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 Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 the control of this report will fee fee be made qualified to the proposition by interested parties. 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	09/05/2022 11:43 (SGT)
Date of Accident	07/05/2022 14:00 (SGT)
Exact Location of Accident	Holland Rd, Singapore
Additional Location Information	TOWARDS TANGLIN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

CHOOLED

Toyota

V CIII	icie i registration number	20100	

INSURED/POLICYHOLDER

Vehicle Registration Number

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) +65-96715344
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 - Reporting only
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	_

DRIVER

Name of Driver	KHAMIS TAN BIN SHARIF TAN
NRIC No	S1378065Z

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	O6/03/1959 Outdoor 18/01/1989 33 YEARS AND 4 MONTHS Male (Phone) +65-96715344 - fleetsafety@cdgtaxi.com.sg APT BLK 98 COMMONWEALTH CRESCENT #06-48 - 140098 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Commonwealth Neighbourhood Police Post (Phone) +65-18004749999 (Fax) +65-64715297 Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111 No
CIRCUMSTANCES OF ACCIDENT	
	H9016D ALONG HOLLAND ROAD TOWARDS NAPIER ROAD.I Y LANE SUDDENLY VEHICLE B SNA6416Z APPLIED BRAKE ANI ICLE B.EXCHANGED PARTICULAR AND THIRD PARTY DRIVER
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes FILE IS NOT SUITABLE No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNA6416Z

Vehicle Manufacturer	Toyota
Vehicle Model	Sienta
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	NG CHING PHENG
NRIC No	S1497299D
Contact Number	(Phone) +65-96970618
Address	APT BLK 942 JURONG WEST STREET 91 #02-455
Address complement	-
Postcode	640942
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	NG CHING PHENG Male (Phone) +65-96970618 APT BLK 942 JURONG WEST STREET 91 #02-455 - 640942 61 NOT SURE SNA6416Z Yes
Was this injured conveyed to hospital by ambulance?	Yes

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.
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- 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)

Lunderstand, acknowledge, agree and consent that :

- (a) My Insurer, my w orkshop 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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 w ith 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature of driver a most the policyholder) / Date & Time Sketch Plan

A.SH9016D

B.SNA6416Z

HOLLAND ROAD

Describe Circumstances of the Accident

ON 07/05/22 AT ABOUT 1405HRS I WAS DRIVING VEHICLE A SH9016D ALONG HOLLAND ROAD TOWARDS NAPIER ROAD.I WAS EXTREME LEFT LANE, AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SNA6416Z APPLIED BRAKE AND I UNABLE TO STOP ON TIME .MY VEHICLE REAR ENDED VEHICLE B.EXCHANGED PARTICULAR AND THIRD PARTY DRIVER INJURED AND CONVEYED TO HOSPITAL BY AMBULANCE.

Declaration

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

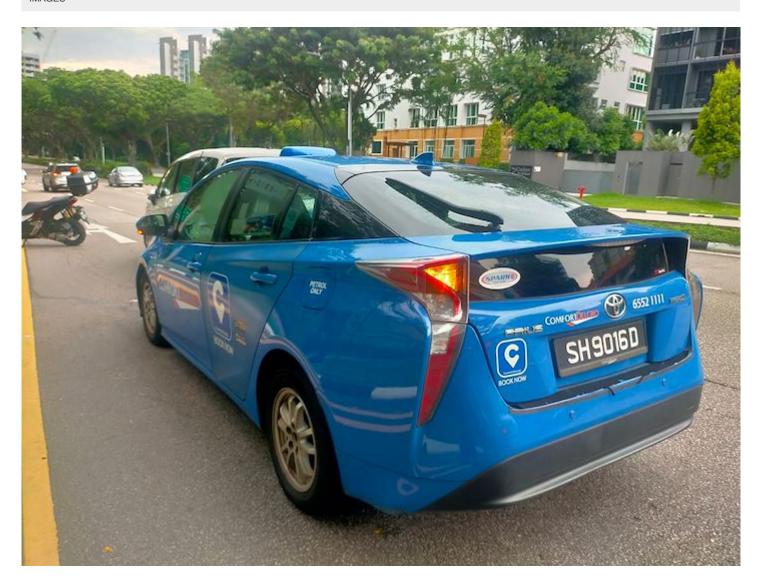
Policyholder's Signature / Date &

Time

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

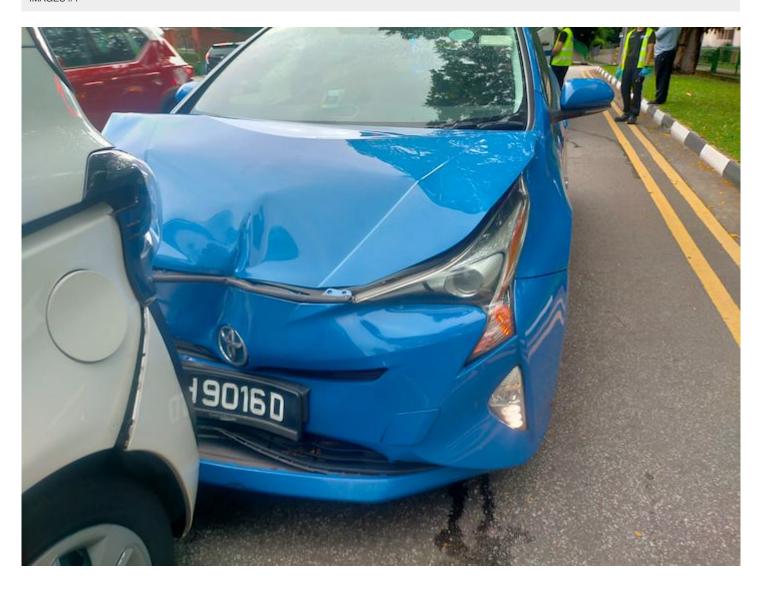
07/05hz / 1578 ATTH

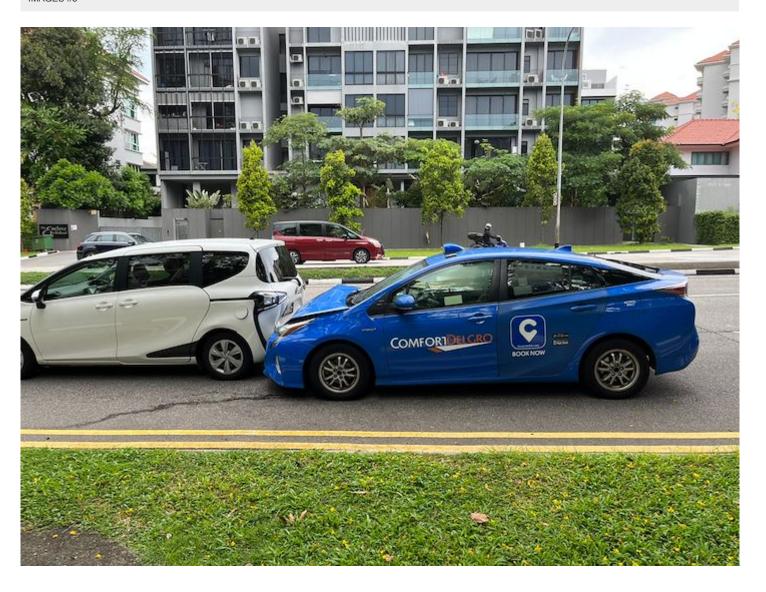


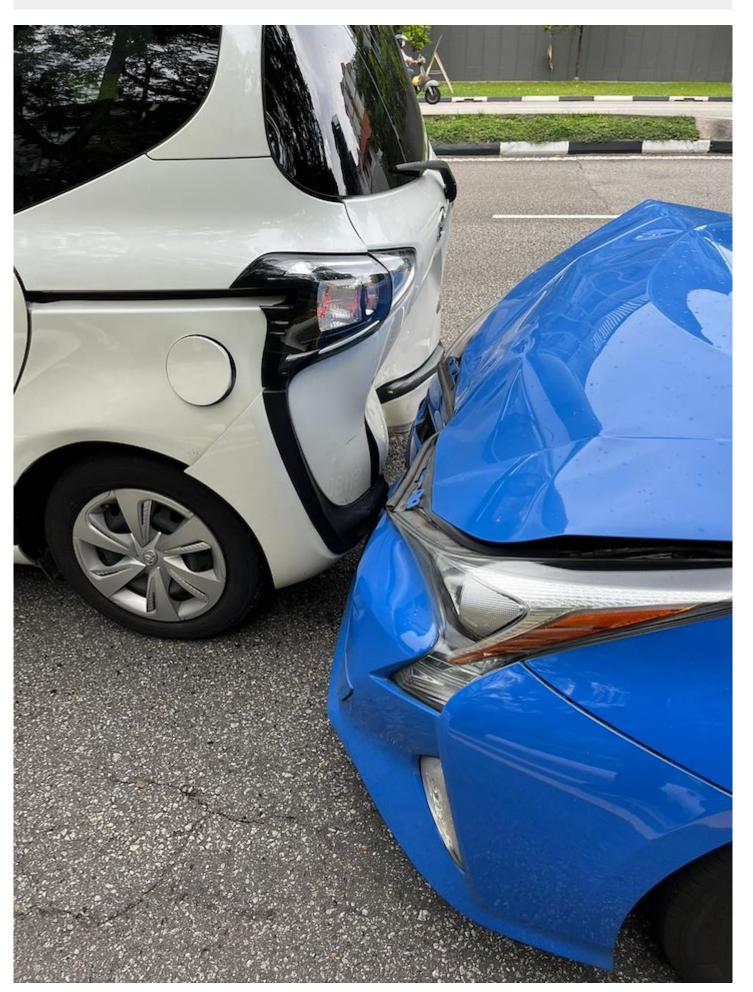


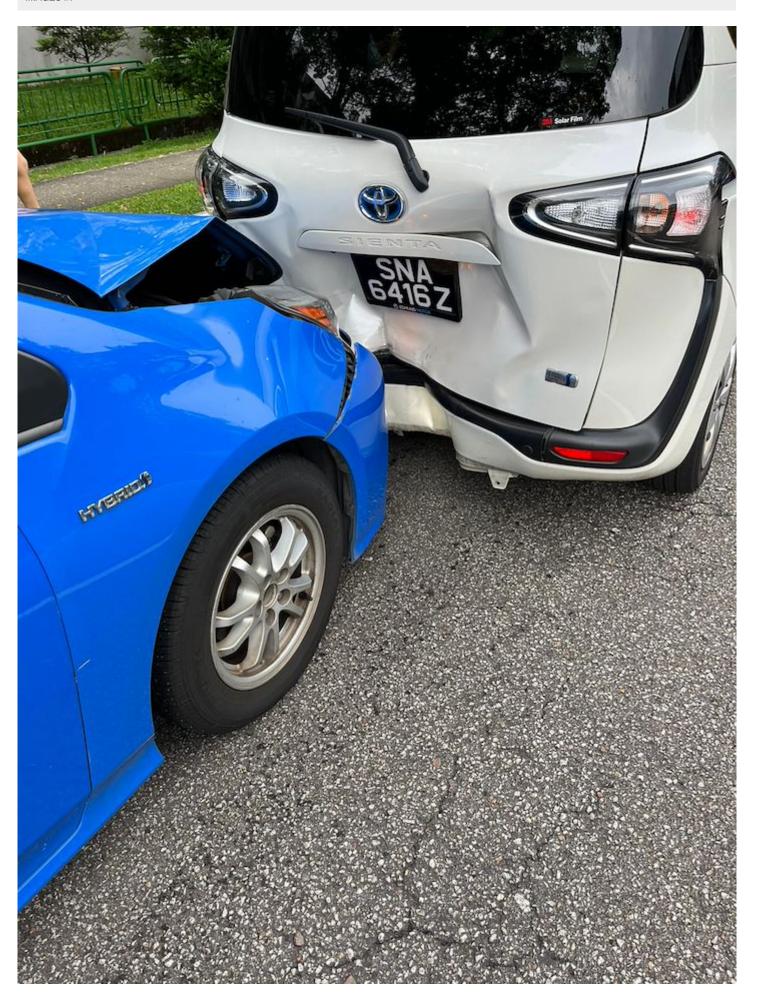
























T/20220507/2062

1 of 3

Report No. T/20220507/2062

Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: D/20220507/0092 Date/Time Report Made:

07/05/202	22 16:32		Dizozzosoriosaz		
Informar	t's Particu	lars	THE PARTY OF THE P		
Name of Informant: KHAMIS TAN BIN SHARIF TAN			Address: APT BLK 98 COMMONWEALTH CRESCENT #06-48 SINGAPORE 140098		
ID Type	ID No.: 0 / \$137806	65Z	Contact No.: Home/Office: Mobile: 96715344		
National			Email:		
Sex: Male	Age: 63	Date of Birth: 06/03/1959	Type of Informant: Driver	Institution / School Name:	
Race: Boyane:	se		Language:		
Occupation: taxi driver			Driving Licence Informatio Class:	n: Date of Expiry:	

Seneral Information Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/05/2022 14:00	Type of Location Straight Road
Location: HOLLAND R	OAD			Road Speed Limit:
Weather: Clear		Road Surface: Dry		Traffic Volume:
Traffic Flow: Traff		Traffic Control: Not Controlled	attle Controlled Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:

Details of V	A PRODUCTION OF THE PARTY OF TH	Make	Model	Color	Condition	No of Passenger
Vehide No. SH9016D	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Blue	Seriously Damaged	0
SNA6416Z	Car	TOYOTA	SIENTA HYBRID 7- SEATER 1.5X CVT	White	Seriously Damaged	0



Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999



Report No. T/20220507/2062

CONTINUATION OF REPORT

On 07/05/2022 at about 1400hrs I was driving my vehicle (SH9016D) at Holland road towards Tanglin after I dropped my passenger off. After dropping off my passenger I exiting the road and I was having issues with the Comfort Delgro Taxi App and didn't realize that the vehicle (SNA6416Z) was in front of me. Hence I didn't break on time and my front of the vehicle (SH9016D) hit the rear of the vehicle (SNA6416Z) both vehicles were slightly damaged as my vehicle (SH9016D) front was damaged. Vehicle (SNA6416Z) was also rear was damaged as well. Police attended to scene and issued me a Case card and advised me to lodge a real state. and advised me to lodge a police report about the accident. I am lodging this report as the traffic police instructed me to lodge a police report regarding the accident.





Police Station Of Origin: Commonwealth NPP 111 Commonwealth Crescent (Annex) #01-288A SINGAPORE 140111 Tel No: 1800-4749999

Report No. T/20220507/2062

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: SGT 1 REECE LOW JIAJUN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIT / SI GOH WEILL Contact No.: 65476394

NP168

Signature Of Informant:



Date/Time: 07/05/2022 16:32

Classification Of Case:

