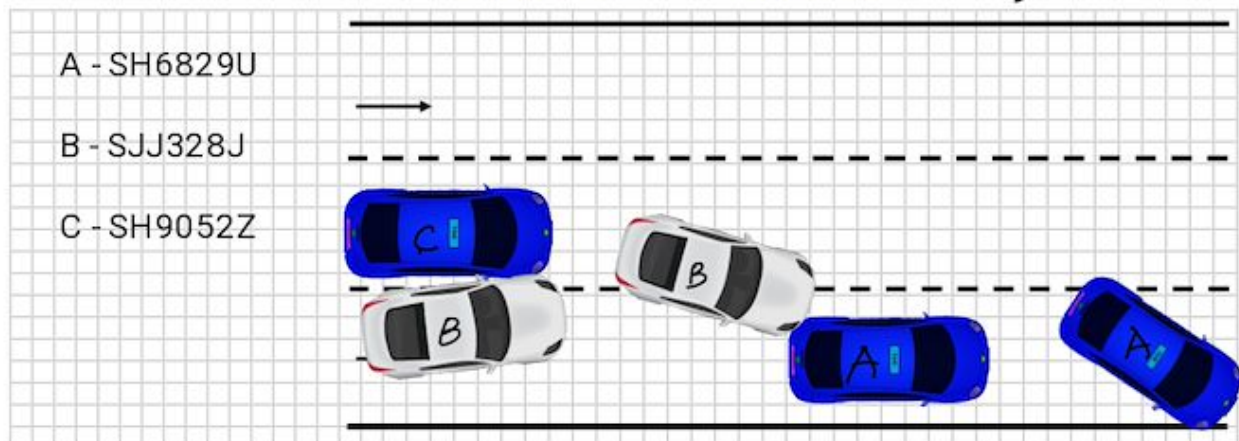
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

**FLASH ACCIDENT
REPORTING OFFICER**
KYMI YONG

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
05.12.2022 1125HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT
T 20221204 / 2042

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 05.12.2022 1130HRS

Witnessed by Reporting Centre
Personnel

FLASH ACCIDENT
REPORTING OFFICER
KYMI YONG





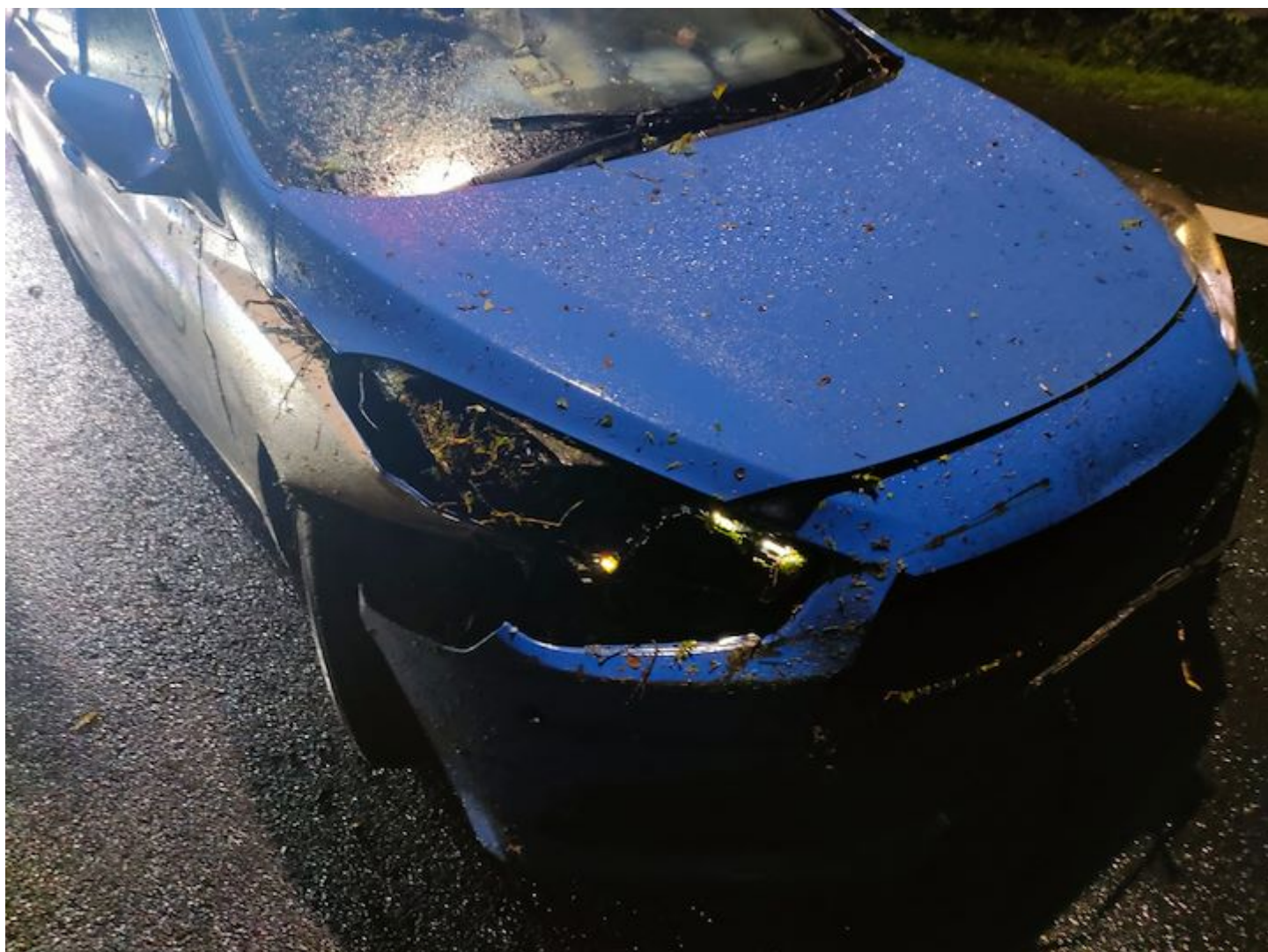




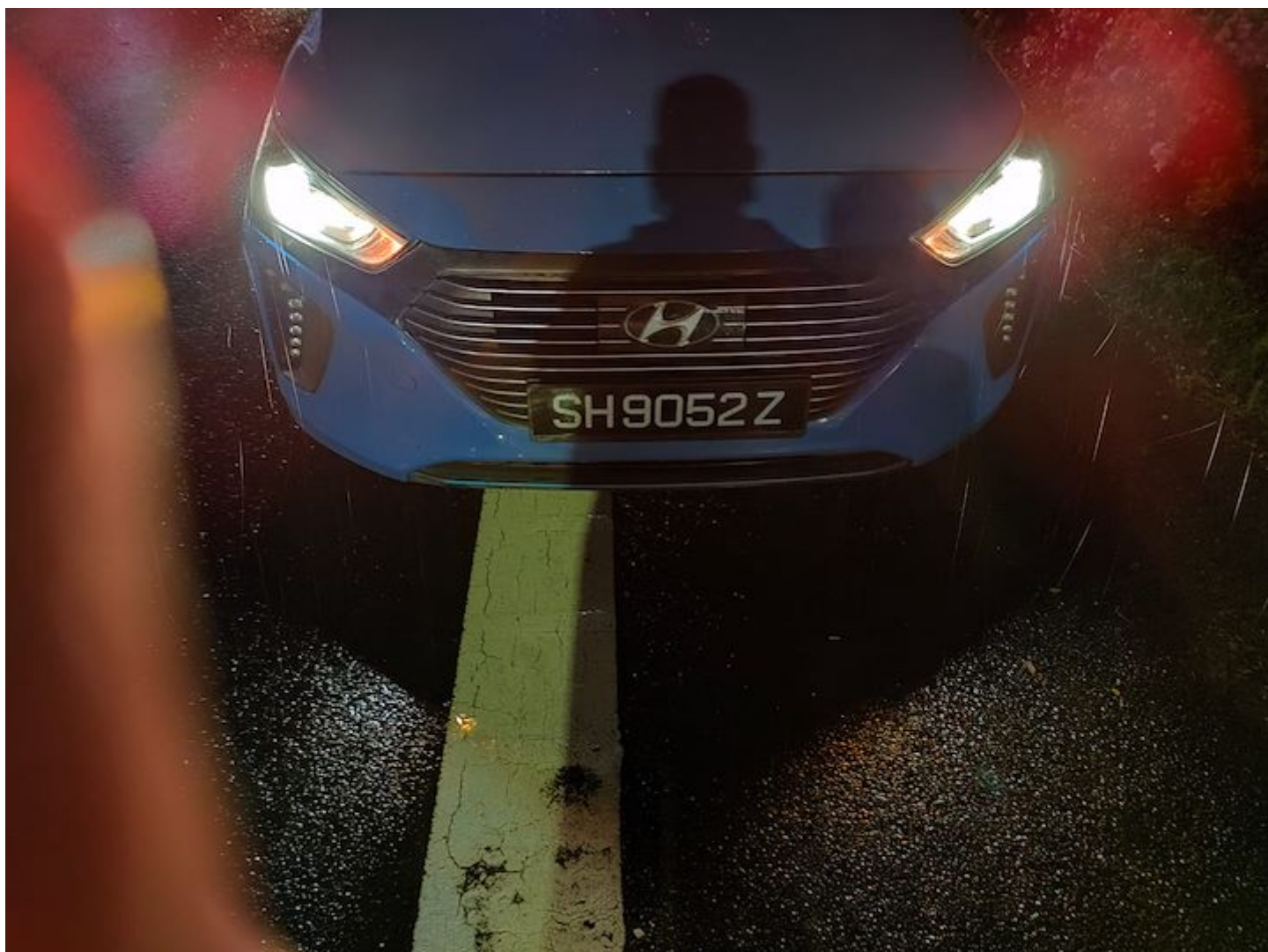


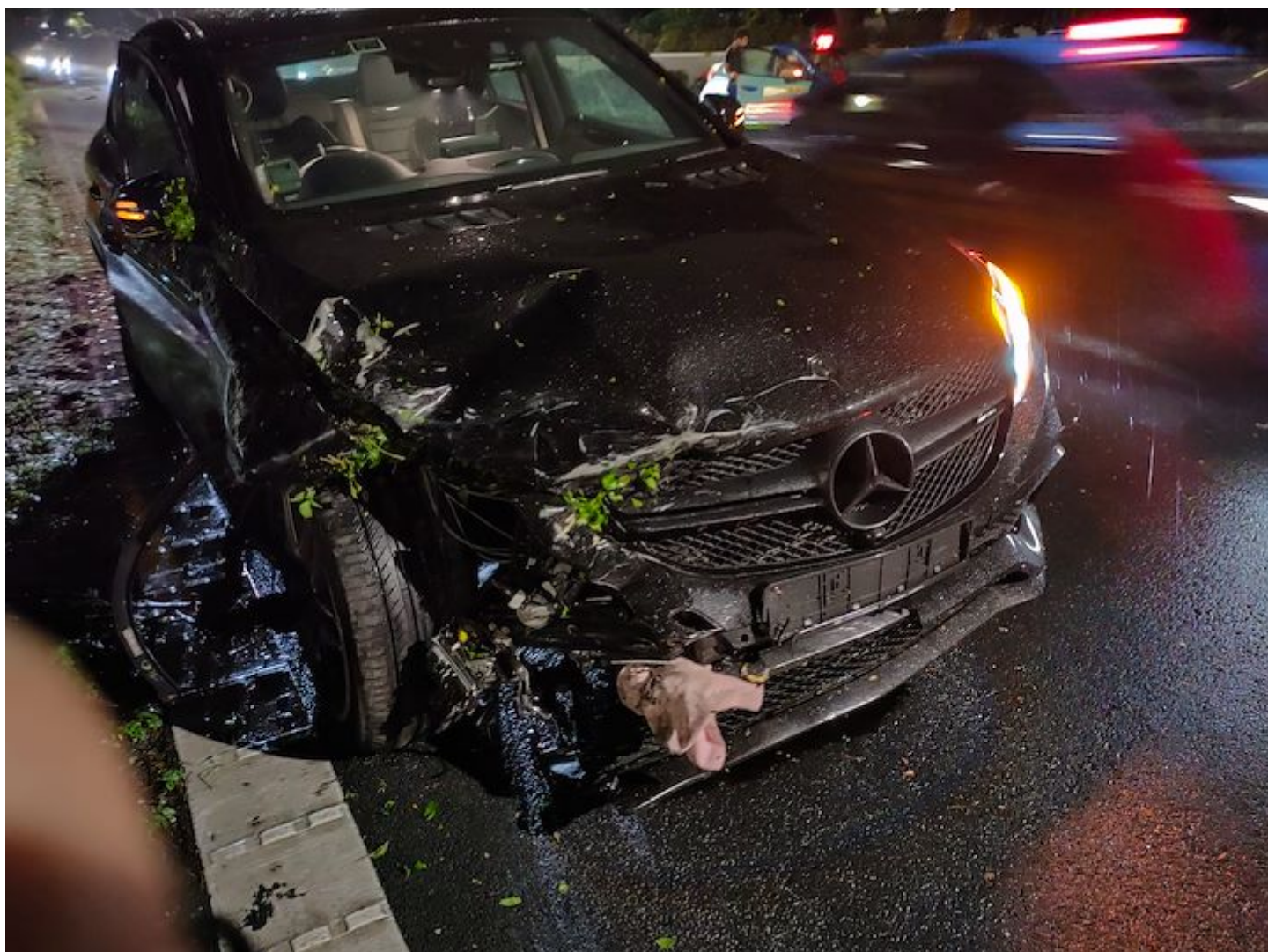


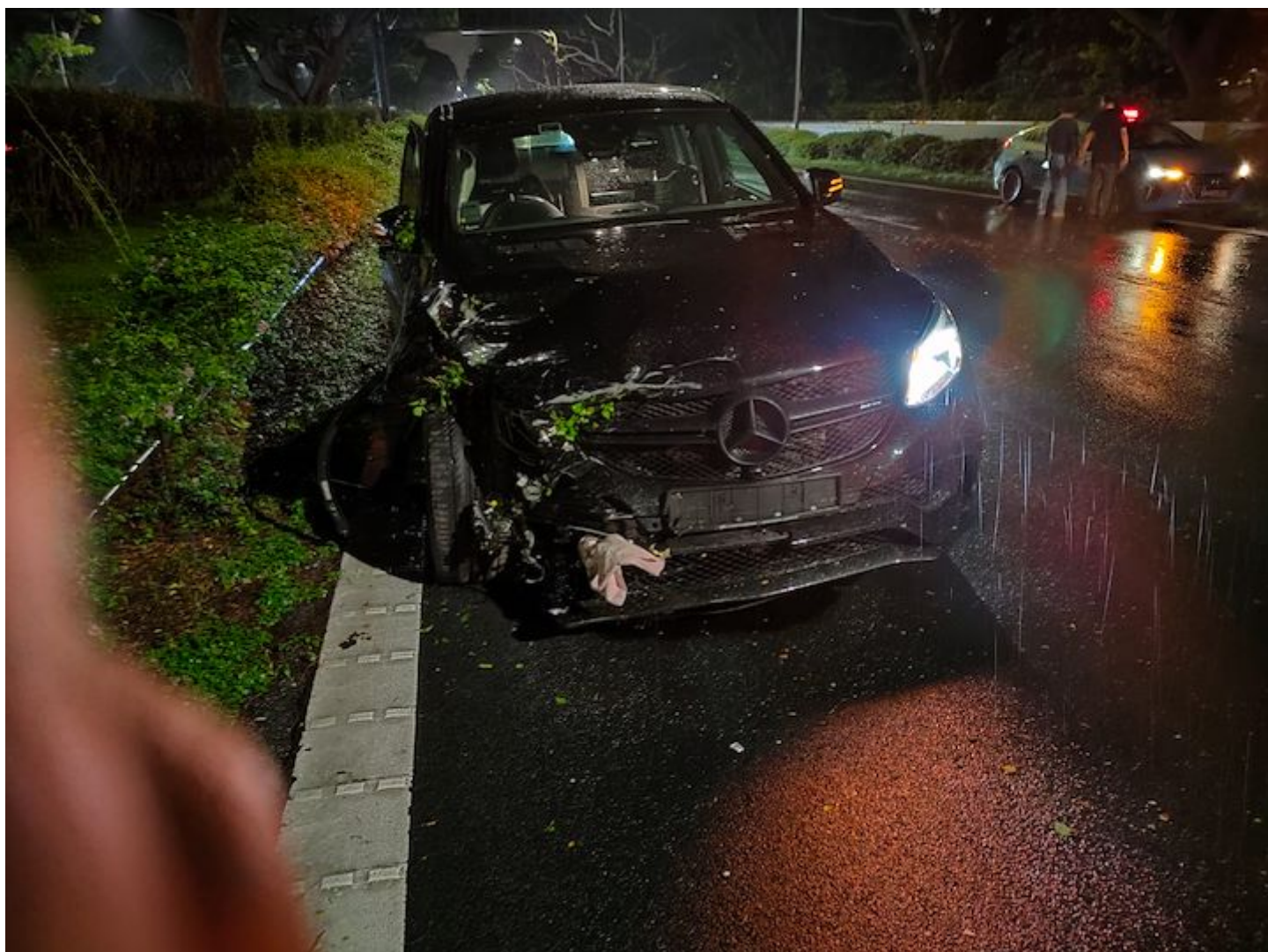


















**SINGAPORE
POLICE FORCE**



T/20221204/2042

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20221204/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2022 14:36		Vide Report No.: G/20221204/0051		Station Diary No.: 65	
Informant's Particulars					
Name of Informant: TOK MUI HUA			Address: APT BLK 257A COMPASSVALE ROAD #11-503 SINGAPORE 541257		
ID Type / ID No.: NRIC NO / S1313056F			Contact No.: Home/Office:		Mobile: 97836011
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 11/06/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/12/2022 05:45	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Lamp Post Number: 213				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SH6829U	Car				Seriously Damaged	2
SH9052Z	Car				Slightly Damaged	1
SJJ328J	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221204/2042

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20221204/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOK MUI HUA	ID No.	S1313056F
Related Vehicle	SH6829U (Car)	Contact No.	97836011
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	04/12/2022	Date Discharge	04/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOH AH CHWEE	ID No.	S1206597C
Related Vehicle	SH9052Z (Car)	Contact No.	96262795
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 04/12/2022 at about 5.45am, I was driving my taxi, SH6829U, along ECP expressway towards Changi with one passenger (Peh Cjoon Min, Benjamin, S9404091D, 97874630). I was driving on the right most lane and while I was between Marine Vista and Siglap exits, one car, SJJ328J, collided to my rear left. My taxi went out of control and spun at the expressway. The car had also collided into another taxi, SH9052Z. We alighted our taxi and it was a Chinese man who drove the car. He apologized to us a few times and left while I was taking pictures of my taxi. I did not manage to take down any of his particulars. My taxi was badly damaged and was towed away. Traffic police was at the scene and had seized my in-car camera SD card. Ambulance was also at the scene and made a check on me and my passenger. After my taxi was being towed away, I still felt pain on the back of my body and my head. Therefore, I went to Sengkang General hospital for further medical attention. I had received 3 days MC from 04/12/2022 to 06/12/2022.



**SINGAPORE
POLICE FORCE**



T/20221204/2042

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20221204/2042

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:

F /
SR STAFF SGT NUR NADHIRAH
BINTE HASHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/12/2022 14:36

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

Classification Of Case:

NP168