

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	27/09/2024 08:45 (SGT)
Reported by	Actual Driver
Date of Accident	26/09/2024 17:40 (SGT)
Exact Location of Accident	Gambas Cres, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC2381B
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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) +65-88043315
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
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	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHC851CVJU103673
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	CHUI LAI LING
NRIC No	S6941580F
Date Of Birth	30/11/1969
Occupation	Outdoor
Driving Pass Date	11/01/2003
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88043315
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	890B WOODLANDS DRIVE 50 #15-305
Address complement	-
Postcode	732890
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
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

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 26/09/2024 AT ABOUT 1740HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHC2381B ENROUTE FROM AFTER PICKING UP MY PASSENGER AT GAMBAS CRESCENT TO DROP OFF MY PASSENGER AT SEMBAWANG CLOSE FOR WORK PURPOSES. WHILE DRIVING BEHIND VEHICLE (B) BEARING REGISTRATION NUMBER SGU6989P ALONG GAMBAS CRESCENT, WE WERE EXITING INTO SEMBAWANG AVE, WHEN ALL OF A SUDDEN VEHICLE (B) JAM BRAKED AFTER COMING OUT OF GIVE WAY LINE, WHEN THERE WERE NO ONCOMING TRAFFIC ALONG SEMBAWANG AVE. I DID NOT MANAGE TO BRAKE IN TIME AS I WAS LOOKING OUT FOR ONCOMING TRAFFIC ALONG SEMBAWANG AVE. THE FRONT OF MY VEHICLE THEN KISSED ONTO THE REAR OF VEHICLE (B). NOBODY WAS INJURED. MY VEHICLE HAS NO VISIBLE DAMAGES. THE REAR OF VEHICLE (B) HAS OLD DAMAGES PIROR TO MY VEHICLE'S CONTACT.

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 SGU6989P
 Vehicle Manufacturer Mitsubishi
 Vehicle Model ATTRAGE 1.2 CVT
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver LIM THIAM SIANG
 NRIC No S1397191I
 Contact Number (Phone) +65-81003532
 Address APT BLK 159 YISHUN STREET 11 # 05-164
 Address complement -
 Postcode 760159
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.



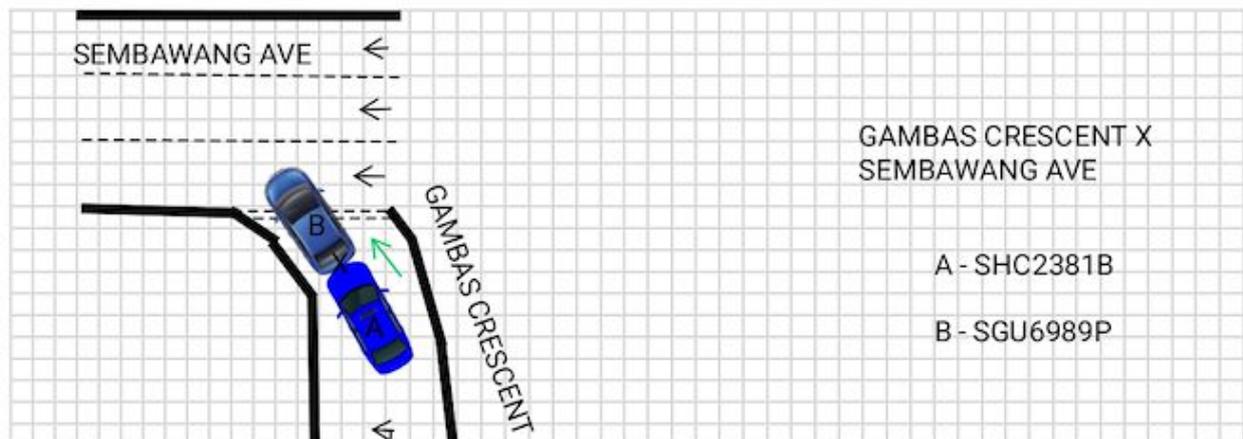
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

27/09/2024 0300HRS



GAMBAS CRESCENT X
SEMBAWANG AVE

A - SHC2381B

B - SGU6989P

Describe Circumstances of the Accident

ON 26/09/2024 AT ABOUT 1740HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SHC2381B ENROUTE FROM AFTER PICKING UP MY PASSENGER AT GAMBAS CRESCENT TO DROP OFF MY PASSENGER AT SEMBAWANG CLOSE FOR WORK PURPOSES. WHILE DRIVING BEHIND VEHICLE (B) BEARING REGISTRATION NUMBER SGU6989P ALONG GAMBAS CRESCENT, WE WERE EXITING INTO SEMBAWANG AVE, WHEN ALL OF A SUDDEN VEHICLE (B) JAM BRAKED AFTER COMING OUT OF GIVE WAY LINE, WHEN THERE WERE NO ONCOMING TRAFFIC ALONG SEMBAWANG AVE. I DID NOT MANAGE TO BRAKE IN TIME AS I WAS LOOKING OUT FOR ONCOMING TRAFFIC ALONG SEMBAWANG AVE. THE FRONT OF MY VEHICLE THEN KISSED ONTO THE REAR OF VEHICLE (B). NOBODY WAS INJURED. MY VEHICLE HAS NO VISIBLE DAMAGES. THE REAR OF VEHICLE (B) HAS OLD DAMAGES PIROR TO MY VEHICLE'S CONTACT.

Declaration

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

Witnessed by Reporting Centre Personnel

27/09/2024 0300HRS









