SJ0G237R000Q / JP Knights Pte Ltd
ENTRY DATE & TIME: 27/07/2023 14:50 (SGT)
SUBMITTED BY: Weine Chieng
VERSION: 1 (27/07/2023 14:50 (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 witholding 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 First Submission	27/07/2023 14:50 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2023 00:35 (SGT)
Exact Location of Accident	Kampong Java Tunnel, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3879B

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) +65-90991710
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1798

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	VFX/P2419138

DRIVER

Name of Driver	TAN KOK BOON
NRIC No	S1630090Z
Date Of Birth	19/04/1964
Occupation	Outdoor

Date Of Driving Pass	08/11/1984
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90991710
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 492 ADMIRALTY LINK #19 - 177
Address complement	-
Postcode	750492
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RELIEF DRIVER
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 /20230727/7012

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	SKX2496H
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	CHUA KIM SONG (CAI JINSONG)
NRIC No	S8410525B
Contact Number	(Phone) +65-90257209
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX9938R
Vehicle Manufacturer	Honda
Vehicle Model	Civic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KUAN CHOON CHEIT
NRIC No	S7476814H
Contact Number	(Phone) +65-98371654
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KOK BOON
Gender	Male
Phone No	(Phone) +65-90991710
Address	BLK 492 ADMIRALTY LINK #19 - 177
Address Complement	-
Post Code	750492
Approximate Age Years Old	59
Injuries Sustained	BACK, ARMS AND LEGS
Injured person in which vehicle?	SHC3879B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	HEAD PAIN
Injured person in which vehicle?	SHC3879B
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**")

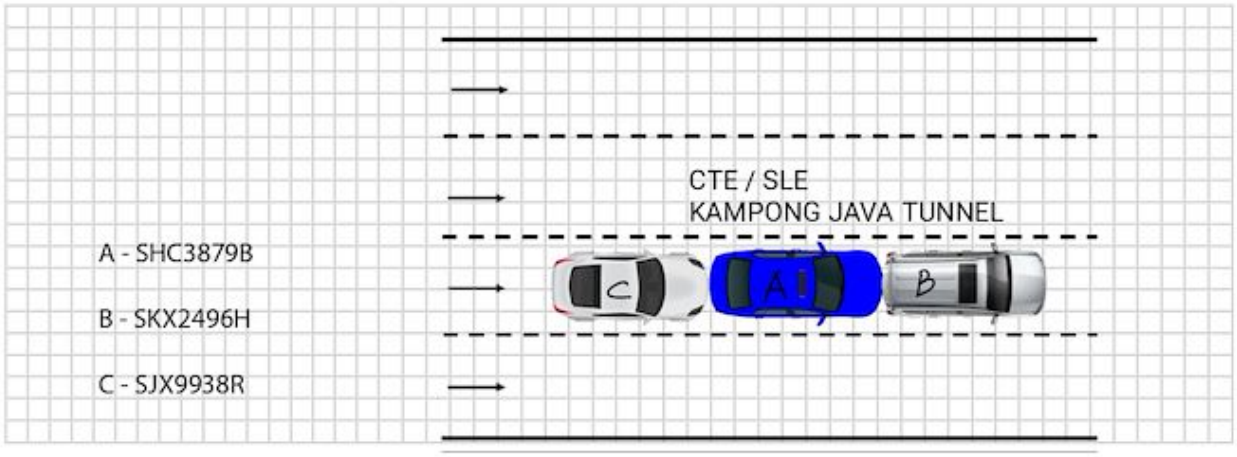
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use,disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

FLASH ACCIDENT REPORTING OFFICER
KYMI

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	27.07.2023. 1320HRS	

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20230727/7012

Declaration

I/We declare the foregoing particulars are true in every respect.

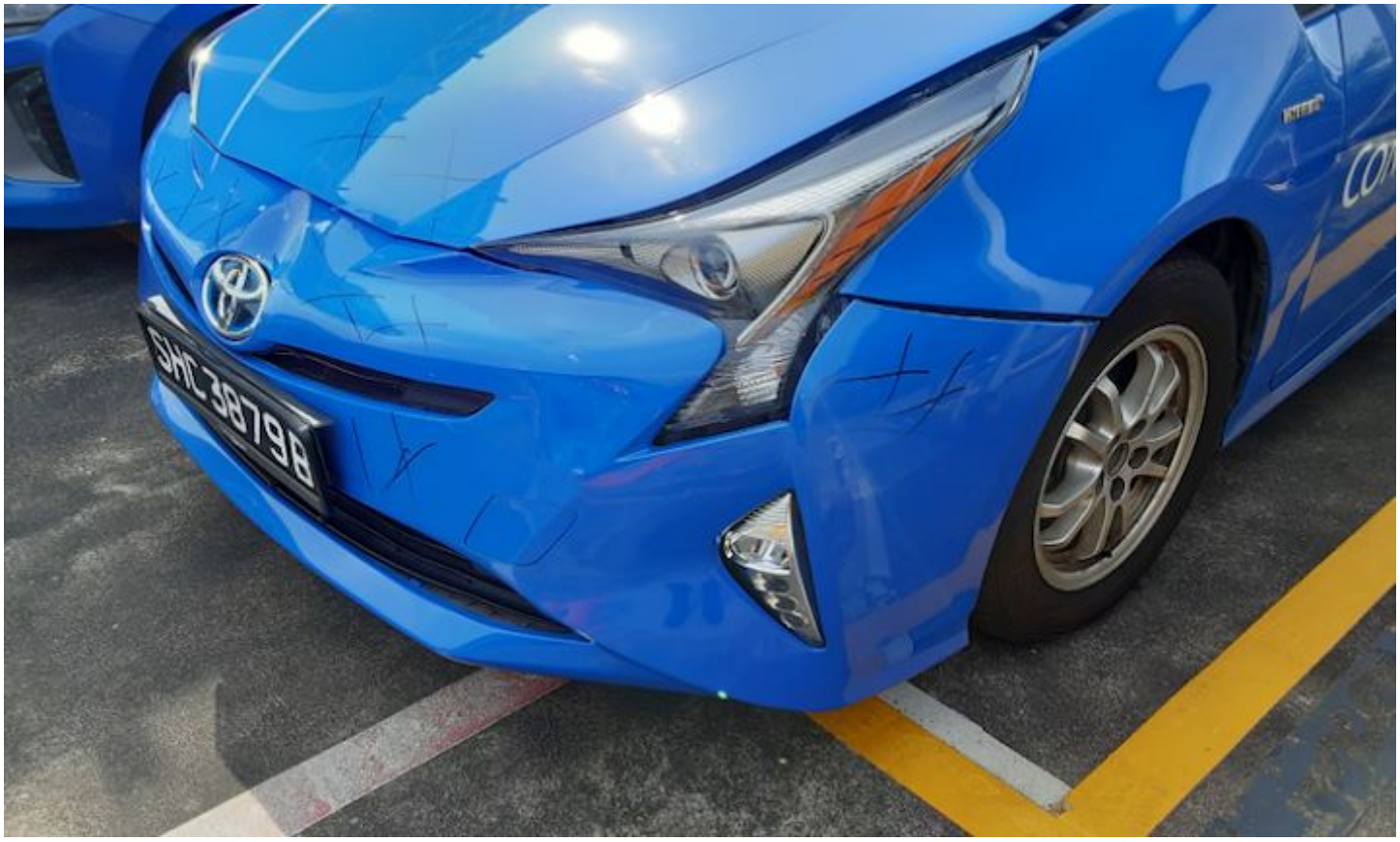
FLASH ACCIDENT REPORTING OFFICER
KYMI

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
	27.07.2023. 1330HRS	

IMAGES

IMAGES #2

IMAGES #3



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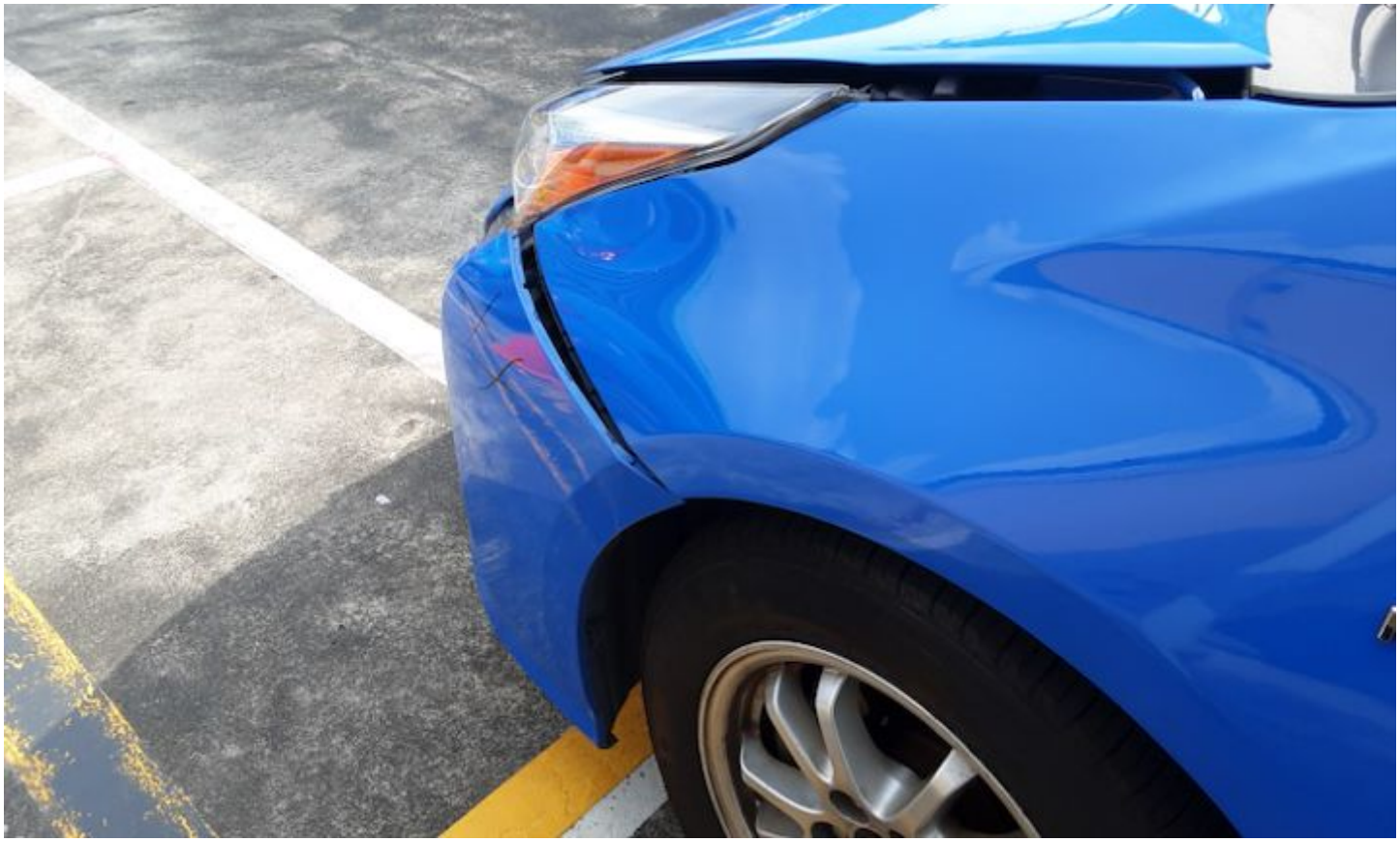


IMAGES #5

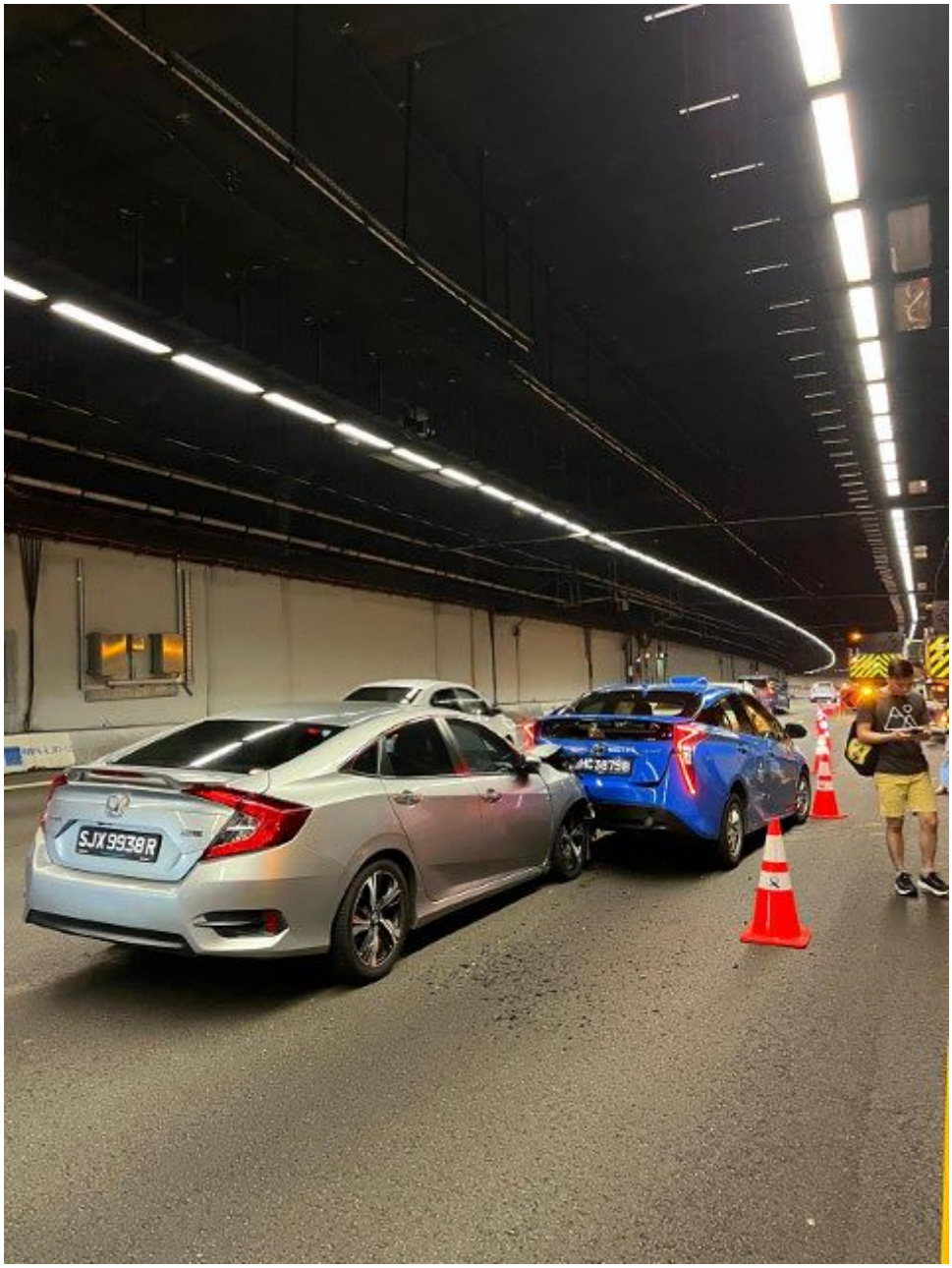

SHC 3879B
zig


COMFORTDELGRO
6552 1111
PRIUS
SHC 3879B
zig
BOOK NOW

IMAGES #6

IMAGES #7

IMAGES #8



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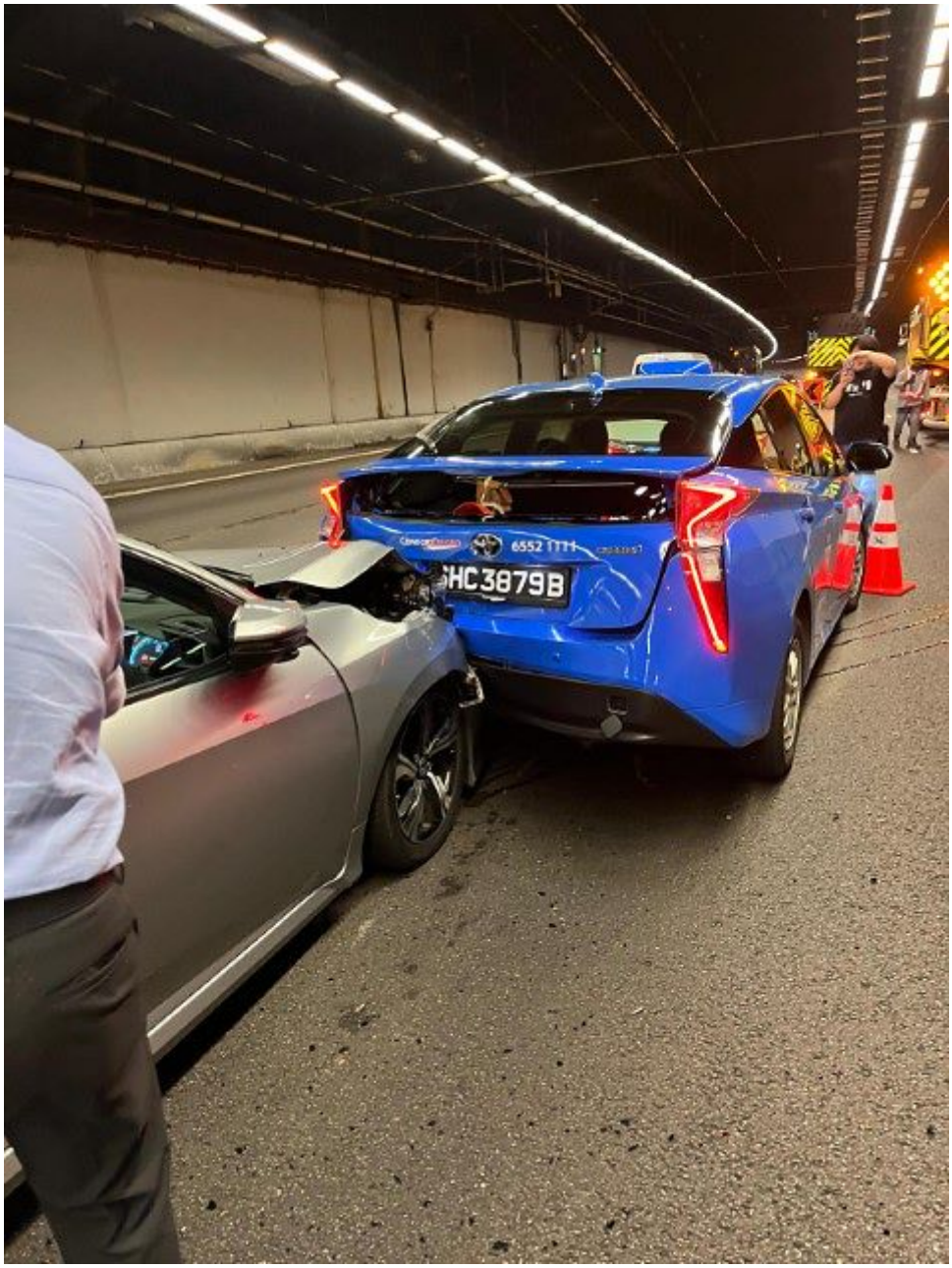

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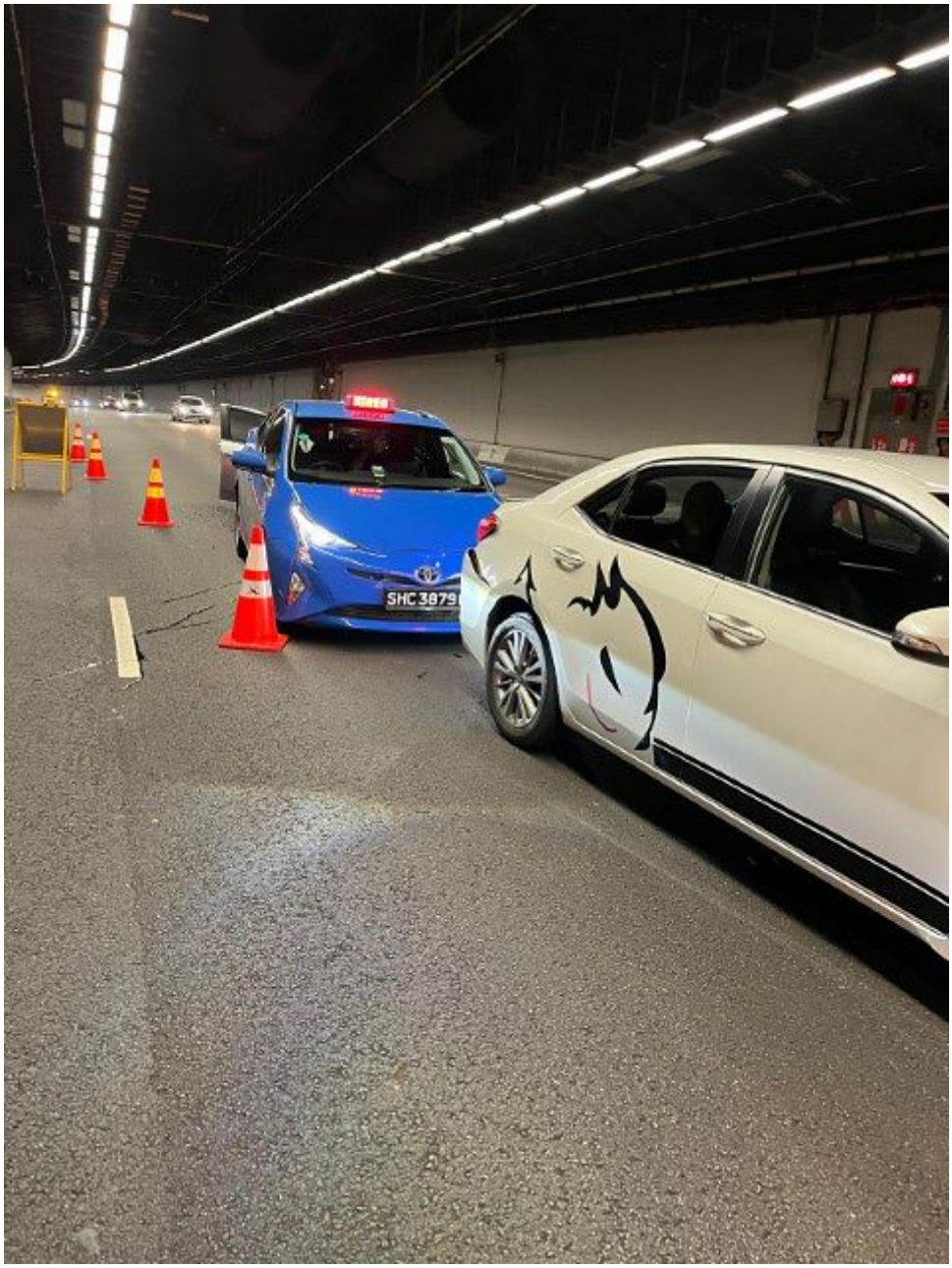

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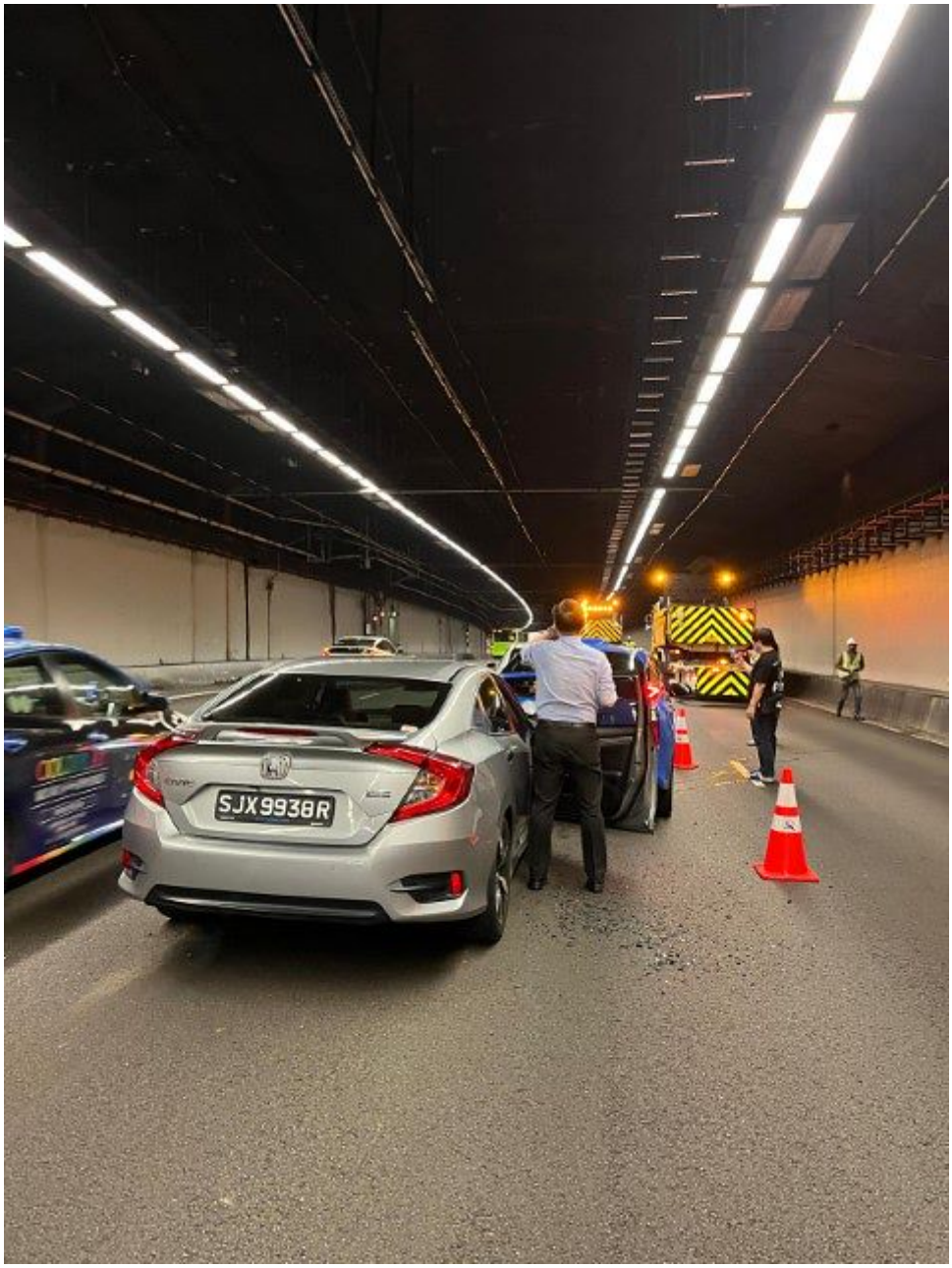

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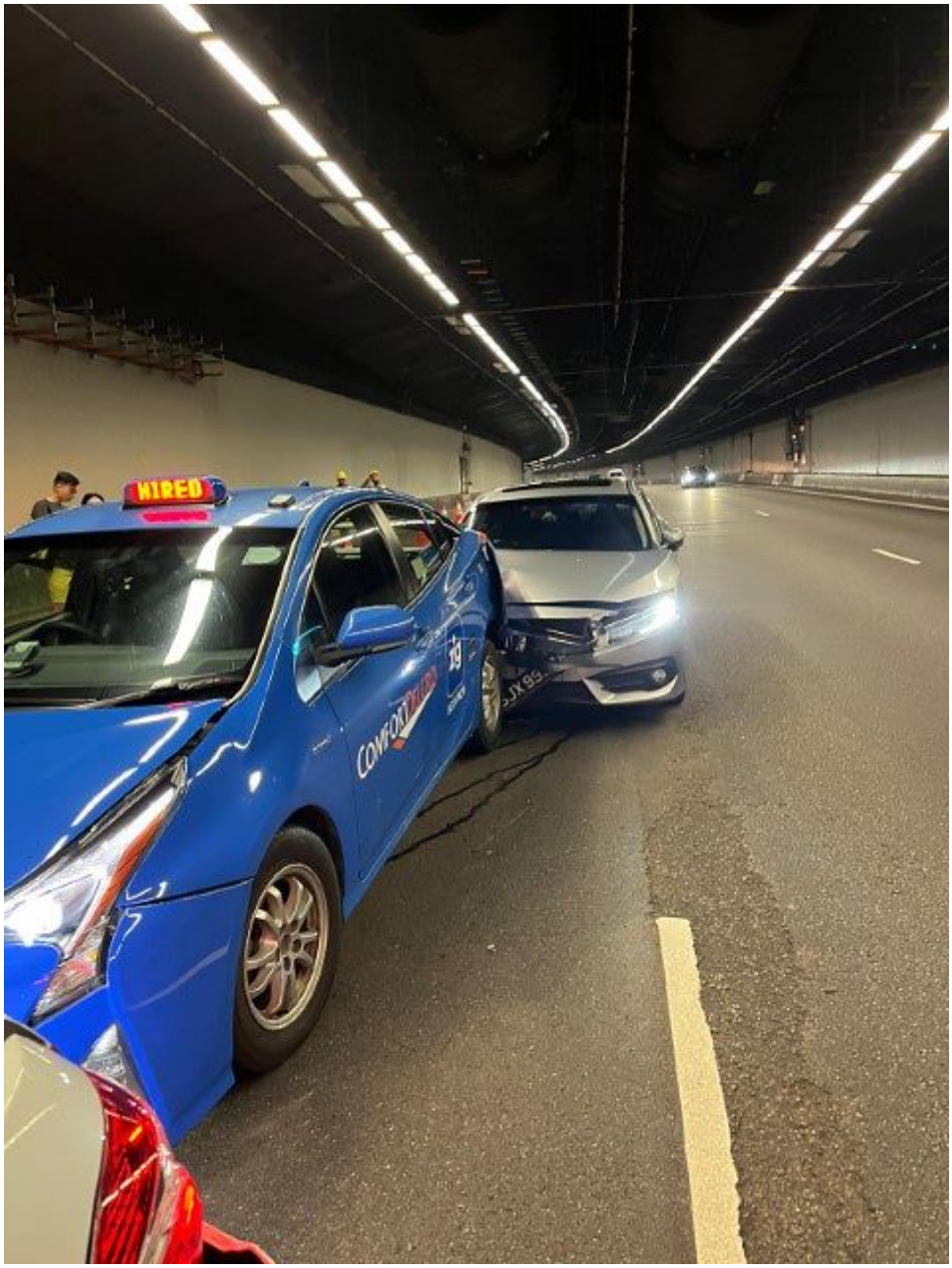

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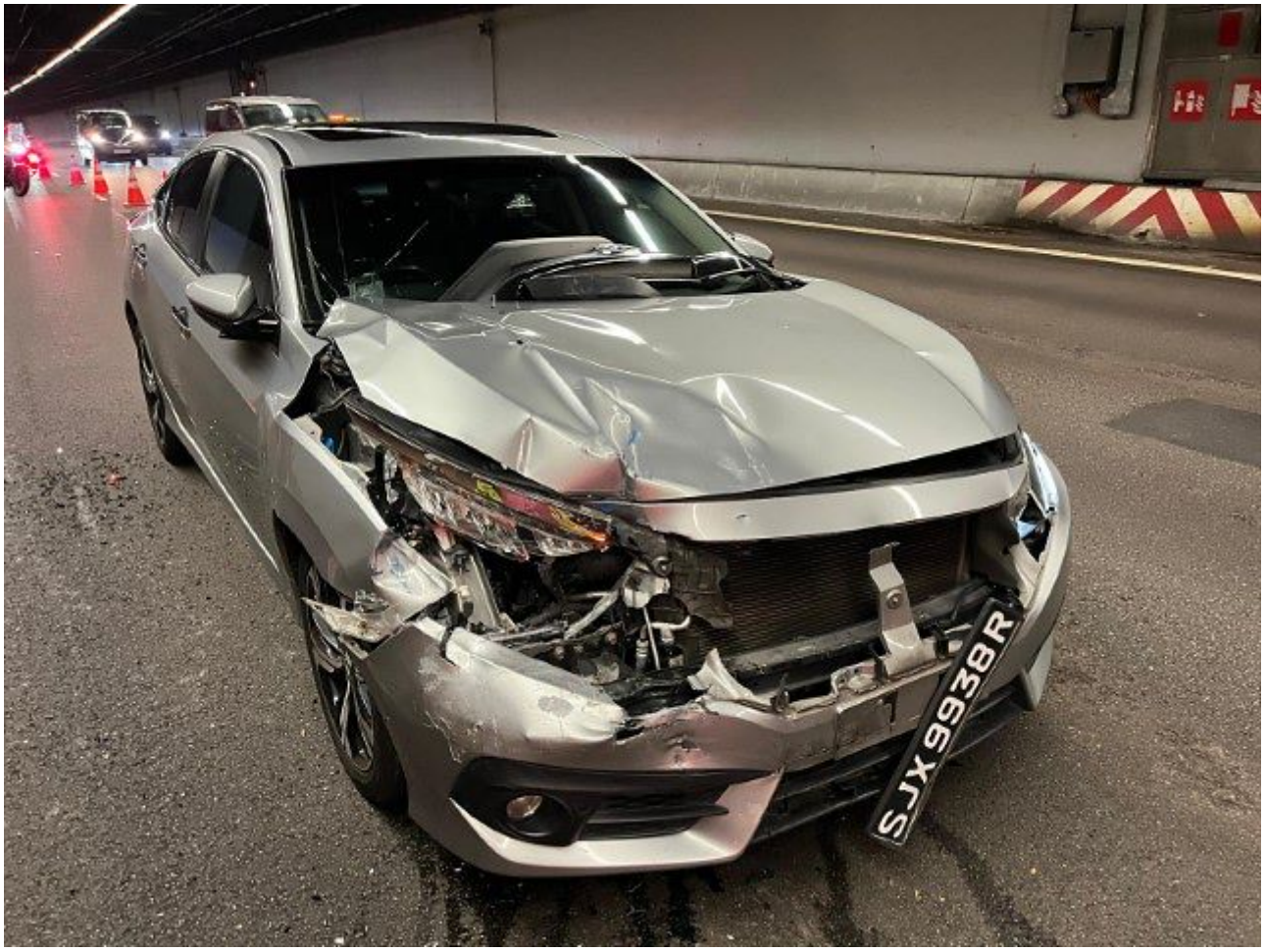

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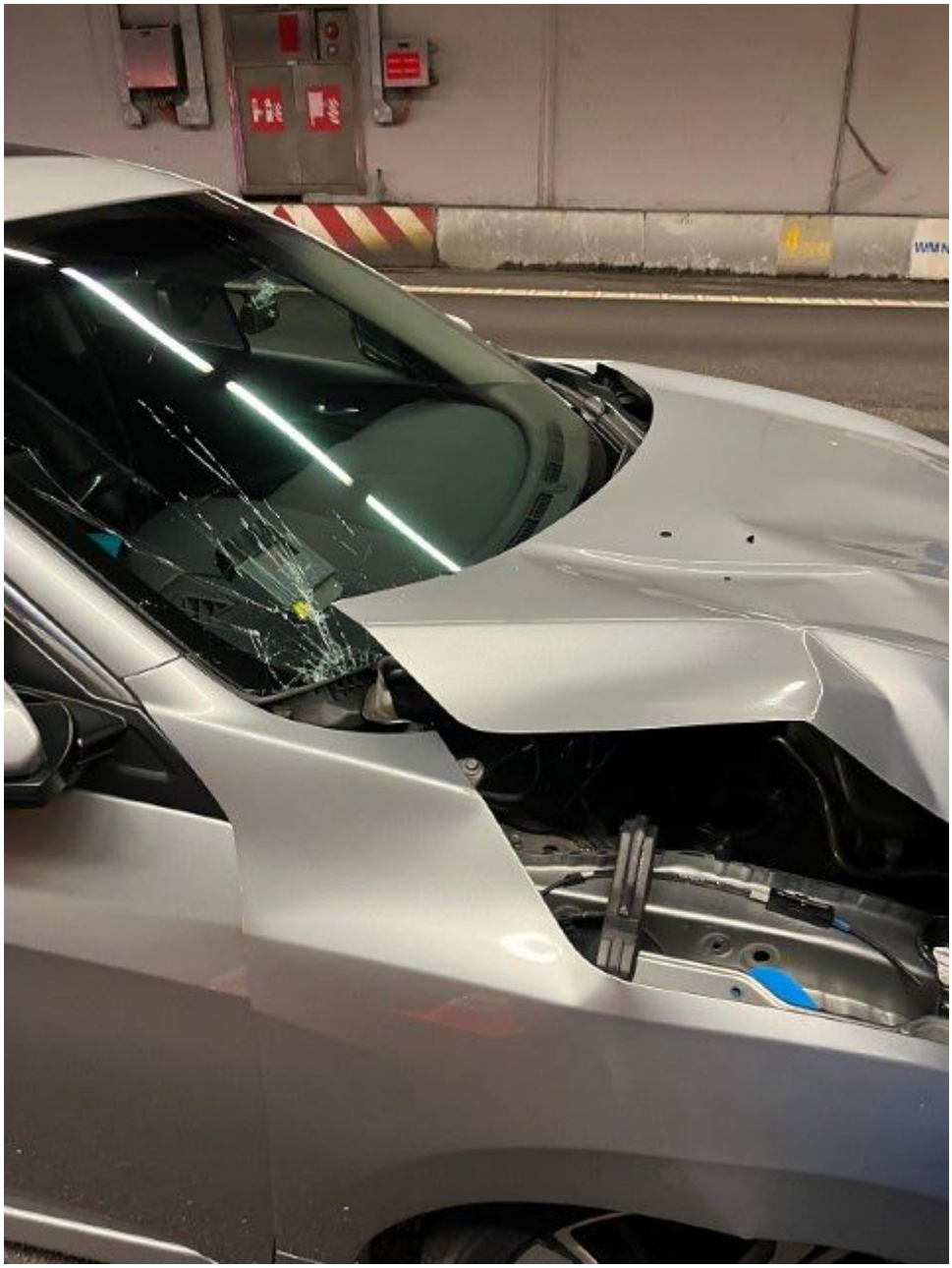

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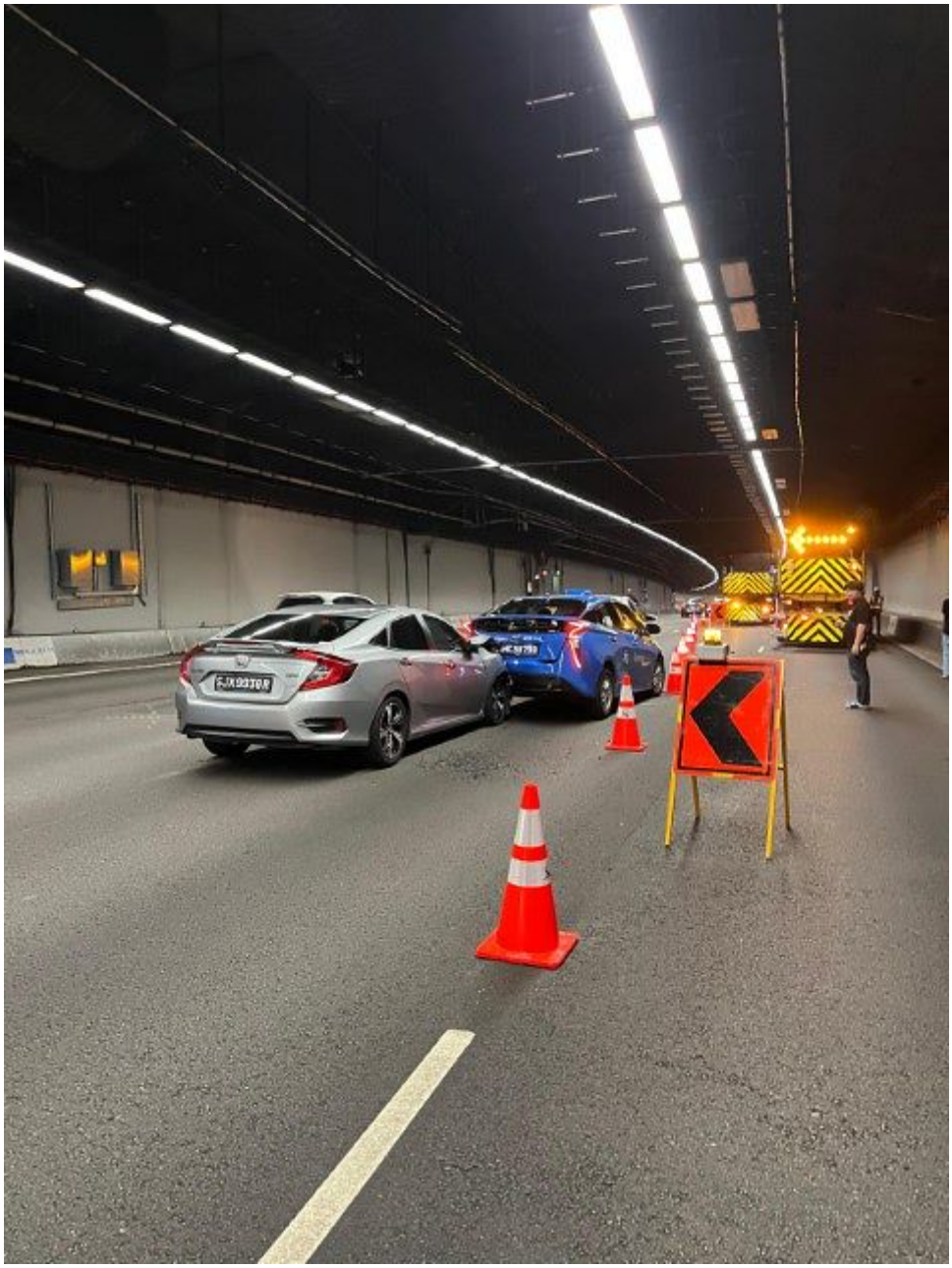
IMAGES #20



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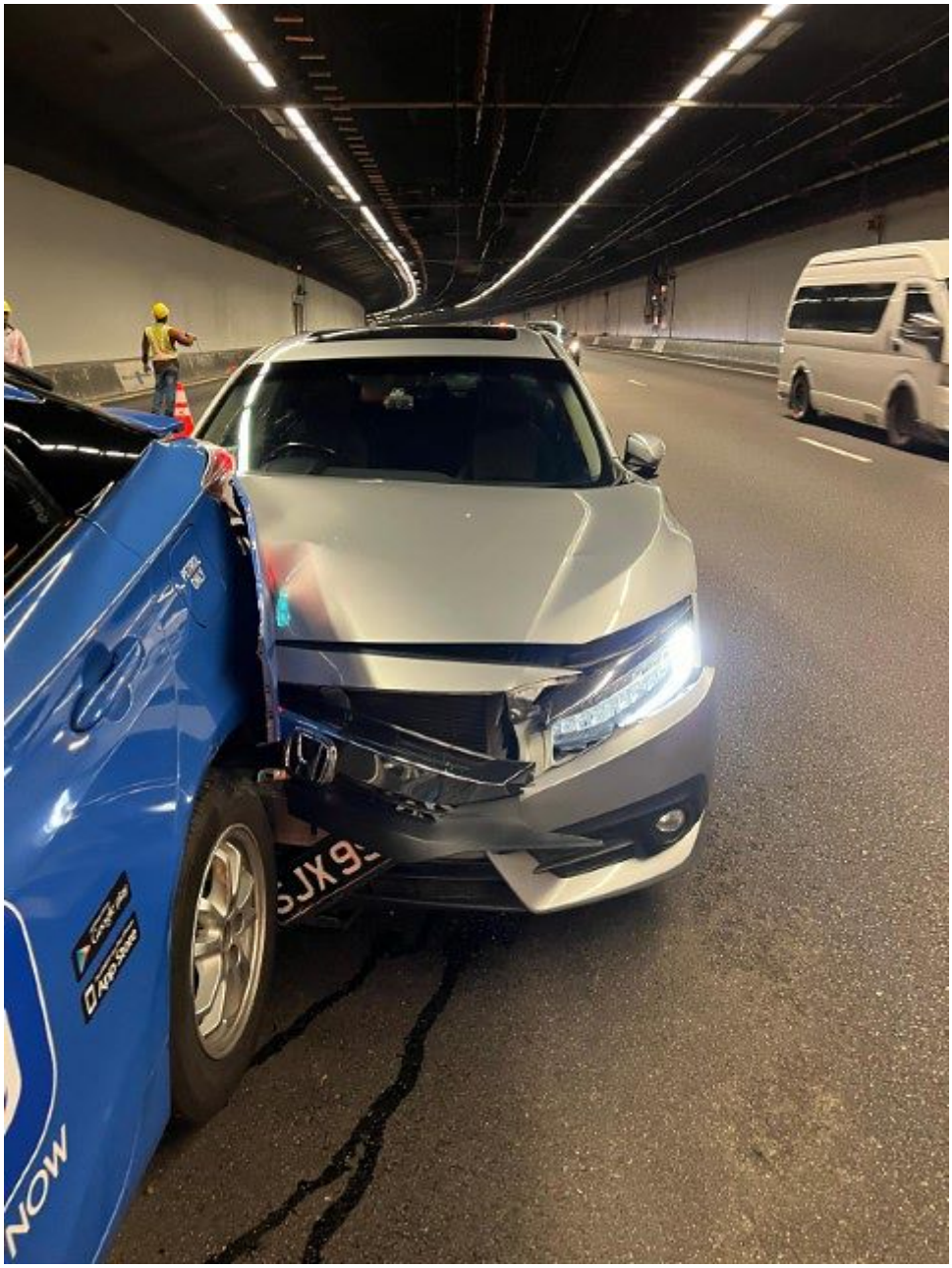

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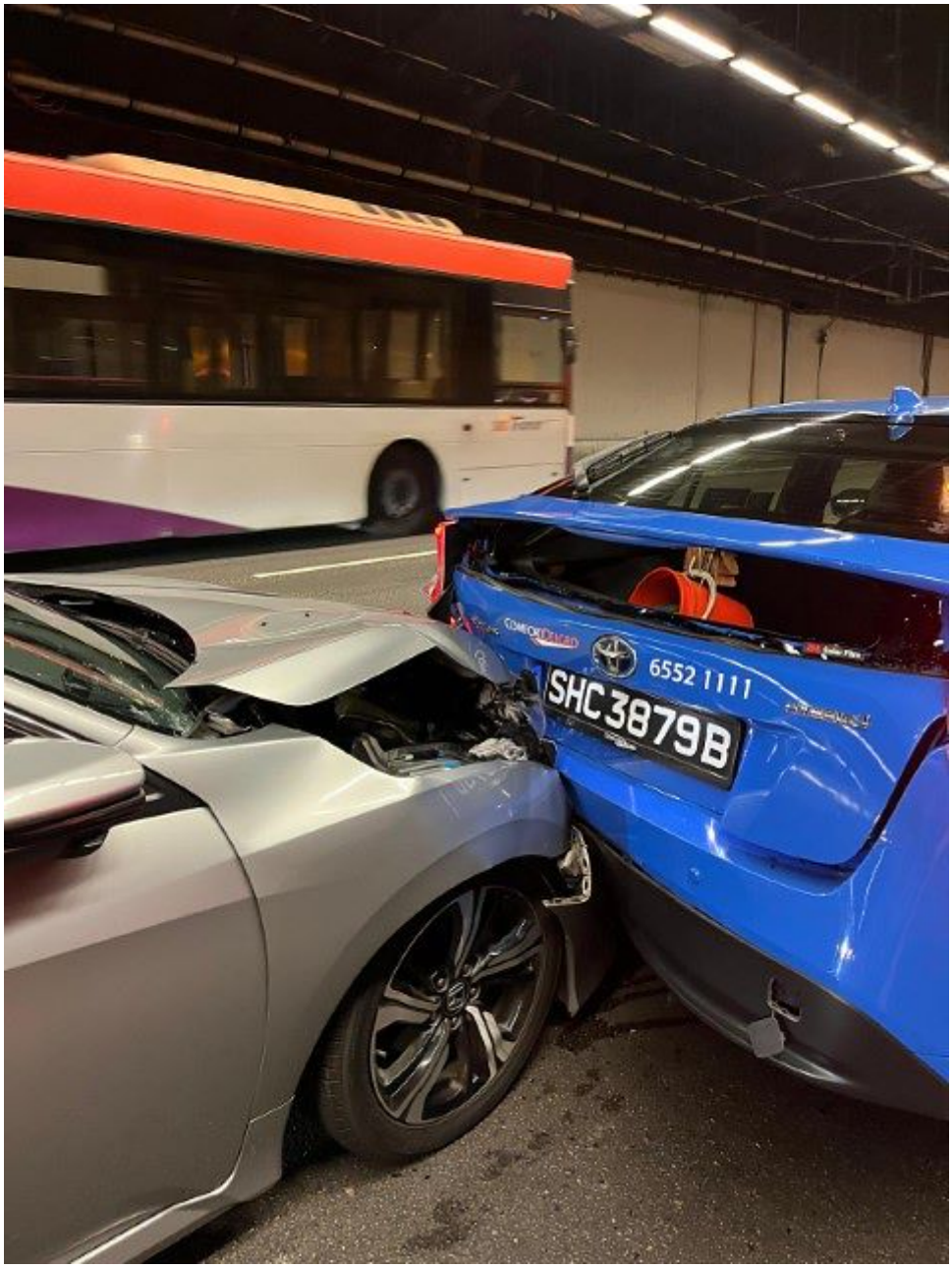

SINGAPORE POLICE FORCE

T/20230727/7012

Report No. T/20230727/7012

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.:
27/07/2023 11:39		

Informant's Particulars

Name of Informant: TAN KOK BOON			Address: 492 ADMIRALTY LINK #19-177 SINGAPORE 750492	
ID Type / ID No.: NRIC NO / S1630090Z			Contact No.: Home/Office:	Mobile: 90991710
Nationality: SINGAPORE CITIZEN			Email: tankb1919@gmail.com	
Sex: Male	Age: 59	Date of Birth: 19/04/1964	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 Others	Drink Drive: No	Date/Time of Accident: 27/07/2023 00:35	Type of Location: Straight Road
Location: KAMPONG JAVA TUNNEL TOWARDS SLE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHC3879B	Car	TOYOTA	PRIUS	Blue	Seriously Damaged	2
SJX9938R	Car	HONDA		Silver	Seriously Damaged	0
SKX2496H	Car	TOYOTA		White	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20230727/7012

Report No. T/20230727/7012

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

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	TAN KOK BOON		ID No.	S1630090Z	
Related Vehicle	SHC3879B (Car)		Contact No.	90991710	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	27/07/2023		Date	27/07/2023	
No. of Days granted Medical Leave	05		Degree of	Slight	
Driver					
Name	KUAN CHOON CHEIT		ID No.	S7476814H	
Related Vehicle	SJX9938R (Car)		Contact No.	98371654	
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	CHUA KIM SONG		ID No.	S8410525B	
Related Vehicle	SKX2496H (Car)		Contact No.	90257209	
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	

Brief Details.
On 27/7/2023 at about 0035 Hrs,i was driving my taxi SHC3879B along Kampong Java Tunnel towards SLE with 2 passenger onboard.I was traveling at Lane 2 and at the point of time Lane 1 and Lane 2 was having roadwork and was Lane close.
In front of me a vehicle SKX2496H slow down and stopped so i follow slow down and almost near stationery.Suddenly i felt a great impact from behind and the impact push my taxi forward and collided onto the front Vehicle.I alighted my taxi and discover that a vehicle SJX9938R cannot stop on time and rear ended my taxi rear portion.
My neck, back,hand and legs pain due to the impact of the accident and morning when i

SINGAPORE POLICE FORCE

T/20230727/7012

Report No. T/20230727/7012

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

CONTINUATION OF REPORT

wake up the pain more worse so i consult doctor and was given 5 days MC.

SINGAPORE POLICE FORCE

T/20230727/7012

Report No. T/20230727/7012

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

CONTINUATION OF REPORT

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: 27/07/2023 11:39
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168

OTHER DOCUMENTS