

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	09/12/2022 09:45 (SGT)
Reported by	Driver
Date of Accident	08/12/2022 19:15 (SGT)
Exact Location of Accident	Jln Besar, Singapore
Additional Location Information	TOWARDS BENCOOLEN ST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3171J
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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) +65-93961677
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	WOON TAI SENG
NRIC No	SXXXX505F
Date Of Birth	15/12/1955
Occupation	Outdoor

Date Of Driving Pass	25/06/1985
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93961677
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 253 TAMPINES ST 21 #03-414
Address complement	-
Postcode	521253
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	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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 08/12/22 AT AROUND 1915HRS I WAS DRIVING VEHICLE A (SHC3171J) AT JALAN BESAR TOWARDS BENCOOLEN ST. AS I WAS STOPPING ON THE TRAFFIC LIGHT, I SUDDENLY FELT AN IMPACT AND SAW THAT VEHICLE D() COLLIDED AGAINST VEHICLE B() AND THE IMPACT CAUSE IT TO HIT MY VEHICLE. THE IMPACT FROM IT CAUSE MY VEHICLE TO ROLL IN FRONT AND HIT VEHICLE D(). I SUFFERED BODY PAIN WHILE VEHICLE D SUFFERED GUM BLEEDING

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	SKT32Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TOMMY PHUN YI ZE
Contact Number	(Phone) +65-98373811
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ7424D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JAYAPRAKASH
Contact Number	(Phone) +65-94457433
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SG1120T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	NG
Contact Number	(Phone) +65-98910254
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	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GUMS BLEEDING
Injured person in which vehicle?	SG1120T
Were seat belts worn?	Yes



Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	WOON TAI SENG
Gender	Male
Phone No	(Phone) +65-93961677
Address	BLK 253 TAMPINES ST 21 #03-414
Address Complement	-
Post Code	521253
Approximate Age Years Old	66
Injuries Sustained	BODY PAIN
Injured person in which vehicle?	SHC3171J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3	
Name of injured person	PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN INJURIES
Injured person in which vehicle?	YQ7424D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.



FLASH ACCIDENT
REPORTING OFFICER
FRO ZIKRUL




Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

08/12/22 2200HRS

Sketch Plan

	<p>A-SHC3171J B-YQ7424D C-SKT32Y D-SG1120T</p>
<p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>→</p> <p>JALAN BESAR TOWARDS BENCOOLEN ST</p>	



SINGAPORE POLICE FORCE



T/20221209/2015

1 of 4

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20221209/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2022 09:48		Vide Report No.: A/20221208/0147		Station Diary No.: 14	
Informant's Particulars					
Name of Informant: WOON TAI SENG			Address: APT BLK 253 TAMPINES STREET 21 #03-414 SINGAPORE 521253		
ID Type / ID No.: NRIC NO / S1205505F			Contact No.: Home/Office: Mobile: 93961677		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 15/12/1955	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:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/12/2022 19:15	Type of Location: X-Junction
Location: MAYO STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG1120T	Bus/Coach/Mi nibus (School Children)				Slightly Damaged	0
SHC3171J	Car				Seriously Damaged	0
SKT32Y	Car				Slightly Damaged	0
YQ7424D	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221209/2015

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20221209/2015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	NG FATT SEONG	ID No.	NIL
Related Vehicle	SG1120T (Bus/Coach/Minibus (School Children))	Contact No.	98910254
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
Driver			
Name	WOON TAI SENG	ID No.	S1205505F
Related Vehicle	SHC3171J (Car)	Contact No.	93961677
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TOMMY PHUN YI ZE	ID No.	NIL
Related Vehicle	SKT32Y (Car)	Contact No.	98373811
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



Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20221209/2015

CONTINUATION OF REPORT

Driver			
Name	JAYA PRAKASH	ID No.	NIL
Related Vehicle	YQ7424D (Lorry)	Contact No.	94457433
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 08/12/2022 at about 1917hrs, i was stationery along Jalan Besar towards Bencoolen Street as the traffic light was red. All other vehicles along the 4 lanes were also stationery.

While waiting for the traffic light to turn green, I felt an impact from the rear and discovered that a vehicle (YQ7424D) had hit my vehicle. A bus (SG1120T) had hit onto the rear of the said car which caused it to hit onto me. Due to the impact, my vehicle had also hit onto another vehicle (SKT32Y) which was stationery infront of me.

At that point I was not injured and in stable condition. My vehicle was then towed by my companies towing and my vehicle in car camera SD card was taken by the traffic police.



**SINGAPORE
POLICE FORCE**



T/20221209/2015

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Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

Report No. T/20221209/2015

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:

G /

SGT 3 ILYAAS BIN KHAMIS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/12/2022 09:48

Officer In Charge Of Case:

TP / GIT /

SGT 3 MUHAMMAD ISMAIL BIN AMZAH

Contact No.: 65476185

Classification Of Case: