

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	02/09/2024 15:45 (SGT)
Reported by	Actual Driver
Date of Accident	01/09/2024 20:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS BEFORE CTE / SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4588U
-----------------------------------	----------

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) +65-82335479
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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	1798
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	JTDKKB3FU403080674
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	TEH BAN OUU
NRIC No	S2503692A
Date Of Birth	29/10/1951
Occupation	Outdoor
Driving Pass Date	08/04/1976
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	48 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82335479
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	BLK 750 PASIR RIS STREET 71 # 12 - 10
Address complement	-
Postcode	510750
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	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 1.09.2024 AT ABOUT 2050HRS, VEHICLE A SHA4588U WAS ALONG PIE / TUAS ON MOST LEFT LANE. BEFORE CTE /SLE EXIT, THERE WAS CONGESTION. VEHICLE A REAR ENDED VEHICLE B SLN2581K WHICH THEN REAR ENDED VEHICLE C SKW8922K. UPON IMPACT MY FEMALE PASSENGER INJURED HER MOUTH . AMBULANCE CALLED BUT LTA OFFICER INSTRUCTED US TO LEAVE SCENE. I THEN PROCEEDED TO SEND HER TO DESTINATION AT THOMSON GRAND. SCENE PHOTOS AND PARTICULARS TAKEN.

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	SLN2581K
Vehicle Manufacturer	Kia
Vehicle Model	CERATO K3 1.6A
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HOSSAN DEWAN AMARAT
NRIC No	G8248368W
Contact Number	(Phone) +65-91250089
Address	280 WOODLANDS INDUSTRIAL PARK E5, #08-14
Address complement	-
Postcode	757322
Insurance Company Name	-
Nature Of Damage	REAR AND FRONT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW8922K
Vehicle Manufacturer	Hyundai
Vehicle Model	ACCENT (RB) 1.4 CVT ABS D/AIRBAG 2WD
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHOO JIA HSING BRANDON (ZHU JIAXIANG)
NRIC No	S9145551Z
Contact Number	(Phone) +65-93205840
Address	461C BUKIT BATOK WEST AVENUE 8 # 08-736
Address complement	-
Postcode	653461
Insurance Company Name	-
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ARI ASTUTI
Gender	Female
Phone No	(Phone) +65-8111220161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	MOUTH INJURIES
Injured person in which vehicle?	SHA4588U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

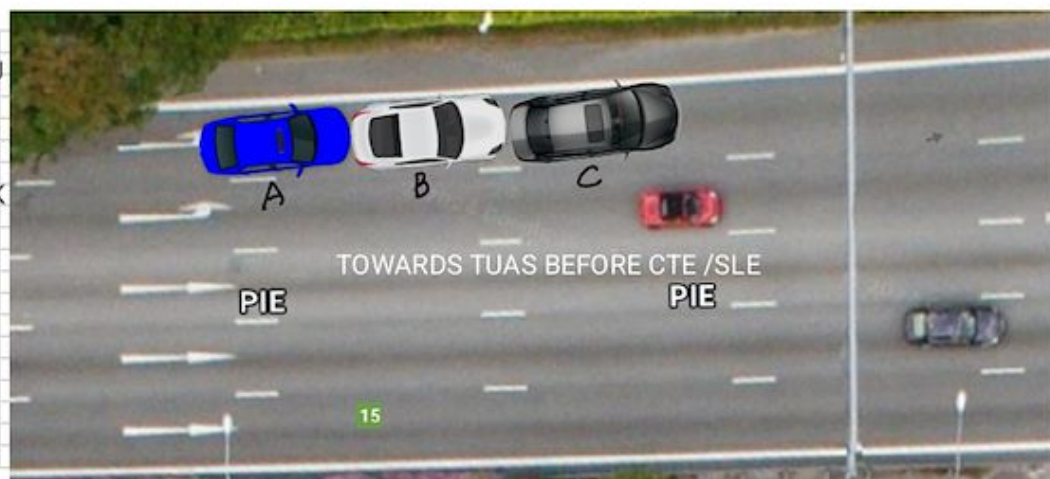
Driver's Signature (If driver is not the policyholder) / Date & Time

02.09.2024.

1130HRS

Witnessed by Reporting Centre Personnel

A - SHA4588U
B - SLN2581K
C - SKW8922K



Describe Circumstances of the Accident

ON 1.09.2024 AT ABOUT 2050HRS, VEHICLE A SHA4588U WAS ALONG PIE / TUAS ON MOST LEFT LANE. BEFORE CTE /SLE EXIT, THERE WAS CONGESTION. VEHICLE A REAR ENDED VEHICLE B SLN2581K WHICH THEN REAR ENDED VEHICLE C SKW8922K. UPON IMPACT MY FEMALE PASSENGER INJURED HER MOUTH . AMBULANCE CALLED BUT LTA OFFICER INSTRUCTED US TO LEAVE SCENE. I THEN PROCEEDED TO SEND HER TO DESTINATION AT THOMSON GRAND. SCENE PHOTOS AND PARTICULARS TAKEN.

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 02.09.2024. 1130HRS



Witnessed by Reporting Centre Personnel













