SA1K246H000A / Aspectus Consultancy Pte Ltd ENTRY DATE & TIME: 17/06/2024 13:46 (SGT) SUBMITTED BY: Flash Reporting VERSION: 1 (17/06/2024 13:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

17/06/2024 13:46 (SGT)

Actual Driver

16/06/2024 22:20 (SGT)

Nicoll Hwy, Singapore

TOWARDS GUILLEMARD ROAD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SHC3299A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address**

Mobile Phone No.

Alternative Phone No

Yes

COMFORT TRANSPORTATION PTE LTD

1XXXXX821R

fleetsafety@cdgtaxi.com.sg

(Phone) +65-93886691

(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer

Model

Hyundai Ae ionia

Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Private hire

No - Claiming third party

Taxi

Auto

1580

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

MS First Capital Insurance Ltd

D-24101861MFCT

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SA1K246H000A

CHUA INAH HENG SXXXX273D

01/10/1965

Outdoor

Page 1 of 29

Driving Pass Date Driving experience

Gender Mobile Number Alt. Phone Number Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

Translator's name Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

PASSENGER 1

Name Gender

PASSENGER 2

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name
Police Station Phone No
Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20240617/2009

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?
Reasons for not uploading a video of the accident

15/10/1987 36 YEARS

36 YEARS AND 8 MONTHS

Male

(Phone) +65-93886691

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fleetsafety@cdgtaxi.com.sg

BLK 474 SEMBAWANG DR #14-337

750474

No

RELIEF DRIVER

No

_

Collision - Head on collision

Clear Dry

No

2 Yes

Yes Yes

3

No

_

-

UNKNOWN Female

UNKNOWN

Female

Yes

Sembawang Neighbourhood Police Centre

(Phone) +65-18005549999

4 Sembawang Crescent Singapore 757633

No

Yes Yes

FILE IS NOT SUITABLE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX8673L

Vehicle Manufacturer Kia

Vehicle Model CARENS 1.7 DCT DIESEL 5DR FWD

Vehicle Variant

Vehicle Colour -

Vehicle Category Private hire

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 UNKNOWN
Gender Female

Phone No (Phone) +65-88984020

Address Complement -

Post Code Approximate Age Years Old -

Injuries Sustained INJURED
Injured person in which vehicle? SHC3299A
Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Injuries Sustained INJURED Injured person in which vehicle? SHC3299A

Injured person in which vehicle? SHC32
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

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)

Lunderstand, acknowledge, agree and consent that:

(a) My insurer in 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.
- 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' lavyers/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

8 T

Driver's Signature (if driver is not the policyholder) / Date & Time 170624

0125hrs

Witnessed by Reporting Centre Personnel

Sketch Plan

TAIN A A A

NICOLL HWAY

A - SHC3299A

B-SLX8673L

cnbe	e Circumstances of the Accident
	PLEASE REFER TO POLICE REPORT NO: T/20240617/2009
	TENSETED TO COLUMN OF THE TENSET
clar	ration
/e dec	clare the foregoing particulars are true in every respect

Driver's Signature (If driver is not the policyholder) / Date 8 Time 170624

0125hrs

& Time

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre

Personnel