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.

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 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 11/09/2024 15:53 (SGT) Reported by **Actual Driver** Date of Accident 11/09/2024 09:45 (SGT) Exact Location of Accident Orchard Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Taxi

No - Reporting only

Vehicle Registration Number SH8958S

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) +65-96488633 Alternative Phone No (Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer Toyota Model Prius Variant HYBRID 1.8 CVT

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 Auto CC 1798 Vehicle Fuel Petrol-Electric

First Regisration Date Chassis no JTDKB3FU503558665 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	GOH YONG KWEE
NRIC No	S0094707E
Date Of Birth	24/12/1952
Occupation	Outdoor
Driving Pass Date	22/05/1974
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	50 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96488633
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	373 CLEMENTI AVENUE 4 # 08 - 204
Address complement	-
Postcode	120373
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
vvas arrybody irijured iri tile Accident:	•••
	-
Was any injured conveyed to hospital by ambulance?	- Yes
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?	Yes
Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)	Yes 3
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?	
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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	No UNKNOWN Male UNKNOWN
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CIRCUMSTANCES OF ACCIDENT

ON 11.09.2024 AT ABOUT 0945HRS, VEHICLE A SH8958S WAS ALONG ORCHARD ROAD. NEAR TAKASHIMAYA, VEA FRONT RIGHT REAR ENDED VEHICLE B SMZ5629M REAR LEFT. PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION AT CHINATOWN POINT. SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

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 SMZ5629M Vehicle Manufacturer Honda Vehicle Model ODYSSEY 2.4 EX-S CVT Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage **REAR LEFT** Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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.

Alby

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 11.09.2024. 1445HRS

(kym)

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 11.09.2024 AT ABOUT 0945HRS, VEHICLE A SH8958S WAS ALONG ORCHARD ROAD. NEAR TAKASHIMAYA, VEA FRONT RIGHT REAR ENDED VEHICLE B SMZ5629M REAR LEFT. PASSENGERS ARE NOT INJURED AND I PROCEEDED TO SEND THEM TO DESTINATION AT CHINATOWN POINT. SCENE PHOTOS TAKEN. NO PARTICULARS EXCHANGED.

Declaration

Time

I/We declare the foregoing particulars are true in every respect.

PHP

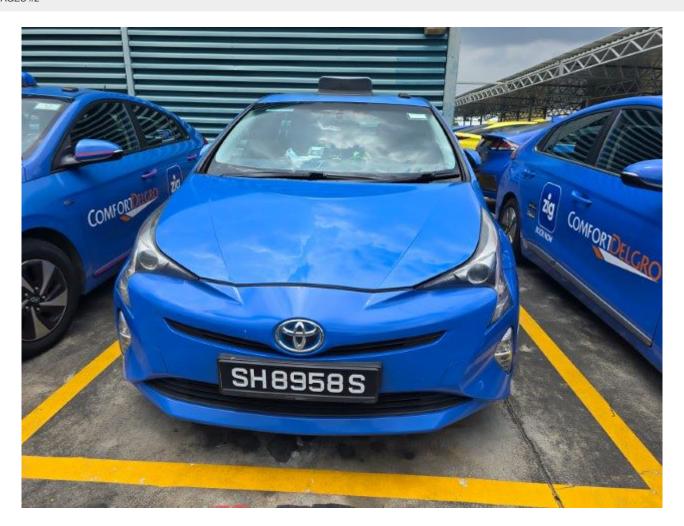
Driver's Signature (If driver is not the policyholder) / Date & Time 11.09.2024. 1445HRS

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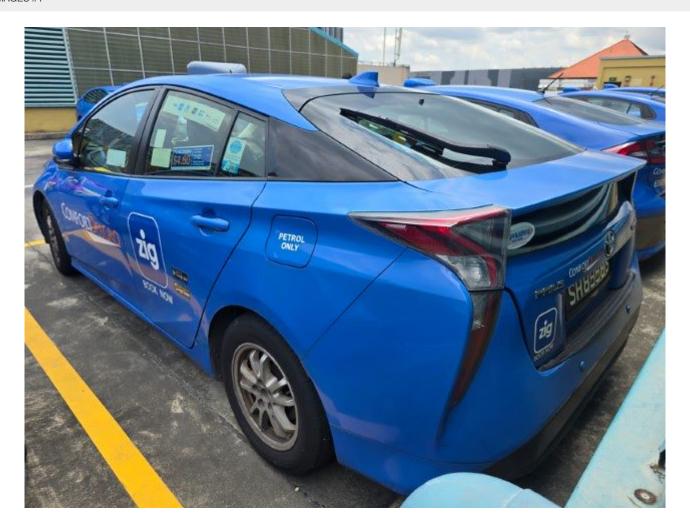
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date &

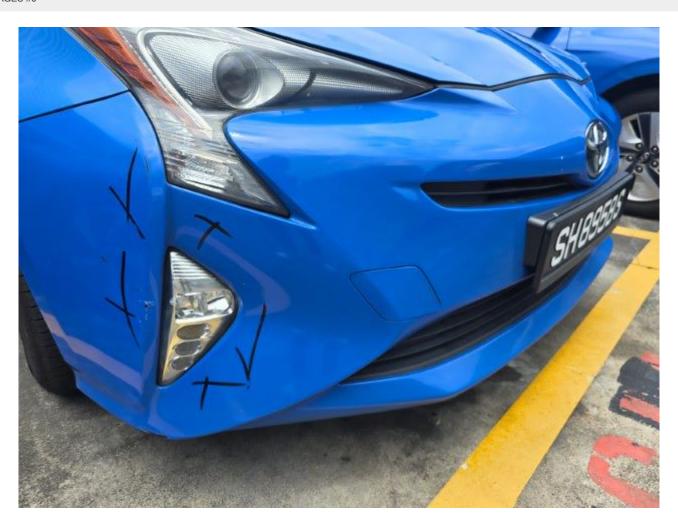






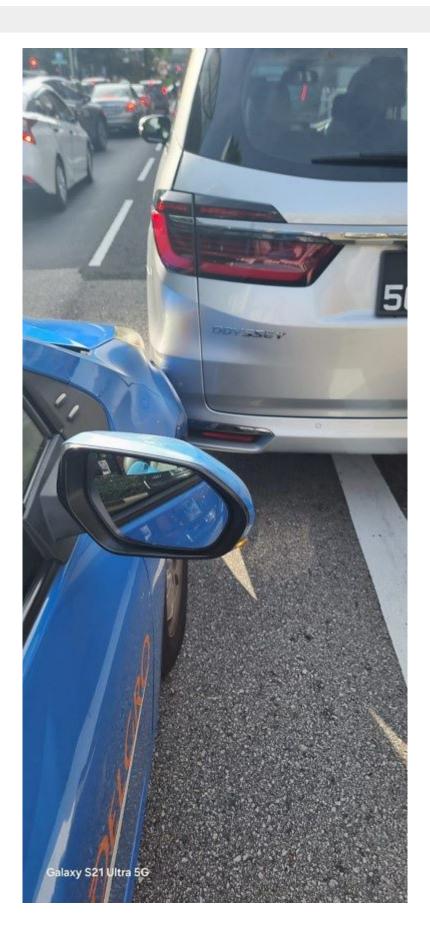












OTHER DOCUMENTS

