

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	21/07/2023 10:56 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 11:30 (SGT)
Exact Location of Accident	Benjamin Sheares Bridge, Singapore 039803
Additional Location Information	ROCHOR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA5581G
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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) +65-97490177
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	CHONG KIM SOON STEPHEN
NRIC No	SXXXX004F
Date Of Birth	13/03/1962
Occupation	Outdoor

Date Of Driving Pass	08/10/1982
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97490177
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 403 HOUGANG AVE 10 #03-1204
Address complement	-
Postcode	530403
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	2
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

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 20/07/2023 AT ABOUT 1130HRS, I WAS DRIVING VEHICLE A (SHA5581G) ALONG THE ROCHOR EXIT JUST AFTER BENJAMIN SHEARES BRIDGE. AS I WAS DRIVING ON LANE 2 AT THE SLIGHT BEND, VEHICLE B (SJU5540X) WHO WAS ON LANE 1 SUDDENLY LOSE CONTROL OF THE VEHICLE AND SWERVED TO MY LANE AND PROCEEDED TO COLLIDE ONTO MY VEHICLE RIGHT REAR DOOR. THE IMPACT MAKE ME LOSE CONTROL OF THE VEHICLE AND MAKE IT SPIN TO THE RIGHT.

I WAS INJURED FROM THE ACCIDENT AND WAS CONVEYED TO THE HOSPITAL.

ATTACHMENT(S)

Are accident photos available for attachment?	No
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	SJU5540X
Vehicle Manufacturer	Honda
Vehicle Model	Fit
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92211179
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	CHONG KIM SOON STEPHEN
Gender	Male
Phone No	(Phone) +65-97490177
Address	BLK 403 HOUGANG AVE 10 #03-1204
Address Complement	-
Post Code	530403
Approximate Age Years Old	61
Injuries Sustained	Injured
Injured person in which vehicle?	SHA5581G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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/ean 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
Mamad

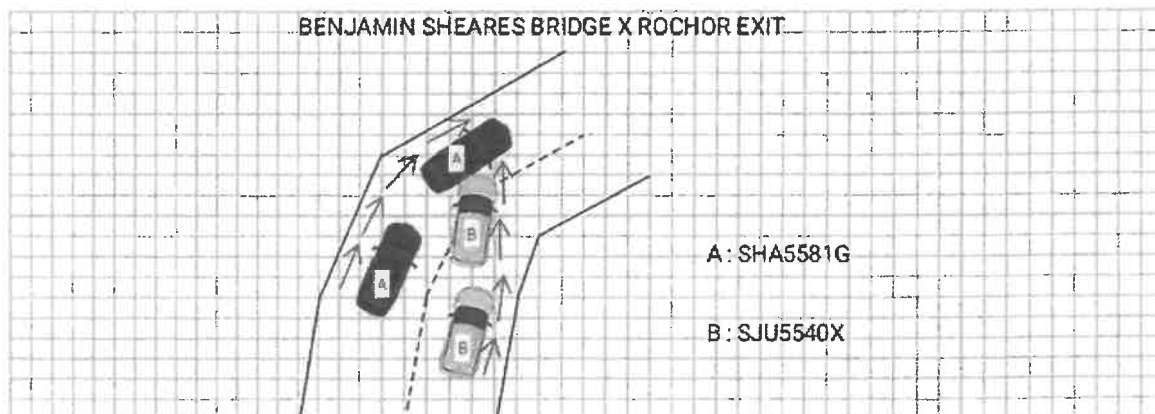
Policyholder's Signature / Date &
Time

Sketch Plan

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

20/07/2023 1900HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON 20/07/2023 AT ABOUT 1130HRS, I WAS DRIVING VEHICLE A (SHA5581G) ALONG THE ROCHOR EXIT JUST AFTER BENJAMIN SHEARES BRIDGE. AS I WAS DRIVING ON LANE 2 AT THE SLIGHT BEND, VEHICLE B (SJU5540X) WHO WAS ON LANE 1 SUDDENLY LOSE CONTROL OF THE VEHICLE AND SWERVED TO MY LANE AND PROCEEDED TO COLLIDE ONTO MY VEHICLE RIGHT REAR DOOR. THE IMPACT MAKE ME LOSE CONTROL OF THE VEHICLE AND MAKE IT SPIN TO THE RIGHT.

I WAS INJURED FROM THE ACCIDENT AND WAS CONVEYED TO THE HOSPITAL.

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

20/07/2023 1900HRS

FLASH ACCIDENT
REPORTING OFFICER
Mamad

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20230721/2076

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20230721/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2023 16:34	Vide Report No.:	Station Diary No.: 111
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Informant's Particulars

Name of Informant: CHONG KIM SOON STEPHEN	Address: APT BLK 403 HOUGANG AVENUE 10 #03-1204 SINGAPORE 530403
ID Type / ID No.: NRIC NO / S1547004F	Contact No.: Home/Office: Mobile: 97490177
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 61 Date of Birth: 13/03/1962	Type of Informant: Driver
Race: Chinese	Language:
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: 20/07/2023 11:30	Type of Location: Straight Road
Location: ROCHOR ROAD				
Weather: Heavy rain		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA5581G	Taxi	HYUNDAI	AE IONIQ HEV FL 1.6 DCT	Blue	Seriously Damaged	1
SJU5540X	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230721/2076

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20230721/2076

CONTINUATION OF REPORT

Driver			
Name	CHONG KIM SOON STEPHEN	ID No.	S1547004F
Related Vehicle	SHA5581G (Taxi)	Contact No.	97490177
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

On 20/07/2023 at about 1130 hrs, I was driving my car (SHA5581G) along Rochor Exit just after Benjamin Sheares Bridge and it was raining quite heavily. I was driving on Lane 2 at the slight bend. Another vehicle on Lane 1 (SJU5540X) lost control of his vehicle and swerved into my lane. His vehicle then collided into mine, on the right rear door. The impact made me lose control of my vehicle, causing it to spin to my right. At that point of time, I had one passenger in the car who was sleeping. I made a check on him and he said he was ok. My passenger then walked to Suntec City as I was unable to drive him there due to my injury.

I was injured from the accident and was conveyed to the Raffles hospital. I have a in-car camera. I believe TP had taken my SD card as they assisted me in settling my vehicle.

I wish to state that the other driver had came into my vehicle to speak to me. She said that he car tyres were not in good condition. The other driver was the one who called the ambulance for me.

I was given 9 days of MC from the hospital.



**SINGAPORE
POLICE FORCE**



T/20230721/2076

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20230721/2076

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 1 TAN DE XUAN DARREN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT Ahmad Syafiq Bin Harris
Contact No.: 65476201

Signature Of Informant:

Date/Time:
21/07/2023 16:34

Classification Of Case:

NP168

