

## 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              | 14/02/2023 16:51 (SGT) |
| Reported by                     | Driver                 |
| Date of Accident                | 13/02/2023 21:30 (SGT) |
| Exact Location of Accident      | PIE, Singapore         |
| Additional Location Information | -                      |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SHD3223M |
|-----------------------------|----------|

#### 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) +65-97472775           |
| 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         | HSBC Life (Singapore) Pte. Ltd |
| Policy Number / Cover Note Number | VFX/P2419138                   |

#### DRIVER

|                |               |
|----------------|---------------|
| Name of Driver | HO LIANG QWEE |
| NRIC No        | SXXXX954E     |
| Date Of Birth  | 25/06/1951    |
| Occupation     | Outdoor       |



|  |                            |
|--|----------------------------|
| Date Of Driving Pass .....   | 07/05/1971                 |
| Driving experience .....   | 51 YEARS AND 9 MONTHS      |
| Gender .....   | Male                       |
| Mobile Number .....  | (Phone) +65-97472775       |
| Alt. Phone Number .....  | -                          |
| Email Address .....  | fleetsafety@cdgtaxi.com.sg |
| Address .....  | 27 LOR 7 REALTY PARK       |
| Address complement .....   | -                          |
| Postcode .....   | 536785                     |
| 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 ..... | Clear           |
| Road Surface .....       | Dry             |

#### 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

ON 13.02.2023 AT ABOUT 2130HRS I WAS DRIVING MY VEHICLE A SHD3223M ON THE 1ST LANE OF PIE/CHANGI. AT THE EUNOS FLYOVER, TRAFFIC WAS HEAVY VEHICLE B SLP356Y REAR ENDED MY VEHICLE A AND VEHICLE C SLC5594L HAD REAR ENDED VEHICLE B NO ONE WAS INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

#### 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 NOT SUITABLE |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SLP356Y |
| Vehicle Manufacturer .....        | Mazda   |
| Vehicle Model .....               | -       |
| Vehicle Variant .....             | -       |
| Vehicle Colour .....              | -       |

|   |                      |
|---|----------------------|
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | DONG CHEN YEW        |
| Contact Number .....                          | (Phone) +65-93694167 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | FRONT AND REAR       |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | SLC5594L             |
| Vehicle Manufacturer .....                    | Honda                |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | IDRIS                |
| Contact Number .....                          | (Phone) +65-96725657 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | FRONT                |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |





**Describe Circumstances of the Accident**

ON 13.02.2023 AT ABOUT 2130HRS I WAS DRIVING MY VEHICLE A SHD3223M ON THE 1ST LANE OF PIE/CHANGI. AT THE EUNOS FLYOVER, TRAFFIC WAS HEAVY. VEHICLE B SLP356Y REAR ENDED MY VEHICLE A AND VEHICLE C SLC5594L HAD REAR ENDED VEHICLE B. NO ONE WAS INJURED. SCENE PHOTOS AND PARTICULARS TAKEN.

**Declaration**

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

Witnessed by Reporting Centre Personnel

*[Handwritten Signature]*

FLASH ACCIDENT  
REPORTING OFFICER  
KYMI YONG

