SJ0G232P000P / JP Knights Pte Ltd
ENTRY DATE & TIME: 25/02/2023 16:05 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 1 (25/02/2023 16:05 (SGT))

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	25/02/2023 16:05 (SGT)
Reported by	Driver
Date of Accident	24/02/2023 18:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY BEFORE 7B EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9180L

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) +65-93407092
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	NG BOON HOCK (HUANG WENFU)
NRIC No	SXXXX622G
Date Of Birth	30/07/1971
Occupation	Outdoor

Date Of Driving Pass	14/09/2002
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93407092
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 541 CHOA CHU KANG STREET 52 # 05-38
Address complement	-
Postcode	680541
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	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)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT:T/20230225/7009

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	SLE5009A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM LIANG SOH
NRIC No	SXXXX174Z
Contact Number	(Phone) +65-86555455
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	SJK5090E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NOLGENE BOEY
NRIC No	SXXXX325D
Contact Number	(Phone) +65-96560531
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	NG BOON HOCK
Gender	Male
Phone No	(Phone) +65-93407092
Address	BLK 541 CHOA CHU KANG STREET 52 # 05-38
Address Complement	-
Post Code	680541
Approximate Age Years Old	51
Injuries Sustained	BACK ,NECK,LEGS,HANDS
Injured person in which vehicle?	SH9180L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

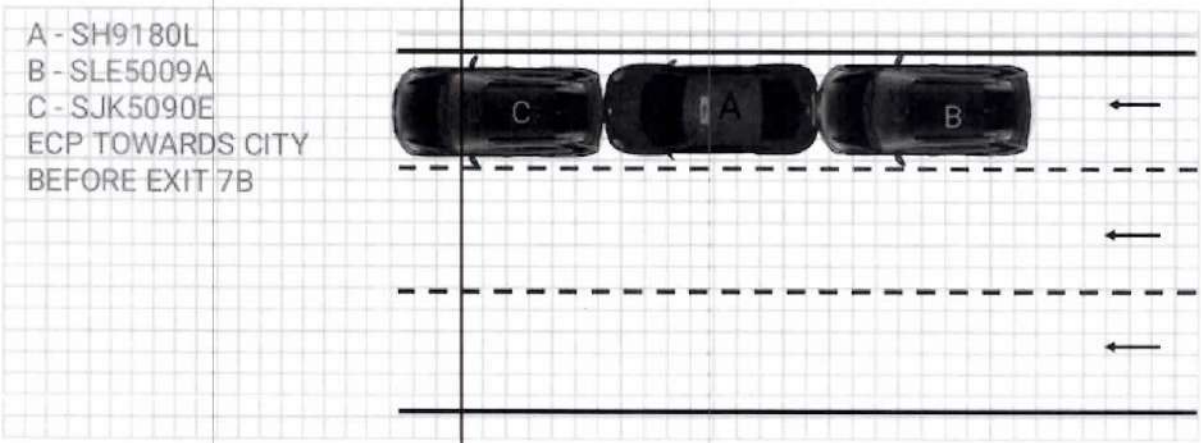
(Collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time 25/02/2023 1200HRS	Witnessed by Reporting Centre Personnel DHIYAA

Sketch Plan



SKETCH PLAN #2

Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20230225/7009

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 25/02/2023 1200HRS	Witnessed by Reporting Centre Personnel DHIYAA

SINGAPORE POLICE FORCE

T/20230225/7009

Report No. T/20230225/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
25/02/2023 10:17		

Informant's Particulars

Name of Informant: NG BOON HOCK			Address: 541 CHOA CHU KANG STREET 52 #05-38 SINGAPORE 680541	
ID Type / ID No.: NRIC NO / S7125622G			Contact No.: Home/Office:	Mobile: 93407092
Nationality: SINGAPORE CITIZEN			Email: joenbh1971@gmail.com	
Sex: Male	Age: 51	Date of Birth: 30/07/1971	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2023 18:45	Type of Location: Straight Road

Location:

ECP TOWARDS CITY BEFORE 7B EXIT

Weather: Clear	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SH9180L	Car	HYUNDAI	I40	Blue	Seriously Damaged	2
SJK5090E	Car	TOYOTA		Black	Seriously Damaged	0

SINGAPORE POLICE FORCE

T/20230225/7009

Report No. T/20230225/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLE5009A	Car	TOYOTA		Black	Slightly Damaged	0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	NG BOON HOCK			ID No.	S7125622G
Related Vehicle	SH9180L (Car)			Contact No.	93407092
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	25/02/2023		Date	25/02/2023	
No. of Days granted Medical Leave		05	Degree of	Slight	
Driver					
Name	NOLGENE BOEY			ID No.	S9814325D
Related Vehicle	SJK5090E (Car)			Contact No.	96560531
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	
Driver					
Name	LIM LIANG SOH			ID No.	S1767174Z
Related Vehicle	SLE5009A (Car)			Contact No.	86555455
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

On 24/2/2023 at about 1845 Hrs,i was driving my taxi SH9180L along ECP towards City with 2 passenger onboard.At the point of time i was traveling straight on the extreme right Lane and the traffic was heavy.In front of me a vehicle SLE5009A stopped so i follow and come to a complete stopped.Out of sudden,i felt a great impact from behind and the impact push my taxi forward and collided onto the front vehicle SLE5009A.

I alighted my taxi and discover that a vehicle SJK5090E cannot stop on time and rear ended my taxi rear portion.My taxi front portion and back portion was damage and dented.After the accident we exchange particular and my taxi was tow back to the taxi company.My neck,back,legs and hands was in pain so i consult doctor and was given 5 days MC.

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2023 10:17
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: