

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	18/08/2024 20:24 (SGT)
Reported by	Actual Driver
Date of Accident	17/08/2024 22:15 (SGT)
Exact Location of Accident	Gardens By The Bay, Singapore
Additional Location Information	DRIVEWAY(NEARBY TAXI STAND)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3071P
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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) +65-90497868
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	HEV 1.6 DCT
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
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVKU164588
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-24101861MFCT

DRIVER

Name of Driver	LOY CHENG HOCK
NRIC No	S1721195A
Date Of Birth	04/11/1965
Occupation	Outdoor
Driving Pass Date	16/10/1989
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90497868
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 294A COMPASSVALE CRESCENT #13-21
Address complement	-
Postcode	541294
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE DATE 17/08/2024 AT ABOUT 2215HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHC3071P ON THE WAY TO DROP OFF PASSENGER EN-ROUTE FROM MBS TOWARDS GARDENS BY THE BAY ONCE DROPPED OFF THR PASSENGER I WENT BACK TO THE GAXI STAND BUT WHILE DOING SO VEHICLE B BEARING REGISTRATION NUMBER SHD943M HORNED ME AND WENT AWAY SO I FOLLOWED HIM SUDDENLY VEHICLE B APPLIED BRAKES AND STOPPED STATIONARY UPON NOTICING THIS I ALSO APPLIED THE BRAKES ON VEHICLE A BUT UNFORTUNATELY VEHICLE A DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE B CAUSING DAMAGES TO VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD943M
Vehicle Manufacturer	Renault
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

GARDENS BY THE BAY DRIVEWAY (NEARBY TAXI STAND)



A - SHC3071P

B - SHD943M

Describe Circumstances of the Accident

ON THE DATE 17/08/2024 AT ABOUT 2215HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHC3071P ON THE WAY TO DROP OFF PASSENGER EN-ROUTE FROM MBS TOWARDS GARDENS BY THE BAY ONCE DROPPED OFF THR PASSENGER I WENT BACK TO THE GAXI STAND BUT WHILE DOING SO VEHICLE B BEARING REGISTRATION NUMBER SHD943M HORNED ME AND WENT AWAY SO I FOLLOWED HIM SUDDENLY VEHICLE B APPLIED BRAKES AND STOPPED STATIONARY UPON NOTICING THIS I ALSO APPLIED THE BRAKES ON VEHICLE A BUT UNFORTUNATELY VEHICLE A DID NOT MANAGE TO STOP ON TIME AND REAR ENDED VEHICLE B CAUSING DAMAGES TO VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

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

18082024
0100HRS

Witnessed by Reporting Centre Personnel

























