

## 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 .....	25/03/2023 14:25 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/03/2023 17:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	JURONG BEFORE EXIT 17
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SH9839X
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#### INSURED/POLICYHOLDER

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) +65-98478261
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 .....	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number .....	VFX/P2419138

#### DRIVER

Name of Driver .....	SAMUEL CHUA YEOW HUA
NRIC No .....	S1591949C
Date Of Birth .....	11/04/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	05/06/1982
Driving experience .....	40 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98478261
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 159 BEDOK SOUTH AVENUE 3 #11-559
Address complement .....	-
Postcode .....	460159
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? .....	Yes
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JUT2250
Vehicle Category .....	Commercial vehicle

#### FOREIGN VEHICLE 2

Vehicle Registration Number .....	JVQ1549
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002449999
Alt. Police Station Phone No .....	(Fax) +65-62447258
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

REFERT TO POLICE REPORT No.T/20230324/2129

## 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 ..... SMS7156J  
 Vehicle Manufacturer ..... Mercedes  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... MOHAMMED HARON BIN SAMAT  
 NRIC No ..... S1242204J  
 Contact Number ..... (Phone) +65-97302314  
 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 ..... JUT2250  
 Vehicle Manufacturer ..... Nissan  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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 ..... JVQ1549  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RIDER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURY
Injured person in which vehicle? .....	JVQ1549
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 2

Name of injured person .....	PASSENGER
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURY
Injured person in which vehicle? .....	SH9839X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	PASSENGER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	INJURY
Injured person in which vehicle? .....	SH9839X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

### INJURED 4

Name of injured person .....	SAMUEL CHUA YEOW HUA
Gender .....	Male
Phone No .....	(Phone) +65-98478261
Address .....	BLK 159 BEDOK SOUTH AVENUE 3 #11-559
Address Complement .....	-
Post Code .....	460159
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON THE NECK, LOWER BACK AND SHOULDER
Injured person in which vehicle? .....	SH9839X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

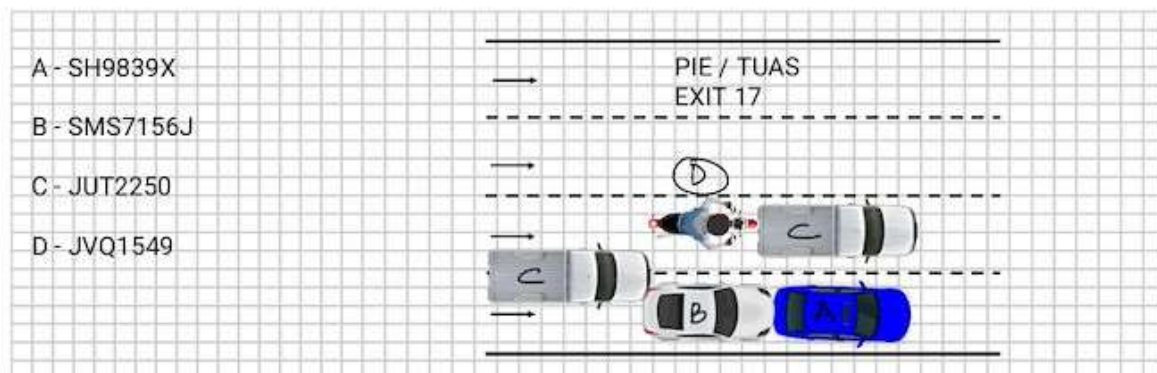
Policyholder's Signature /  
Date & Time

Driver's Signature (If driver is not the policyholder) /  
Date & Time 25.03.2023. 0840HRS

**FLASH ACCIDENT  
REPORTING OFFICER**  
KYMI YONG



Witnessed by Reporting Centre  
Personnel

**Sketch Plan**

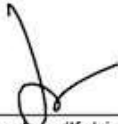
**Describe Circumstances of the Accident**

REFERT TO POLICE REPORT  
T /20230324/2129


**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 25.03.2023. 0845HRS

**FLASH ACCIDENT  
REPORTING OFFICER**  
KYMI YONG  
\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel







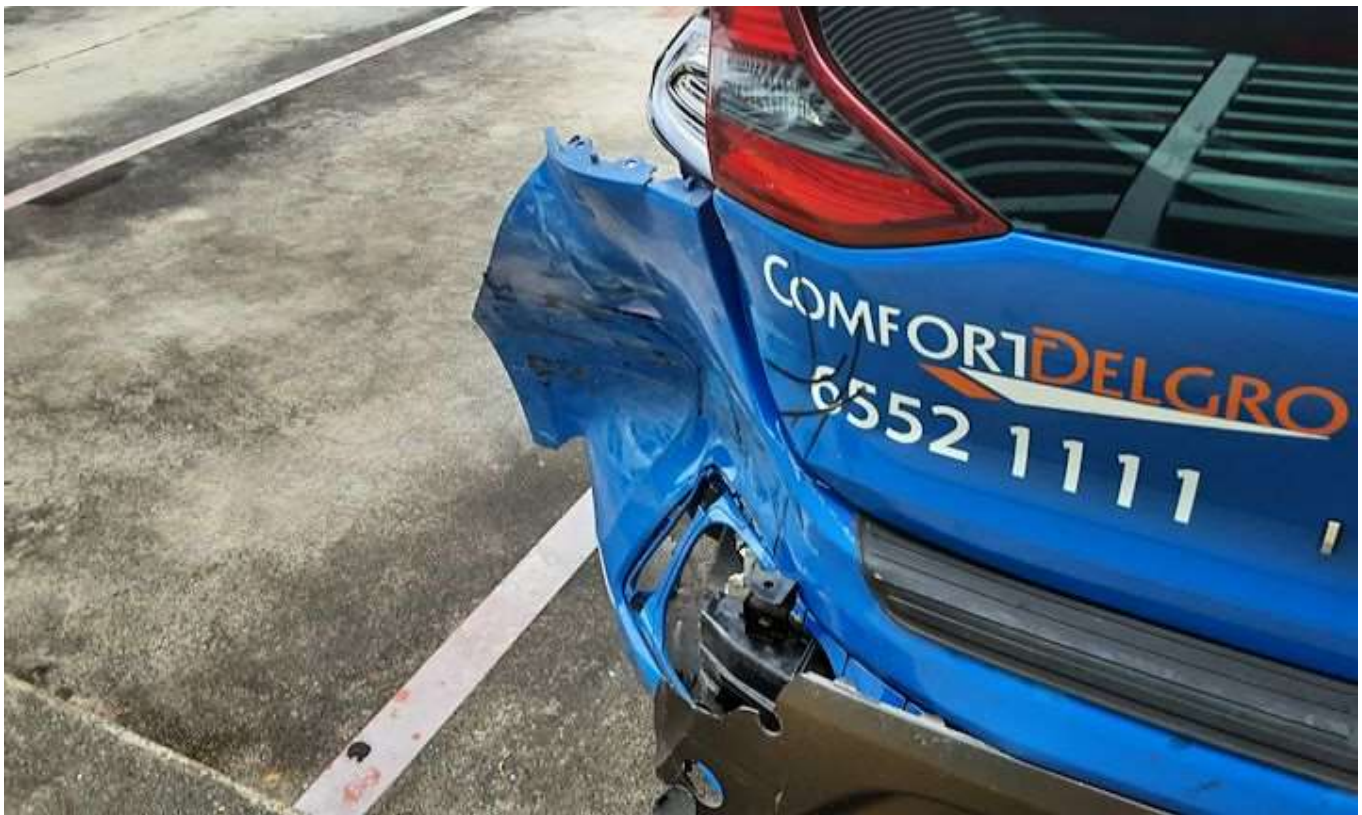








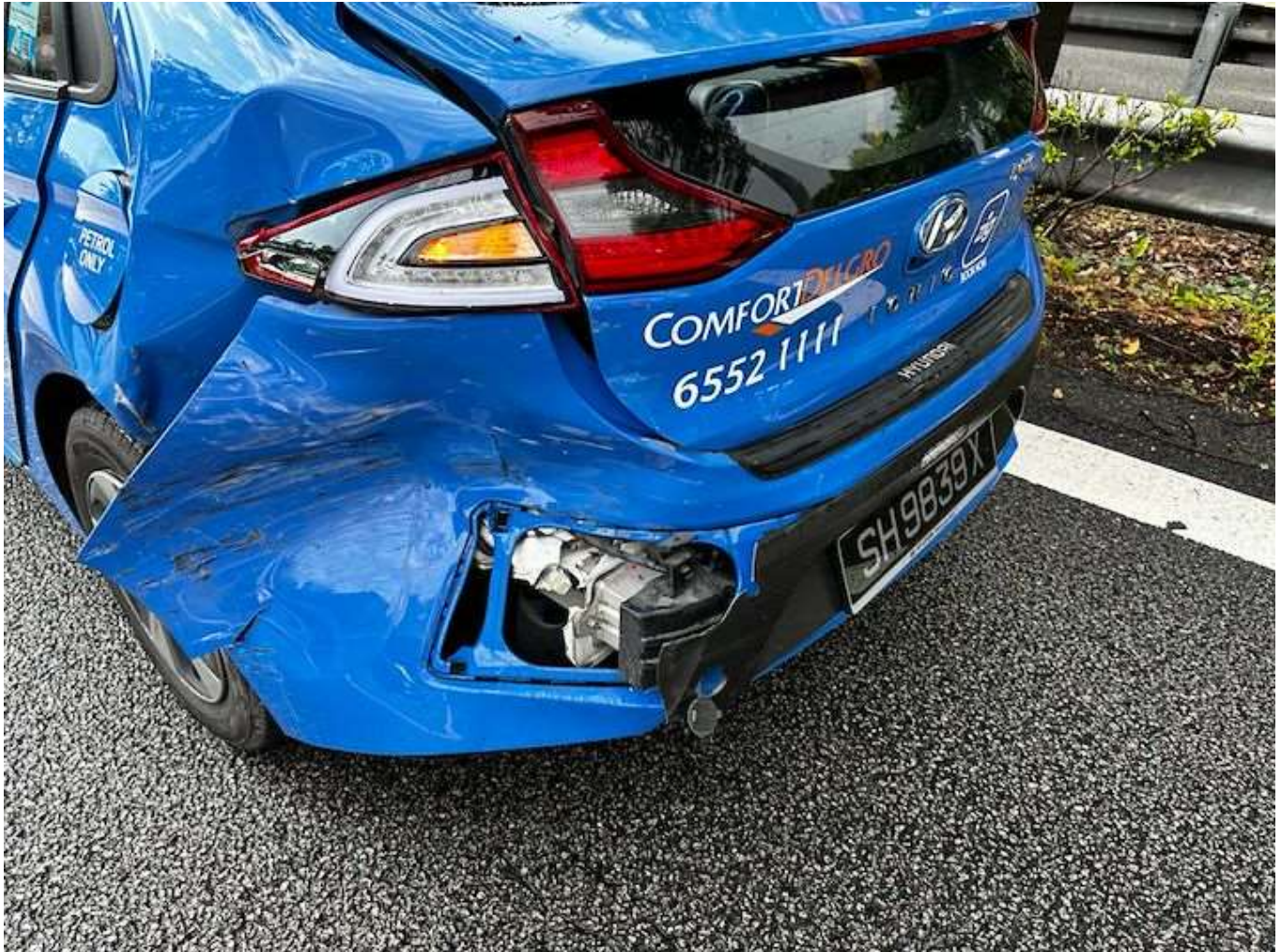




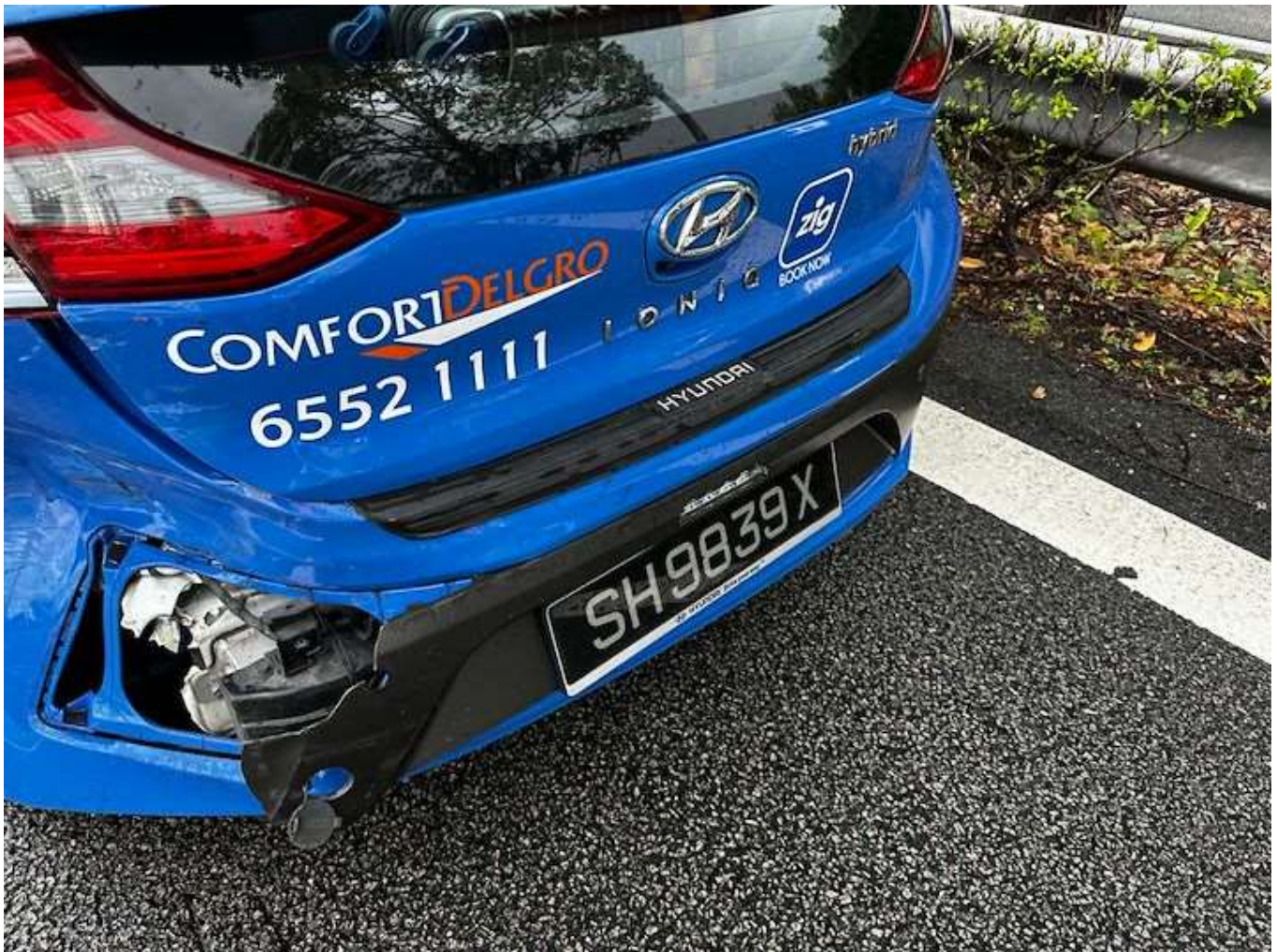








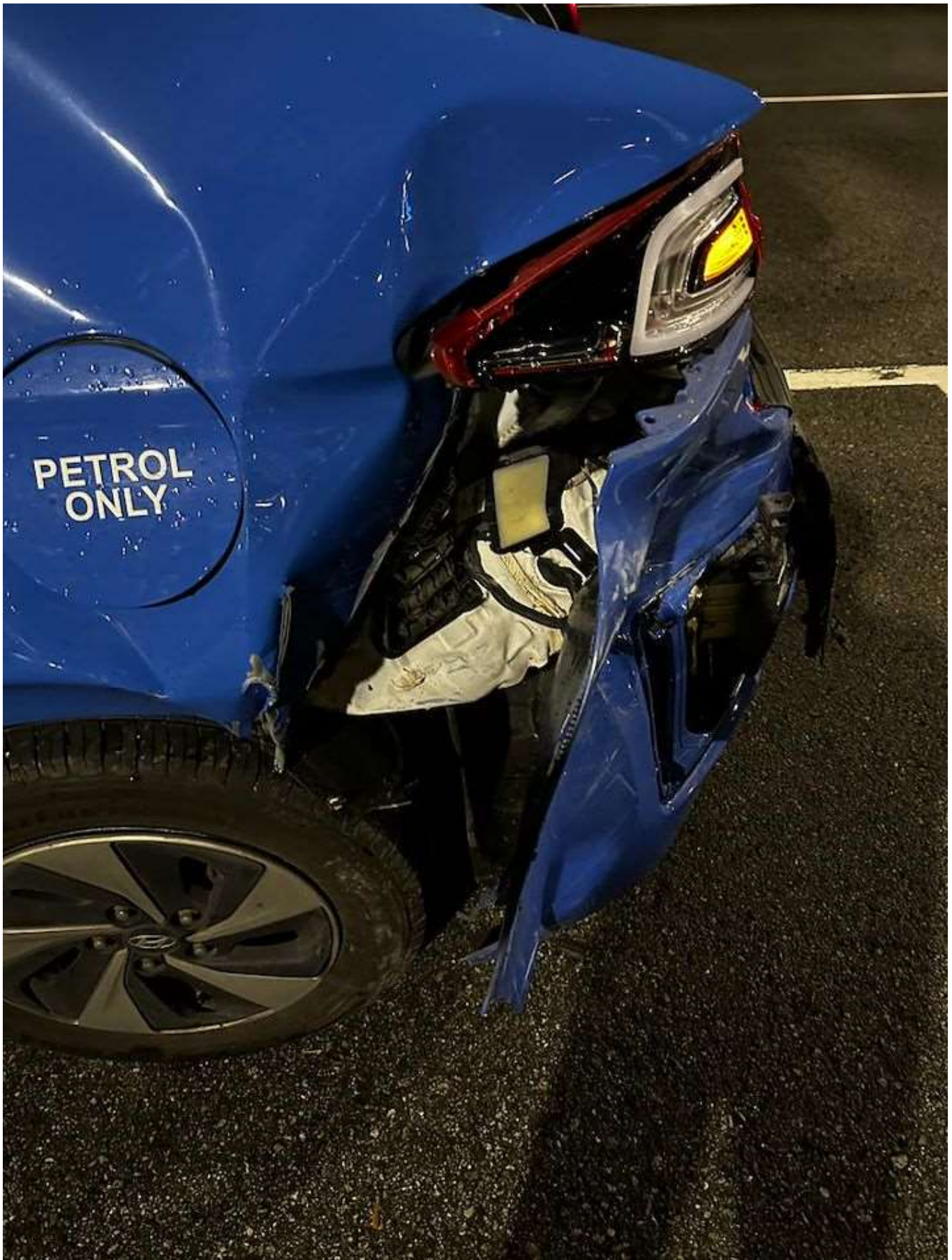






















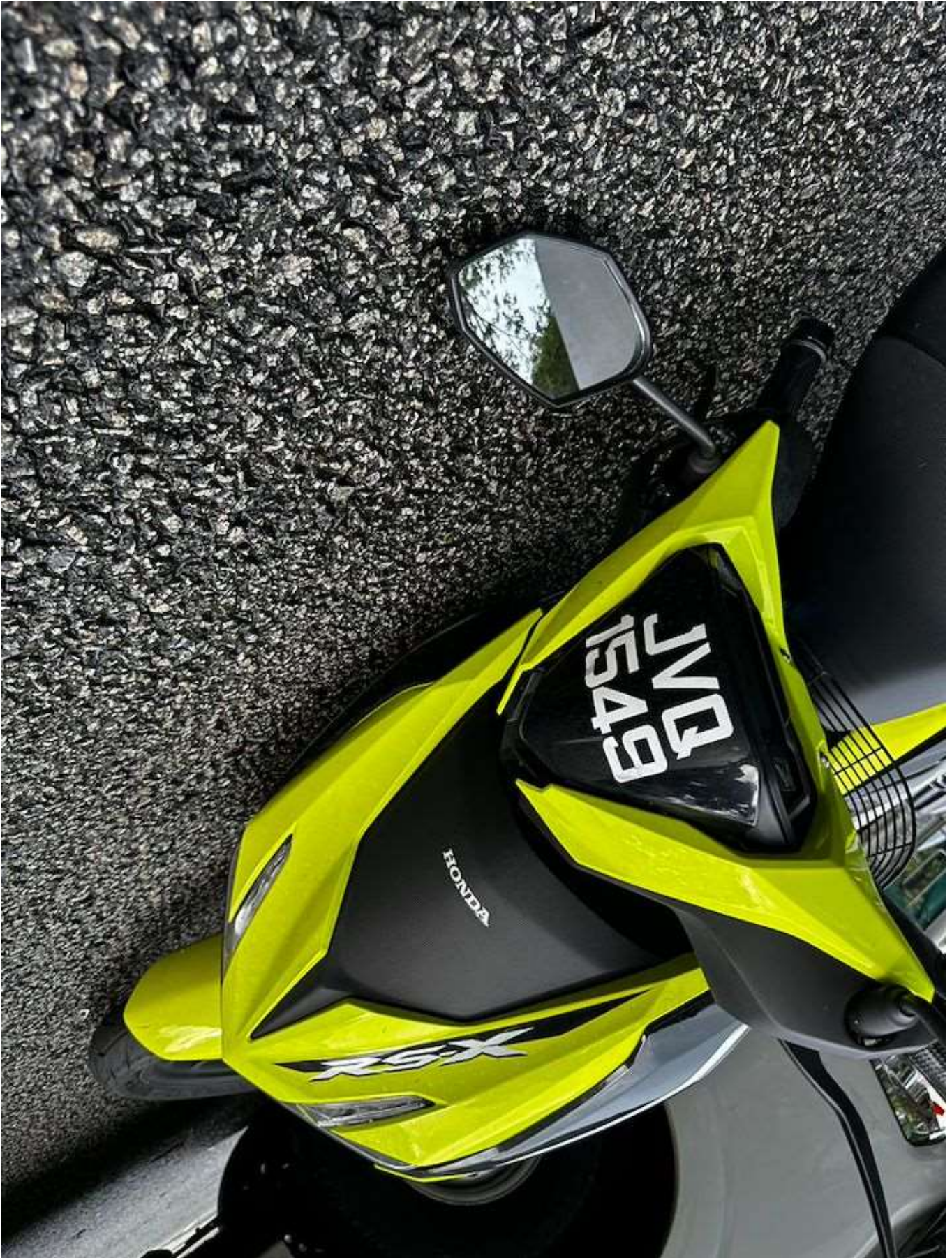










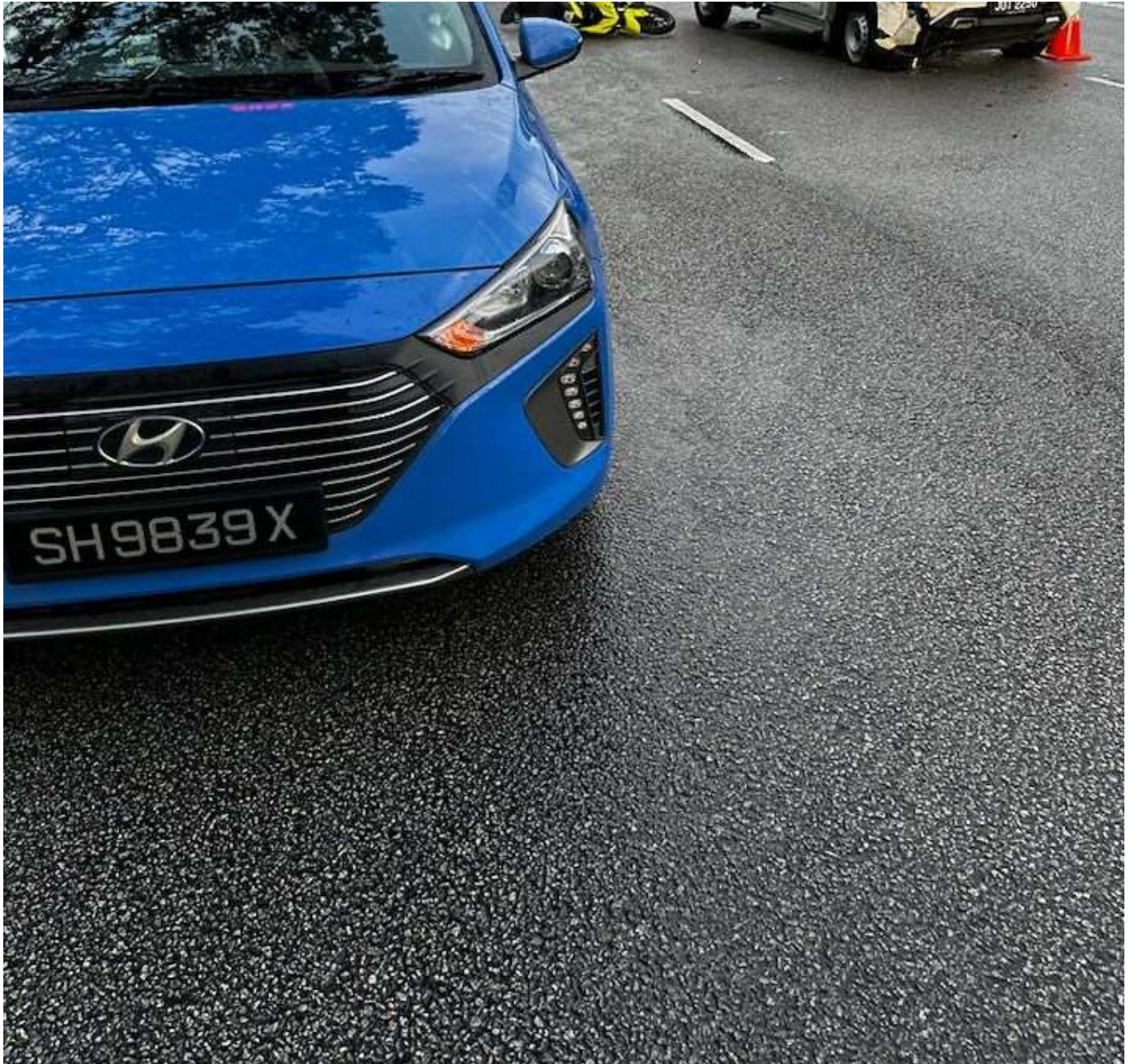















**SINGAPORE  
POLICE FORCE**


T/20230324/2129

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Report No. T/20230324/2129

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/03/2023 22:49	Vide Report No.: E/20230324/0113	Station Diary No.: 117
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**Informant's Particulars**

Name of Informant: SAMUEL CHUA YEOW HUA			Address: APT BLK 159 BEDOK SOUTH AVENUE 3 #11-559 SINGAPORE 460159	
ID Type / ID No.: NRIC NO / S1591949C			Contact No.: Home/Office: Mobile: 98478261	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 11/04/1963	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/03/2023 17:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Gloomy		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9839X	Car				Slightly Damaged	2
SMS7156J	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999



T/20230324/2129

SIN  
PO  
Police Station Of  
Bedok N.P.C  
30 Bedok North  
Tel No: 1800-24

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Report No. T/20230324/2129

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	SAMUEL CHUA YEOW HUA		ID No. S1591949C
Related Vehicle	SH9839X (Car)		Contact No. 98478261
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
<b>Driver</b>			
Name	Mohammed Haron Bin Samat		ID No. S1242204J
Related Vehicle	SMS7156J (Car)		Contact No. 97302314
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 24/03/2023 at about 1700hrs, I was travelling on my taxi bearing SH9839X along PIE towards Jurong before exit 17. I was travelling on the most right lane, as there was a heavy traffic in front, the car in front of me slowed down and stopped. I then stopped behind the car. After stopping my vehicle, I then felt an impact at the rear of my car and came out of my car. I then saw a vehicle SMS7156J hitting onto the rear of my car. I also saw that there was a chain collision behind.

We then came out of the vehicle and exchanged particulars. Traffic Police and Ambulance was also at scene and a motorist was conveyed to the hospital. Traffic Police also took my SD card vide E/20230324/0113. There were 2 passenger inside my vehicle and they were slightly injured but did not wished to be conveyed after paramedic made a check on them.

My taxi rear left side dented and caved in, scratches on the rear left side of the vehicle. There was also damaged to the rear of the vehicle.



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2129

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

  
T/20230324/2129

3 of 3  
Report No. T/20230324/2129

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
G /  
SGT 1 CHIA WEI HAO, SHAUN



Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

NP168

Signature Of Informant:



Date/Time:  
24/03/2023 22:49

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ0G233P000U Vehicle Registration No: SH9839X  
 Name (as shown in NRIC): Comfort Transportation Pte Ltd NRIC/FIN/Passport No: 1XXXXX821R  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 24/03/2023 Time of Accident: 17:00  
 Place of Accident: PIE, Singapore  
 Insurance Company: HSBC Life (Singapore) Pte. Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE INJURIES DETAILS



Policyholder / Driver's Signature  
 Date:

*Siti*

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 28.03.2023

GIASMC Addendum Form



