

# 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 .....	26/08/2024 18:10 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/08/2024 15:05 (SGT)
Exact Location of Accident .....	Lor 8 Toa Payoh, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHA2131S
-----------------------------------	----------

### 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) +65-91514828
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Byd
Model .....	E6 (ME-2)
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 .....	0
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	LC0CE4DC7N0011584
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 .....	ANG LI WEI
NRIC No .....	S8712063E
Date Of Birth .....	13/05/1987
Occupation .....	Outdoor
Driving Pass Date .....	27/10/2009
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91514828
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 115A YISHUN RING ROAD #08-831
Address complement .....	-
Postcode .....	761115
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 .....	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 26/08/24 AT ABOUT 1505HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHA2131S ON THE WAY TO PICK UP A PASSENGER EN-ROUTE FROM 9 LORONG 8 TOA PAYOH TOWARDS TOA PAYOH POLYCLINIC WHILE TRAVELLING ALONG TOA PAYOH LORONG 8 ROAD ON LANE 1 I CHECKED FOR THE ONCOMING VEHICLES ON LANE 2 AND ONCE MADE SURE IT WAS SAFE TO MAKE THE LANE CHANGE I PROCEEDED WITH THE LANE CHANGE BUT WHILE DOING SO SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SHD5779M CAME FAST ON LANE 2 AND GRAZED TO VEHICLE A 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? .....	Yes
Reasons for not uploading a video of the accident .....	FILE IS NOT SUITABLE

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD5779M
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	PRIUS 5DR HATCHBACK (AUTO)
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	ONG
Contact Number .....	(Phone) +65-81610838
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. The 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 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.

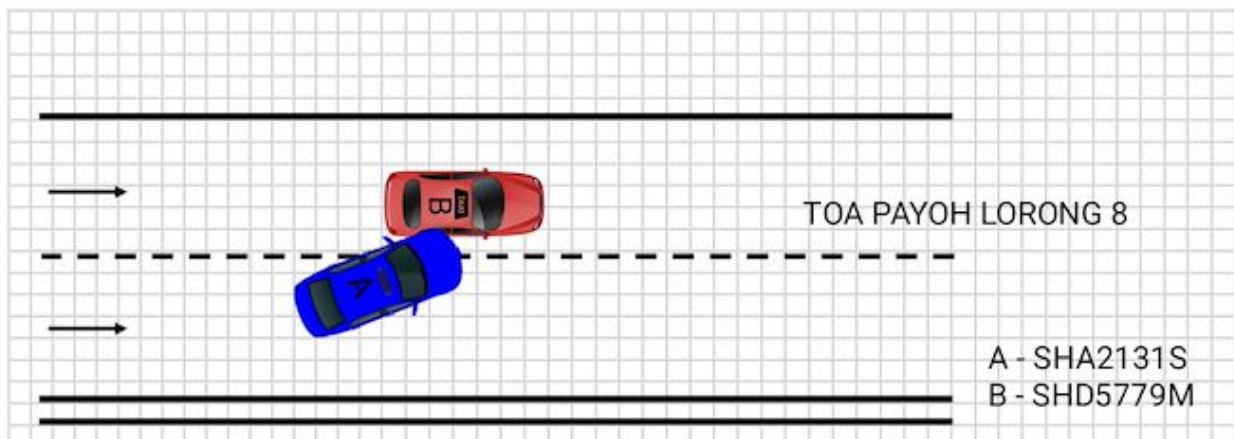
Policyholder's Signature / Date & Time

Sketch Plan

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

26082024  
1600HRS

Witnessed by Reporting Centre Personnel



## Describe Circumstances of the Accident

ON THE DATE 26/08/224 AT ABOUT 1505HRS WHILE I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SHA2131S ON THE WAY TO PICK UP A PASSENGER EN-ROUTE FROM 9 LORONG 8 TOA PAYOH TOWARDS TOA PAYOH POLYCLINIC WHILE TRAVELLING ALONG TOA PAYOH LORONG 8 ROAD ON LANE 1 I CHECKED FOR THE ONCOMING VEHICLES ON LANE 2 AND ONCE MADE SURE IT WAS SAFE TO MAKE THE LANE CHANGE I PROCEEDED WITH THE LANE CHANGE BUT WHILE DOING SO SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SHD5779M CAME FAST ON LANE 2 AND GRAZED TO VEHICLE A CAUSING DAMAGES TO VEHICLE A.NO PERSON WAS INJURED OR CONVEYED TO HOSPITAL DUE TO THIS INCIDENT.

## 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

26082024  
1600HRS



Witnessed by Reporting Centre Personnel



























