

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 First Submission	12/06/2024 15:19 (SGT)
Reported by	Actual Driver
Date of Accident	12/06/2024 12:30 (SGT)
Exact Location of Accident	Canberra Wy, Singapore 752106
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4285T
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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) +65-96896323
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	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	HENG KIM INN
NRIC No	S1477901I
Date Of Birth	26/08/1961
Occupation	Outdoor

Driving Pass Date	14/01/1980
Driving experience	44 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96896323
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	454 SING MING DRIVE AVENUE #02-571
Address complement	-
Postcode	570454
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 - Cross Junction
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?	No
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	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 THE 12/06/24 AT ABOUT 12:30HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA4285T) ALONG CANBERRA WAY X CANBERRA CRESENT ENROUTE FROM FUNAN HOTEL TOWARDS CANBERRA CRESENT TO DROP OFF PASSENGER. WHILE DRIVING ALONG CANBERRA WAY X CANBERRA CRESENT, VEHICLE A HAD COLLIDED ONTO VEHICLE B (SLC4188H) . VEHICLE A HAD DAMAGE ON FRONT PORTION, FRONT WINDSCREEN CRACK AND AIRBAG DEPLOYED. IM HAVING LEFT HAND THUMB AND BOTH LEG KNEE INJURIES AND DRIVER VEHICLE B WAS CONVEYED BY AMBULANCE AND IM UNSURE WITH INJURIES.

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	SLC4188H
Vehicle Manufacturer	Toyota
Vehicle Model	CAMRY 2.4 AUTO ABS AIRBAG
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	HENG KIM INN
Gender	Male
Phone No	(Phone) +65-96896323
Address	454 SING MING DRIVE AVENUE #02-571
Address Complement	-
Post Code	570454
Approximate Age Years Old	62
Injuries Sustained	LEFT HAND THUMB AND BOTH LEG KNEE INJURIES
Injured person in which vehicle?	SHA4285T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	INJURIES
Injured person in which vehicle?	SLC4188H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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/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

Witnessed by Reporting Centre Personnel

Sketch Plan

120624 14:30HRS



A- SHA4285T
B- SLC4188H

CANBERRA WAY X
CANBERRA CRES

Describe Circumstances of the Accident

ON THE 12/06/24 AT ABOUT 12:30HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SHA4285T ALONG CANBERRA WAY X CANBERRA CRESENT ENROUTE FROM FUNAN HOTEL TOWARDS CANBERRA CRESENT TO DROP OFF PASSENGER. WHILE DRIVING ALONG CANBERRA WAY X CANBERRA CRESENT, VEHICLE A HAD COLLIDED ONTO VEHICLE B (SLC4188H) . VEHICLE A HAD DAMAGE ON FRONT PORTION, FRONT WINDSCREEN CRACK AND AIRBAG DEPLOYED. IM HAVING LEFT HAND THUMB AND BOTH LEG KNEE INJURIES AND DRIVER VEHICLE B WAS CONVEYED BY AMBULANCE AND IM UNSURE WITH INJURIES.

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

120624 14:30HRS

Witnessed by Reporting Centre Personnel





































