

# 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	07/12/2022 16:50 (SGT)
Reported by	Driver
Date of Accident	07/12/2022 09:45 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	AYE (CITY)
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7290R
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) +65-92376410
Alternative Phone No	(Office) +65-65508768

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

## INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	VFX/P2419138

## DRIVER

Name of Driver	CHAI NYUK CHOY
NRIC No	SXXXX280H
Date Of Birth	11/08/1952
Occupation	Outdoor

Date Of Driving Pass .....	12/09/1978
Driving experience .....	44 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92376410
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	368 BUKIT BATOK STREET 31 #06-487
Address complement .....	-
Postcode .....	650368
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? .....	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 .....	JOANNE LEW
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 07/12/2022 AT AROUND 0945HRS, I WAS DRIVING VEHICLE A (SH7290R) ALONG JALAN AHMAD IBRAHIM. I WAS STATIONARY BEHIND VEHICLE E (SNG2467X) WAITING TO ENTER AYE(CITY) WHEN SUDDENLY I FELT AN IMPACT FROM REAR WHICH CAUSED VEHICLE A TO MOVE FORWARD AND REAR END VEHICLE E. I THEN REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION WITH VEHICLE B (SMJ9932U) , VEHICLE C (SJW4880K) , VEHICLE D (SMY3333J) AND VEHICLE E.

I SUSTAIN SOME PAIN IN BOTH MY KNEE CAPS DUE TO THE IMPACT. THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

#### 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	SMJ9932U
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MARK LIM
Contact Number	(Phone) +65-91116949
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	SJW4880K
Vehicle Manufacturer	Volvo
Vehicle Model	-
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	SMY3333J
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MISS TAN
Contact Number	(Phone) +65-92286228
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	SNG2467X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	YAP KOK CHOON
Contact Number	(Phone) +65-91896243

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 .....	CHAI NYUK CHOY
Gender .....	Male
Phone No .....	(Phone) +65-92376410
Address .....	368 BUKIT BATOK STREET 31 #06-487
Address Complement .....	-
Post Code .....	650368
Approximate Age Years Old .....	70
Injuries Sustained .....	SUSTAIN PAIN ON BOTH KNEE CAPS
Injured person in which vehicle? .....	SH7290R
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.
2. This Form must be completed by the Policyholder and/or the Authorised 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. 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.

*[Signature]*

FLASH ACCIDENT  
REPORTING OFFICER  
FRO SUFIYAN



Policyholder's Signature / Date & Time

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

07/12/2022 1315HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



## Describe Circumstances of the Accident

ON 07/12/2022 AT AROUND 0945HRS, I WAS DRIVING VEHICLE A (SH7290R) ALONG JALAN AHMAD IBRAHIM. I WAS STATIONARY BEHIND VEHICLE E (SNG2467X) WAITING TO ENTER AYE(CITY) WHEN SUDDENLY I FELT AN IMPACT FROM REAR WHICH CAUSED VEHICLE A TO MOVE FORWARD AND REAR END VEHICLE E. I THEN REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION WITH VEHICLE B (SMJ9932U) , VEHICLE C (SJW4880K) , VEHICLE D (SMY3333J) AND VEHICLE E.

I SUSTAIN SOME PAIN IN BOTH MY KNEE CAPS DUE TO THE IMPACT. THERE WERE NO OTHER VEHICLES INVOLVED IN THE CHAIN COLLISION.

## 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

07/12/2022 1315HRS

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO SUFIYAN



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