# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 12/09/2024 20:18 (SGT) Reported by **Actual Driver** Date of Accident 11/09/2024 16:15 (SGT) Exact Location of Accident Bedok North Ave 1, Singapore Additional Location Information TOWARDS NEW UPPER CHANGI ROAD Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Hyundai

Vehicle Registration Number SHA6071E

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) +65-88378599 Alternative Phone No (Office) +65-65508768

#### VEHICLE PARTICULARS

Manufacturer

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 Regisration Date Chassis no KMHC851CVJU103627

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 ABDUL HALIN BIN ABDUL KADIR NRIC No S1439269F Date Of Birth 08/10/1960 Occupation Outdoor Driving Pass Date 15/08/1991 Driving License Pass Class Driving License Validity Valid Driving experience 33 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-88378599 Alt. Phone Number Email Address fleetsafety@cdgtaxi.com.sg Address BLK 51 CIRCUIT ROAD #07-807 Address complement Postcode 370051 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 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 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) 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? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 11.09.2024 AT ABOUT 1615HRS VEHICLE A SHA6071E WAS ALONG BEDOKNORTH AVE 1 TOWARDS NEW UPPER CHANGI ROAD. VEHICLE B SJD144D IN FRONT SUDDENLY BRAKE. VEHICLE A REAR ENDED VEHICLE B. NO ONE IS INJURED. SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED. ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Yes

Yes

FILE IS NOT SUITABLE

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

| Vehicle Registration Number             | SJD144D            |
|---|--------------------|
| Vehicle Manufacturer                    | Infiniti           |
| Vehicle Model                           | Q50 3.0T SPORT 7AT |
| Vehicle Variant                         | -                  |
| Vehicle Colour                          | _                  |
| Vehicle Category                        | Private car        |
| Name of Driver                          | -                  |
| Contact Number                          | _                  |
| Address                                 | -                  |
| Address complement                      | -                  |
| Postcode                                | _                  |
| Insurance Company Name                  | -                  |
| Nature Of Damage                        | REAR               |
| Details of property damaged in accident | _                  |
| No. Of Passenger (Including Driver)     | 1                  |

#### 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 <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 , 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.
- (ii) 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.

Ha ^

Driver's Signature (If driver is not the policyholder) / Date & Time 12.09.3024. 1000HRS

(kym)

Witnessed by Reporting Centre Personnel

# Sketch Plan

Time

Policyholder's Signature / Date &



# Describe Circumstances of the Accident ON 11.09.2024 AT ABOUT 1615HRS VEHICLE A SHA6071E WAS ALONG BEDOKNORTH AVE 1 TOWARDS NEW UPPER CHANGI ROAD. VEHICLE B SJD144D IN FRONT SUDDENLY BRAKE. VEHICLE A REAR ENDED VEHICLE B. NO ONE IS INJURED. SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

# 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 12.09.2024. 1000HRS

Ha^

Witnessed by Reporting Centre

Personnel

























