

## 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 ..... 21/03/2023 15:01 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 16/03/2023 23:00 (SGT)  
Exact Location of Accident ..... Choa Chu Kang Rd, Singapore  
Additional Location Information ..... TOWARDS BUKIT BATOK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHC3341K

#### 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) +65-98302175  
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 - Reporting only  
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 ..... ABDULLAH BIN ALI  
NRIC No ..... S0051113G  
Date Of Birth ..... 05/05/1951  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/10/1997
Driving experience .....	25 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98302175
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 117 TECK WHYE LANE #05-724
Address complement .....	-
Postcode .....	680117
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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 .....	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/20230319/7012

#### 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 .....	XE7655D
Vehicle Manufacturer .....	-
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ABDULLAH BIN ALI
Gender .....	Male
Phone No .....	(Phone) +65-98302175
Address .....	117 TECK WHYE LANE # 05-724
Address Complement .....	-
Post Code .....	680117
Approximate Age Years Old .....	71
Injuries Sustained .....	CHEST PAIN
Injured person in which vehicle? .....	SHC3341K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

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

1. Please correctly report the details of the accident to speed up the claims process.
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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 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

Sketch Plan

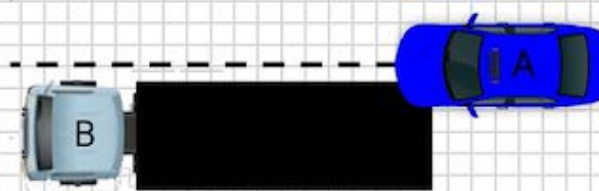
Driver's Signature (If driver is not the policyholder) / Date & Time

20/03/2023 1920HRS

Witnessed by Reporting Centre Personnel

DHIYAA

A - SHC3341K  
B - XE7655D  
CHOA CHU KANG  
ROAD



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20230319/7012

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  
20/03/2023 1920HRS

Witnessed by Reporting Centre Personnel  
DHIYAA

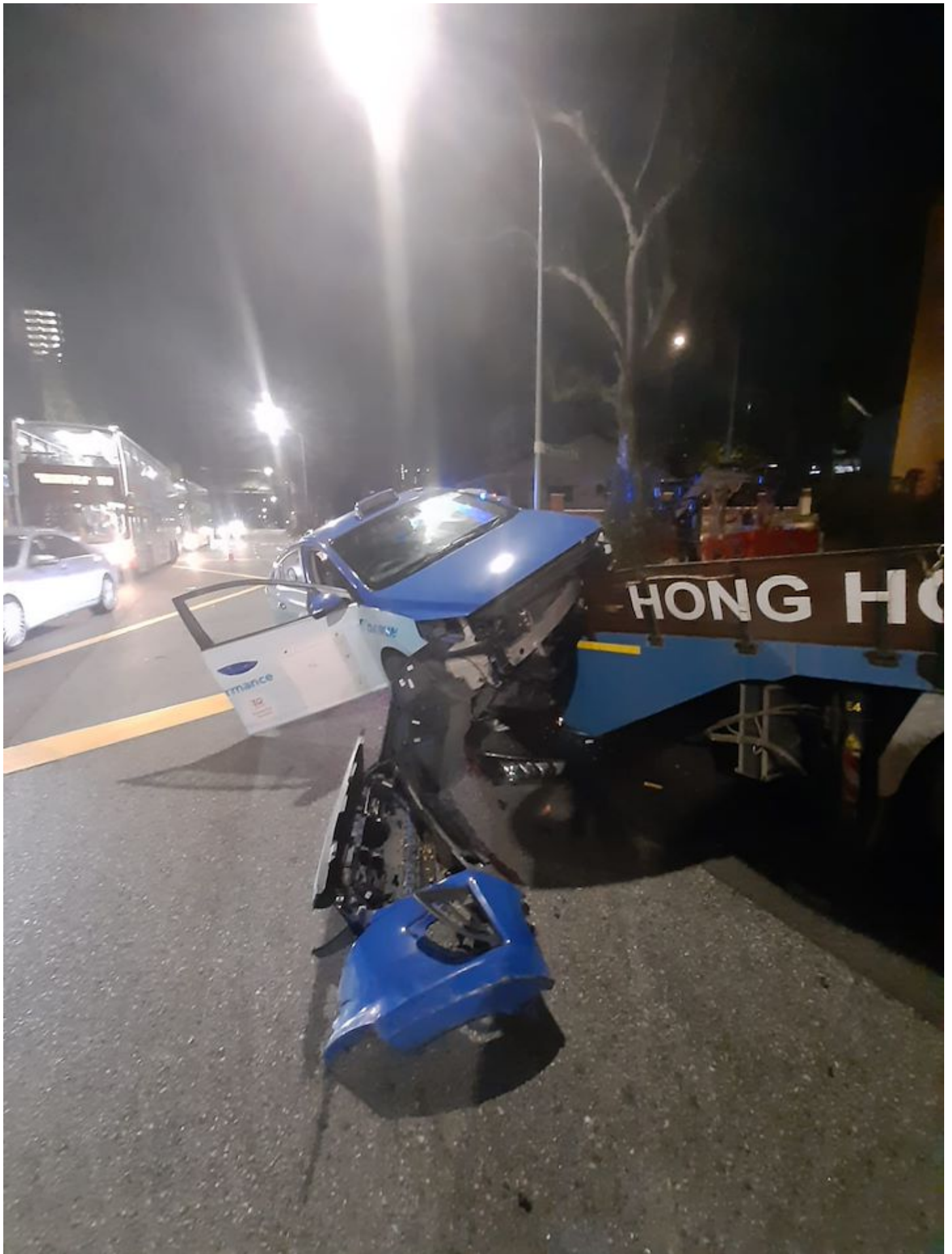


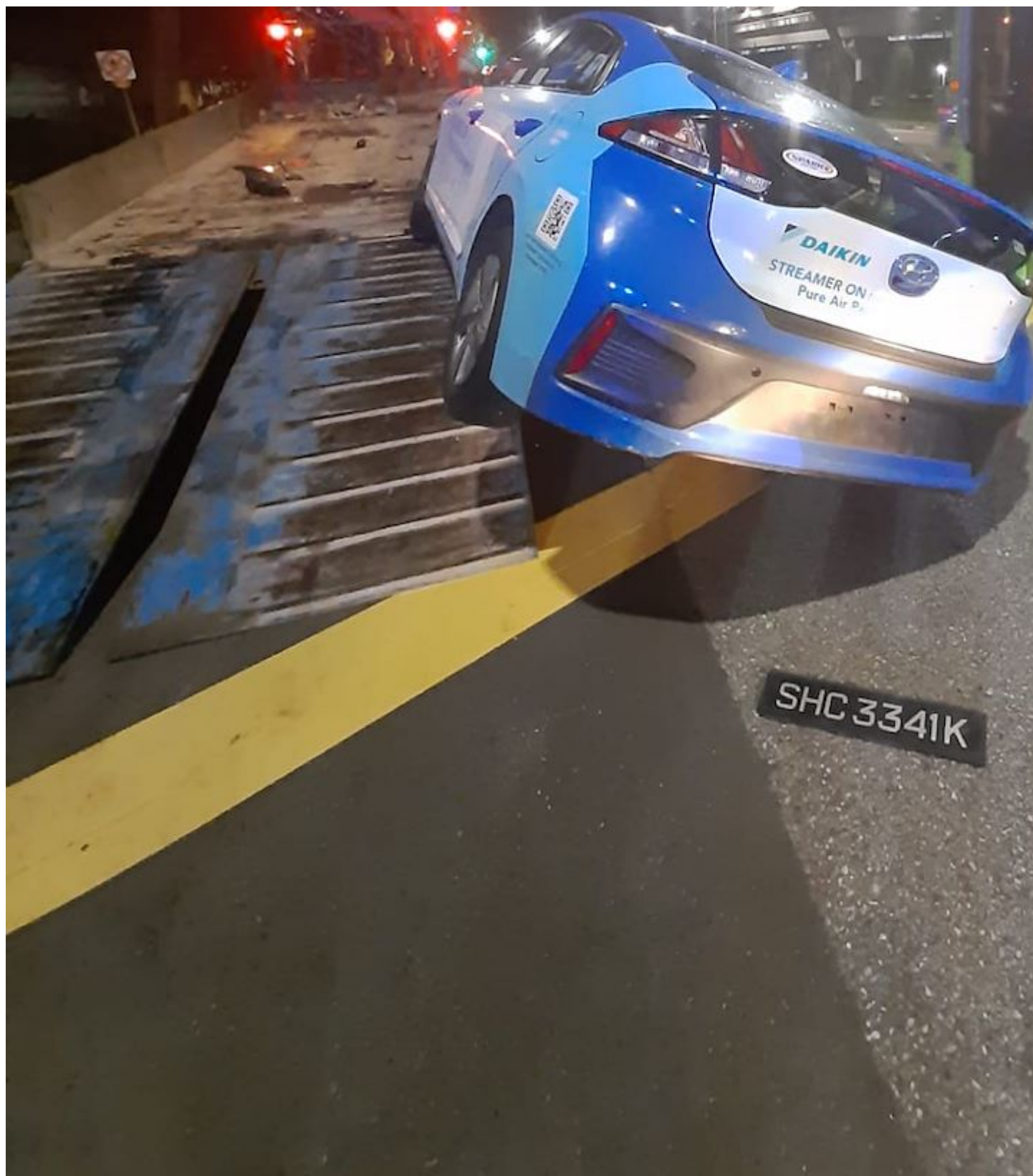




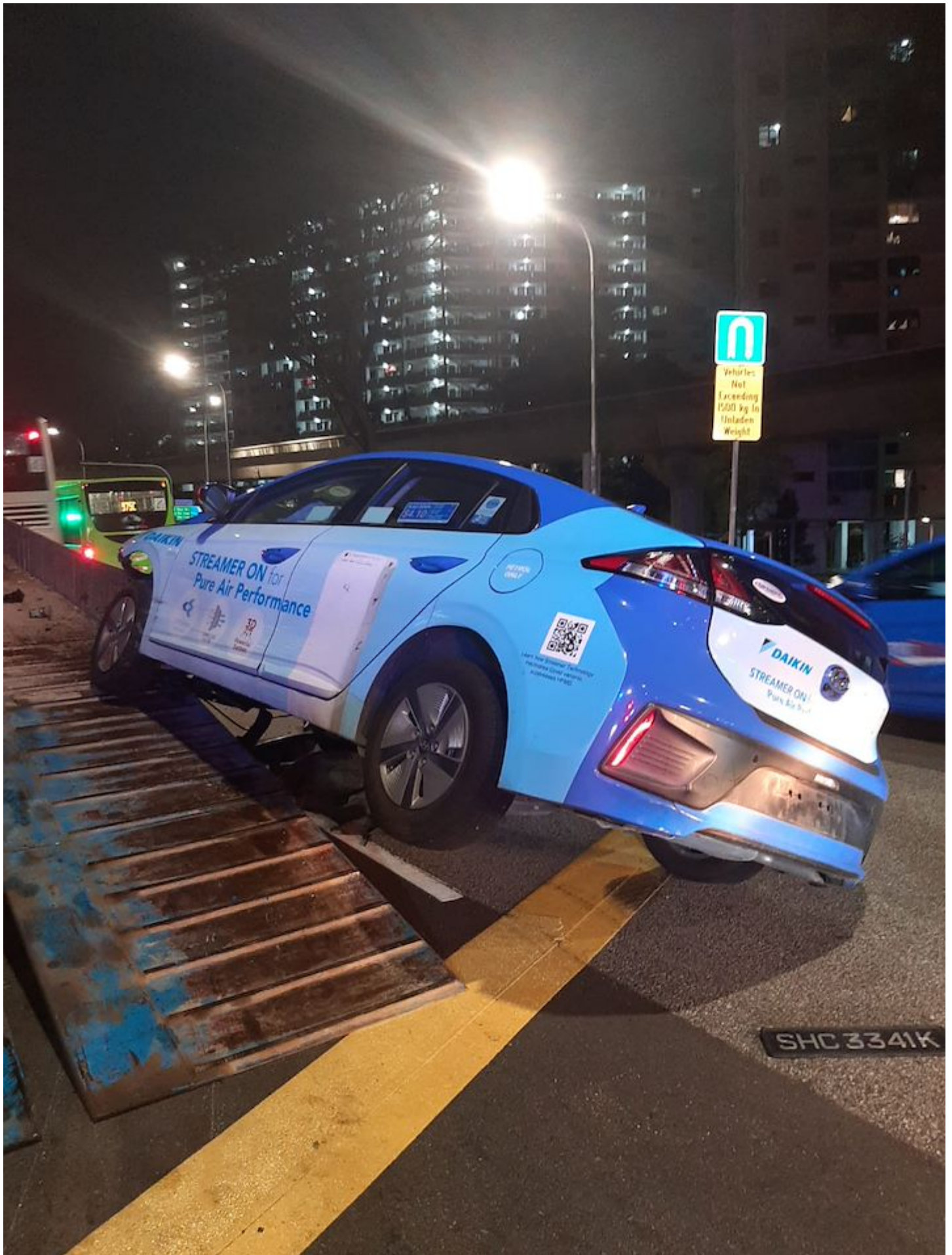




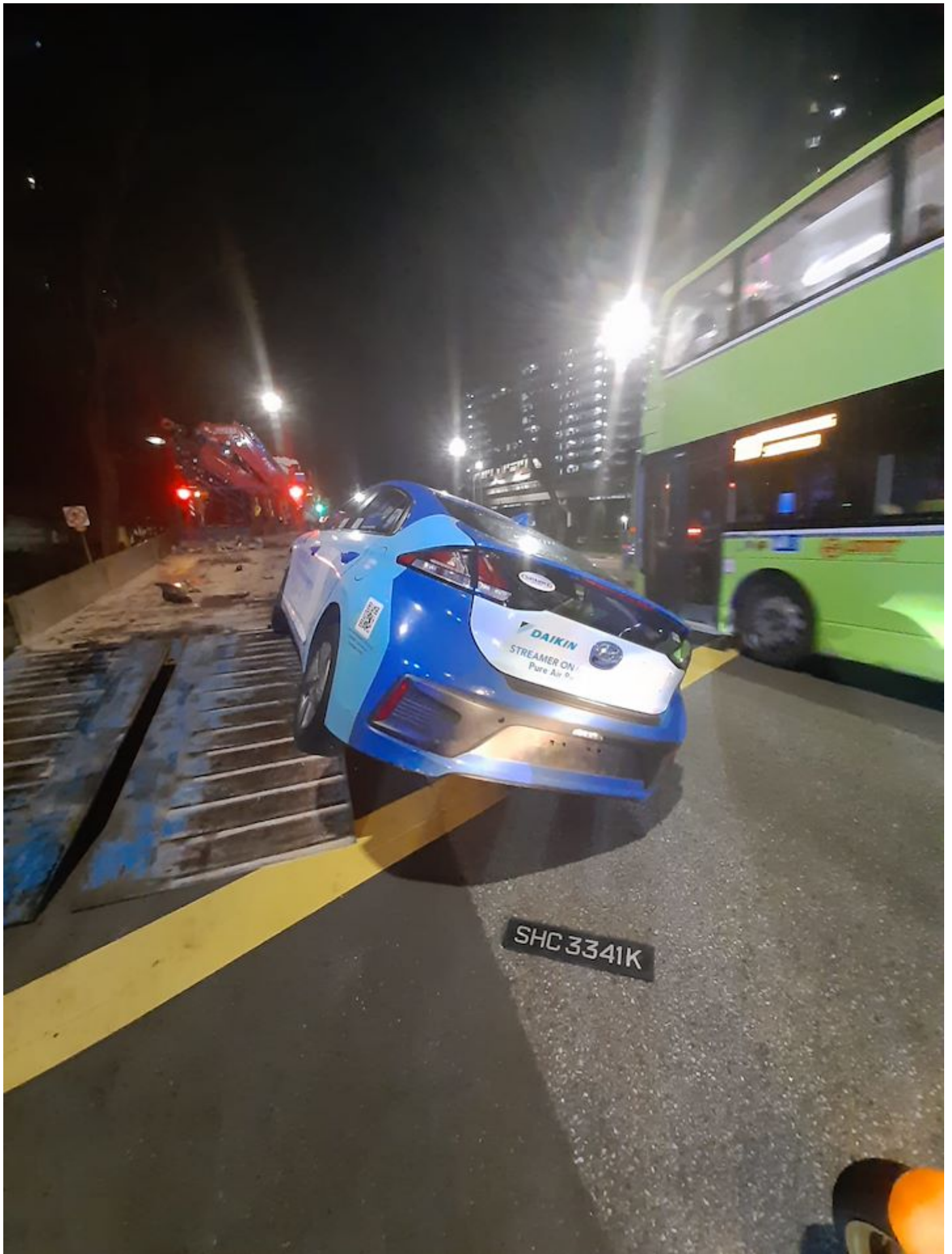














**SINGAPORE  
POLICE FORCE**



T/20230319/7012

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

1 of 4

Report No. T/20230319/7012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/03/2023 12:46		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ABDULLAH BIN ALI			Address: 117 TECK WHYE LANE #05-724 SINGAPORE 680117		
ID Type / ID No.: NRIC NO / S0051113G			Contact No.: Home/Office:                      Mobile: 98302175		
Nationality: SINGAPORE CITIZEN			Email: abdullahbali1951@gmail.com		
Sex: Male	Age: 71	Date of Birth: 05/05/1951	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 2,3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/03/2023 23:00	Type of Location: Straight Road
Location:  PHOENIX ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC3341K	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230319/7012

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

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Report No. T/20230319/7012

**CONTINUATION OF REPORT**

Driver			
Name	ABDULLAH BIN ALI	ID No.	S0051113G
Related Vehicle	SHC3341K (Car)	Contact No.	98302175
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2,3A Date of Expiry: NIL
Date	16/03/2023	Date	17/03/2023
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 16th of March at about 10.55pm, as I was driving SHC3341K (NTUC Comfort Delgro) along Chua Chu Kang Road towards Bukit Batok after going down from a slope. After the slope, I saw a trailer in front of me. As the traffic light ahead was still red, I therefore stopped behind the trailer. I stopped my taxi after Phoenix Road for around 1 minute. And when the traffic light turned green, my car moved forward and accelerated. Suddenly, I realized that the trailer in front of me was not moving. In order to avoid head on collision with the back of the trailer, I swerved to the right. I did not realise that the ramp of the trailer was already on the road. Due to this ramp that was already on the road, the taxi got onto the ramp, causing the taxi to further ascend to the back of the lorry. After the collision, the car came to a halt and the front section of the taxi was badly damaged.

Due to the collision, because of the sudden stop, I had hit my chest to the steering wheel and both my legs collided with the dashboard. I sustained chest pain, and both of my limbs are badly bruised. Not long after, I slowly tried to evacuate from the taxi carefully and was attended by the ambulance after some time.

I wish to state that before the collision, I was not aware that the trailer was stationary and that the ramp was on the road because there was no indication or signage to inform the road users that the lorry was stationary at that location. To add on, at the location where the trailer was located, the streetlight was rather dim and its already negligible view was further blocked by the surrounding trees.

I was conveyed to NUH and placed on observation till the next day where I was discharged from NUH at about 9am and given 5 days MC (Ref: 1391394136) As per today, I still having chest pain and given medication to treat the pain.

**Personal Particulars**

Driver: Abdullah Bin Ali  
Male, 71  
DOB: 05-05-1951  
NRIC No. S0051113G  
Address: Apt Blk 117 Teck Whye Lane #05-724 Singapore 680117  
Phone number: 98302175  
Occupation: NTUC Comfort Delgro Taxi Driver



**SINGAPORE  
POLICE FORCE**



T/20230319/7012

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

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Report No. T/20230319/7012

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476185

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
19/03/2023 12:46

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20230319/7012

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

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Report No. T/20230319/7012

CONTINUATION OF REPORT



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

### ADDENDUM

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

Original Report No: SJ0G233L000K Vehicle Registration No: SHC3341K  
 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: 16/03/2023 Time of Accident: 23:00  
 Place of Accident: Choa Chu Kang Rd,  
 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:

ATTACHED VEHICLE PHOTOS



Policyholder / Driver's Signature  
 Date:

*Siti*

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 22.03.2023

GIARMC Addendum Form