



# 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 ..... 11/07/2023 22:42 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 10/07/2023 18:00 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... BEFORE KPE/ TPE TUNNEL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SHA1695M  
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) +65-96676646  
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 ..... CHUA SOH KHOON  
NRIC No ..... SXXXX257B  
Date Of Birth ..... 27/01/1968  
Occupation ..... Outdoor

Accident report SJ0G237B001H

Date Of Driving Pass .....	24/08/2004
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96676646
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 513 WOODLANDS DRIVE 14 # 09 - 187
Address complement .....	-
Postcode .....	730513
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 .....	4
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) .....	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 .....	Female

#### PASSENGER 2

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

#### 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 10.07.2023 AT ABOUT 1800HRS I WAS DRIVING VEHICLE A SHA1695M FETCHING MY PASSENGER TO HOUGANG. VEHICLE A WAS ON THE LEFT LANE OF PIE / CHANGI. BEFORE KPT/TPE TUNNEL, VEHICLE B YJ9966E FRONT RIGHT COLLIDED ONTO VEHICLE A REAR LEFT CAUSING VEHICLE A TO MOVE OUTWARDS. VEHICLE A LEFT FRONT THEN COLLIDED ONTO VEHICLE C YN6497R RIGHT REAR. VEHICLE A RIGHT FRONT CONTINUED TO COLLIDED ONTO VEHICLE D SKR7927E LEFT SIDE. MY PASSENGERS ARE NOT INJURED AND ARRANGED FOR ANOTHER TAXI. SCENE PHOTOS TAKEN. SOME PARTICULARS EXCHANGED.

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 ..... YJ9966E  
Vehicle Manufacturer ..... Isuzu  
Vehicle Model ..... NPR85UH5A 3.0 MT TURBO 2WD 2DR 5.0T  
Vehicle Variant ..... -  
Vehicle Colour ..... Yellow  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... TEOH KOR PU  
NRIC No ..... GXXXX419T  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... FRONT RIGHT  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... YN6497R  
Vehicle Manufacturer ..... Hino  
Vehicle Model ..... HINO XZU710R-HKFM3  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... UNKNOWN  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... RIGHT REAR  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SKR7927E  
Vehicle Manufacturer ..... Mercedes  
Vehicle Model ..... B180  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... NURINA BINTE AB RASID  
NRIC No ..... SXXXX982Z  
Contact Number ..... -  
Address ..... BLK 37 BEDOK SOUTH AVENUE 2 #06-461  
Address complement ..... -  
Postcode ..... 460017  
Insurance Company Name ..... -  
Nature Of Damage ..... LEFT SIDE  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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  5. Any false reporting may be referred to the Police for investigation.
  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.

**FLASH ACCIDENT  
REPORTING OFFICER  
KYMI**

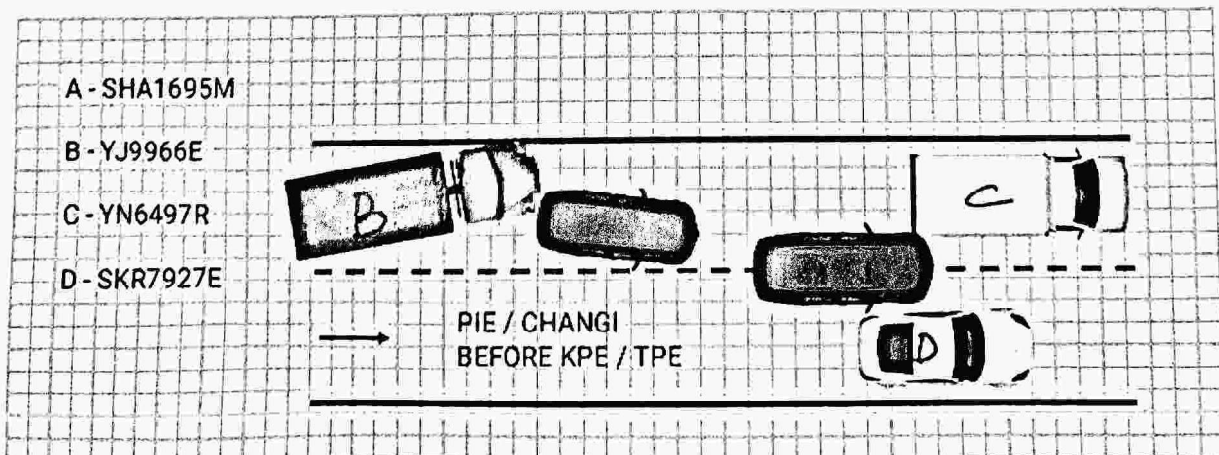


Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
11.07.2023, 1255HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 10.07.2023 AT ABOUT 1800HRS I WAS DRIVING VEHICLE A SHA1695M FETCHING MY PASSENGER TO HOUGANG.  
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 VEHICLE A LEFT FRONT THEN COLLIDED ONTO VEHICLE C YN6497R RIGHT REAR. VEHICLE A RIGHT FRONT CONTINUED TO COLLIDED ONTO VEHICLE D SKR7927E LEFT SIDE.  
 MY PASSENGERS ARE NOT INJURED AND ARRANGED FOR ANOTHER TAXI.  
 SCENE PHOTOS TAKEN.  
 SOME PARTICULARS EXCHANGED.

Declaration

We declare the foregoing particulars are true in every respect.



FLASH ACCIDENT  
 REPORTING OFFICER  
 KYMI



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 11.07.2023. 1300HRS

Witnessed by Reporting Centre Personnel